
From: Glenn Fernandes
Sent: 2/9/2022 8:39:36 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good Morning,

I would like to submit my comments opposing inclusion of the COVID-19 vaccine requirement for children from daycare through Grade 12. My focus and objections are primarily for those that are younger, but the logic applies to all young children.

Studies have clearly shown that the benefit of the vaccine is minimal, if any, for young children in elementary school. Additionally, as the parent of a 6 year old, I can say, from first hand experience, that the effect of COVID on a 6 year old is minimal. My wife and I are vaccinated, but caught a mild breakthrough infection in early January of 2022, most likely with Omicron. We were mildly sick for 1.5 to 2 days. My daughter who is unvaccinated had a fever for a few hours one evening and was back to normal by morning. I also observed this in several of her school peers and cousins; they all had either no symptoms or a fever for a few hours. I believe I can live with that for my daughter. Kids have shared food and drink, removed masks, and acted like kids during the last year, and the vast majority have been fine.

At this point, I believe the risks of mandating vaccines for young children exponentially exceed the benefits. I believe in vaccines for adults and perhaps even for college age children, but not for little ones that get little or no benefit from these vaccines. Pfizer's own studies have shown that the benefit was minimal if any, and those results are often skewed to promote their products.

Risk to children include myocarditis, nerve damage, sore arms, and other ailments that we still do not know enough about. I do not believe we should do this to our children.

Thank you for listening to our feedback.

--

Glenn

From: Daniel Dunkin
Sent: 2/7/2022 8:27:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bethany Schoeff
Sent: 2/9/2022 1:01:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Debbie Throop
Sent: 1/28/2022 2:29:29 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Dong
Sent: 1/30/2022 11:32:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mark Wiggins
Sent: 1/28/2022 9:56:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stephanie Kuemerle
Sent: 1/30/2022 12:37:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/1/2022 1:46:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Denice Stewart
Sent: 1/28/2022 7:13:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Megan Tackes
Sent: 1/28/2022 8:36:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: jeff mcbeth
Sent: 1/29/2022 6:04:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hugo Mertens
Sent: 1/28/2022 7:42:41 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brad Charleson
Sent: 1/28/2022 1:03:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marvin Bales
Sent: 1/28/2022 8:49:44 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Catrina Kindahl - Ross
Sent: 2/8/2022 11:56:57 PM
To: DOH WSBOH
Cc:
Subject: WA Dept health meeting 2/10/22 vaccines



attachments\308C1CADD70B4A44_image3.jpeg

attachments\5ACF510EB46B4816_image1.jpeg

attachments\6863CEE9057A4CC2_image0.jpeg

External Email

To the board members and members voting on item 5 and item 6 in February 10, 2022 meeting, I am here as a mother and representing the community of Kent Washington.

You previously held a similar meeting where over 30,000 people sent emails or attended the zoom meeting. You heard our voices. We do NOT accept you making health decisions over us or our children.

We have provided you with studies and other sources of data that shows your agency is out of line and your decisions are political.

How dare you tell us to step aside and let the experts do their work?

We have seen your "science". I find it interesting that if we look directly at each hospital's Covid situation as far as ICU, general or death, your reports deviate quite a bit from theirs. It seems vaccinated are higher numbers than unvaccinated. Also, why are you including data from a year ago, when the virus has changed from delta to omicron as of December of 2021. Omicron is much less deadly so your statistics do not show current and real statistic for the variance we are dealing with.

We also now know that both vaccinated and unvaccinated spread and get Covid, at possibly a higher rate for the vaccinated. Have you done your due diligence and researched this number in this state?

And why are we relying on PCR Covid tests to build data, when FDA no longer find them reliable?

I do recommend that you attend Dr Malones seminar that is being held in Gig Harbor this month if you want to listen to experts.

He is far superior to any of you who call yourself experts. Look at his track record. In fact, I would love to see you having a panel discussion about vaccines with him. He can help you understand science.

Since your last public meeting, the world has changed. Millions of people are demonstrating against vaccine mandates and mask mandates all around the world. Convoy started in Canada and just today; Ontario declared removal of vaccine passport, and masks from children publicly and in school effective immediately.

Oregon is removing their mask mandate 3/31 or sooner.
California is planning to remove their mask mandates.

UK has removed their mandates.
Sweden has removed their mandates

These countries are currently planning or are in the midst of freedom convoys. Remember eyes are on you, and the world will know that you went against freedom of choice and they will know you forced children out of the school system. Because we will not comply.

While you are so concerned about the vaccine, you have forgotten about increased child and young adult suicide due to isolation, no school or on line schooling, mask cover, 6 feet distance to your friends, and loss of social life. You are not concerned about the mental health of Washington state citizens. Those who have lost their jobs in careers they were previously looked at as hero's. Some have 20+ years in the industry. Some are still paying of their school loan from a career that is now long gone. You have not looked at the health of those businesses that had to close temporarily or completely during the lockdown. You are forcing business owners to implement vaccine passports, while they are loosing thousands of dollars monthly in revenue due to lost business. Divorces and mental health issues are over the roof. You do not care about health, it has been proven. Instead you take advise from a governor who had placed himself in forever emergency power, CDC and FDA, two organizations that are highly financially involved with Pfizer and Moderna. Did you notice the same people sit on both boards?

Over and over, in federal courts and supreme court it has been ruled that mandating vaccine is unconstitutional.

Here are some facts. I doubt you will read the links but you have been informed. This is my notice.

You are trying to mandate a drug that is not FDA approved to children. This is illegal:

<https://crsreports.congress.gov/product/pdf/R/R46913>

<https://www.fda.gov/media/151710/download>

EUA - Sept 29, 2021 (Comirnaty vs. Pfizer/ BioNTech) shots - not the same

Listen to data about effectiveness of vaccine here:

<https://www.canadiancovidcarealliance.org/>

Injuries.... Lots of injuries

<https://www.covidvaccinevictims.com/>

Why does OSHA require fit testing, training, and safe disposal of respirators, but our school kids are just thrown in any old medical device as though all bodies are the same? "29 CFR 1910.134, Respiratory Protection Standard."

https://www.osha.gov/sites/default/files/enforcement/directives/CPL_02-00-158.pdf

A study of why school children should not get C shots.

<https://alethonews.com/2021/11/05/6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine/>

Sweden's health department recommends children under 12 should not take the vaccine.

You giving yourself the "supreme right" to vote over the safety of our children is despicable. You are overstepping your authority by suggesting any medical advice for children that you have not medically evaluated as their physician, and so do the school boards and schools who enforce this requirement.

You MUST consider every student's medical needs. We the parents will make decisions relating to our children's health within our own families and with our own medical

providers.

And for Masks:

Lots of studies on mask Effectiveness:

<https://www.sciencedaily.com/releases/2015/04/150422121724.htm>

<https://pubmed.ncbi.nlm.nih.gov/25903751/>

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

<https://pubmed.ncbi.nlm.nih.gov/33254499/>

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

Info on children and masks:

<https://thehill.com/opinion/education/514742-masks-for-all-children-arent-needed-or-ethical>

<https://swprs.org/face-masks-evidence/>

Further more, child abuse is illegal:

section 1. vaccine injury (who will be responsible for a vaccine injury of a child? and section D; forcing children to wear masks.

While most other states in this country has removed restrictions and mandates and their children's lives has gone back to normal, Washington state children are being raised in fear, and being forced to comply with government and health official's over reach.

Have you seen all the thousands of vaccine injuries and deaths to athletes around the world? You are public figures, the world will hold you accountable. It takes only 1 proven vaccine death to charge you for murder, just like what happened in UK and what ultimately caused the restrictions to be removed in UK.

Start working on the real issues of mental health issues caused by this governments overreach and agencies like yours who support them.

Catrina

From: S Holloway
Sent: 2/8/2022 3:07:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alissa Persinger
Sent: 1/28/2022 11:30:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/2/2022 1:04:40 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12 2022

2.

Agenda Item or Issue:

State mandate vaccination for school

3.

Your Name:

Dolores Rutledge

4.

Do you have a professional title?

1. Yes

Vice president A-1 Drilling

5.

Are you representing an organization?

2. No

6.

Address:

Po box 1207, Stanwood Wa 98292

7.

Email:

A1drillinganddigging@gmail.com

8.

Phone Number (Include Area Code):

3606528333

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Requirement of children to have covid vaccination to attend school

11.

Are you Pro or Con on the proposal?

2. Con

There are presently side effects and possibly long term effects we have no idea of knowing yet. Growing bodies do not need this done to them.

From: cricket milliken
Sent: 1/28/2022 8:16:11 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alissa Miller
Sent: 1/27/2022 11:04:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brianna Bales
Sent: 1/28/2022 9:49:55 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Aryana Meza
Sent: 2/8/2022 2:25:37 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccine Inclusion for Students

External Email

To Whom It May Concern,

I oppose vaccine inclusion for students in any education institution. There is very little to no evidence to suggest that the Covid-19 vaccine prevents transmission of the virus to others or that it protects children. Covid-19 is not a threat to the majority of students and they experience mild to zero symptoms of Covid-19. It is more risky for a child to receive an experimental mRNA vaccine than for a child to become infected with Covid-19. Further more, there is no current published literature on pediatric Covid-19 vaccine effectiveness in the K-12 setting. While suicide is the third leading cause of death in teenagers ages 15-19 in WA state, Covid-19 is far down the list of causes of death for children in Washington state. Due to this information and more I oppose vaccine inclusion/requirements for students to attend any education institution.

Thank you

Aryana Meza

From: gail shooting star
Sent: 2/9/2022 8:26:30 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 shot requirements

External Email

There are many of us who do not support vaccination of our children or ourselves and will fight to protect our children from mandates. With all the required or recommended shots our children will already have had over 70 different vaccines by the time they are 18. This is frightening that science is regarded as overruling natural immunity of Creator's Design 100 % of the time.

Mandates are not going to save us when no education is perpetuated for keeping our bodies strong with organic food and proper nutrition. Where is this education for how to treat someone struggling to recover from sickness no matter how it is deemed to be spread? I declare that it is stymied by Industries of Capitalism. Many will be watching this debate and fighting to keep our bodies free of contamination we do not choose.

Sincerely,
G Barton
Naches, Wa

From: Cathleen Rieck
Sent: 1/28/2022 6:12:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: USA Freedom
Sent: 2/9/2022 9:26:13 AM
To: DOH WSBOH
Cc:
Subject: TAG Meeting 2/10/2022 Covid-19 Vaccine

External Email

To Whom It May Concern,

I am a concerned parent writing to the WA State Board of Health and the TAG Team, regarding the discussion about Covid-19 Vaccine and mandating it for children to attend any type of schooling or childcare in WA State.

I am against this mandate and it possibly becoming a WA State law.

The Covid-19 vaccine has not shown to completely stop the spread of Covid-19. I am aware that it could possibly reduce the virus symptoms. For the majority of children, the Covid-19 virus is not fatal. It would be wrong to mandate it, or make it a law to attend school, due to the fact that it doesn't stop the spread.

Since there are around 71% of WA state, of the age of over 5, that have the Covid-19 vaccine and many more that have had the virus and have natural immunity, it doesn't make sense to make it mandatory for those who choose to not get the vaccine.

I pray that you all take this into consideration, not everyone wants to get this vaccine. We still don't know the long term side effects of this vaccine in anyone. It is our constitutional rights as citizens in the United States of America and of Washington State, to choose what we want to do with our bodies.

Please vote no on making the Covid-19 vaccine mandatory or into law in order to attend school or any childcare in Washington State.

Sincerely,

Heidi von Olnhausen

khoffice13@gmail.com <<mailto:khoffice13@gmail.com>>

From: Mary Deitch
Sent: 1/27/2022 7:36:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lucienne Cole
Sent: 2/1/2022 9:22:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Oas
Sent: 1/27/2022 4:53:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Thomas Meyer
Sent: 2/7/2022 4:02:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/1/2022 5:02:59 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for kids



attachments\040402E63BA3454B_image002.png

Hello,

I believe this is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 1, 2022 2:25 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I am urging you NOT to require covid vaccines for school attendance. We know vaccines do NOT stop the spread but may only help to not get as severe of infection. There is NO justification then as it will not change or affect covid spread. Natural immunity is more efficient and clearly with Omicron it does not matter if vaccinated or not in how fast it spreads. I know the 400 plus wrestlers were 95% plus vaccinated. I can not even imagine it would be legal to require given the scientific facts on lack of benefit to reduce spread and how effective natural immunity is and large majority of school kids already exposed so will have immunity. take a look at facts in Isreal right now. The vast majority of people have at least 1 if not 2 BOOSTERS and they are one of highest covid rates! CLEARLY vaccines not slowing the spread. There are risks with vaccines look it up on VAERS data. For kids who have had covid there is no benefit and with how generally mild omicron is our best chance to reach endemic state is not to keep vaccinating, its not working just helping some not to be severely ill. You would be penalizing so many kids for NO community benefit. You cannot take away personal choice for nothing especially for so many kids who have already had covid and are immune. I know many families in my office already looking and talking to lawyers. It is prejudice and irresponsible to require something that can cause harm and effects genes without having any benefit to the school community at large. Its like no one really wants to look at the facts. they ignore what's goin on in Israel and even seattle was one of highest Covid rates yet had high vaccination status. these vaccine do not work as well as we want to believe and again DO NOT STOP SPREAD. so there is no justification or benefit to the school community and could cause great harm to many children who are already behind due to the missing in person school. Shame on everyone for even thinking this is a good idea. Look up the facts quit causing our children harm. lets stop just assuming things I know we have all been brain washed into thinking vaccines will slow spread it is just not the truth. Yes they ay reduce hospitalizations but who knows on the long run if there may be harm to the immune system and how dare you think about taking a parents choice away without there being any benefit in stopping the spread. I fear for the harm this can do to so many and the legal battles tat will divide us even more.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

(no answer)

Email:

(no answer)

Telephone:

(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

From: Jere-n-Lynn Wright
Sent: 2/7/2022 4:10:49 PM
To: DOH WSBOH
Cc:
Subject: 893008F3-5B2F-44EA-865C-3E88BE9B6B1C

External Email

I am writing to let you know I strongly oppose covid 19 vaccine mandates for kids as a requirement to attend school. Kids are at very low risk of serious illness from Covid.

Lynn Wright

From: Julie Pierce
Sent: 2/7/2022 4:32:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carrie Lantrip
Sent: 2/8/2022 12:13:29 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rev. Rose Woodruff - Wedding Officiant

Sent: 1/26/2022 10:29:46 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No to Covid-19 Coronavirus Immunization Criteria

External Email

Hello, Washington State Board of Health,

I am writing to you to request you not to put the Covid-19/or/Coronavirus (seasonal flue) Vaccination as a requirement for children to go to school in Washington State. You know that what you are requiring is against the constitution and against science. You know you are pushing this against people's will. You know the Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. And you are still pushing it for your own benefit!!!! "NO" to Crimes Against Humanity! Consider yourself served.

Vote NO on mandatory covid-19/coronavirus vaccination now and always.

DO NO HARM! Hipocratic Oath!!!

Rose Woodruff
Vancouver, WA
(360) 356-4986
rosie98662@aol.com

From: Rachel Berry
Sent: 2/8/2022 2:06:07 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-100-040

External Email

I OPPOSE the use of illegal force to detain ANY family OR children. This is insane!! Have we not learned about the holocaust and internment camps? What you are trying to pass is illegal and unconstitutional! There are thousands of us trying to leave comments on this matter and we will continue. I will be on every zoom or meeting you have throughout this charade! I will comment every time because this is against Washington Constitution!!

There are studies that show this type of agenda does not reduce transmission whatsoever. I would love to hear your thoughts on the vaccinated still being able to get Covid and spread it. According to even more studies this plandemic didn't get out of hand until the experimental shots were starting to be administered.

Forced mandates opposes our rights as free Americans- it also disrupts an active healthy immune response. Many studies now conclude that the highest vaccinated areas are highest for deaths and risky health concerns. Freedom of choice should never be infringed upon.

THE PEOPLE HAVE SPOKEN AND WE THE PEOPLE SAY NO!

WE THE PEOPLE SAY NO!

Just in case you forgot, WE the PEOPLE saw the WAC 246-100-040 on the agenda you tried to hide.

R Berry

From: Kim
Sent: 2/2/2022 10:41:43 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Senate Testimony

External Email

Please take the time to listen to these experts during their January 24, 2022 Senate Testimony. Our WA state public health officials are woefully either BEHIND the actual medical data or you are purposefully spreading misinformation/disinformation and complicit in medical maleficence.

COVID-19: A Second Opinion (rumble.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C38320a2951054acd3c0408d9e67ba6>>

Respectfully,

Kim Bisson

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F)>
for Windows

From: Brandon Rottle
Sent: 2/3/2022 7:50:54 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:16:54 AM
To: DOH WSBOH
Cc:
Subject: FW: STOP VACCINE MANDATES

From: becky k <seastoday@yahoo.com>
Sent: Tuesday, January 11, 2022 11:01 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: STOP VACCINE MANDATES

External Email

The data on harms to children from the experimental gene therapy injections are mounting every day, including myocarditis in boys. You are well aware of the high incidence of the myocarditis and you are still driven to put this in every arm. The vaccines have failed. You are now more likely to get Covid, especially Omicron, if you are vaccinated than if you are not vaccinated. This must stop. It is no longer about Covid or injections.....this is about God given rights guaranteed in our Constitution. Stop the insanity.

BK

Washington Resident since 2002.

Sent from Yahoo Mail on Android
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>>

From: Carol Carter
Sent: 1/27/2022 11:12:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Leslie Pittman
Sent: 2/7/2022 3:06:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Scott Jones
Sent: 2/1/2022 2:51:22 PM
To: DOH WSB OH
Cc:
Subject: Student vaccination mandate

External Email

To Whom It Concerns,

As reported by KIRO

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kiro7.com%2Fnews%2Flocal%2Fstate-board-health-considers-making-covid-19-vaccine-requirement-students%2FS5X2R7YPNZFLXFMJBKQF2WGXIE%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4431>

7 on January 24, 2022 , I understand that WSB OH is considering making the COVID-19 vaccine a requirement for all school students. I strongly urge the board to decide against this policy. Children are at extremely low risk for Covid and the vaccines are still only emergency authorized only.

Thank you for your consideration.

Scott Jones
253-217-1450

From: Brenda Elenbaas-Hickey
Sent: 1/29/2022 1:39:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kaarin Ginosatis
Sent: 2/3/2022 6:46:44 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Shannon Zimmerly
Sent: 1/28/2022 9:20:01 AM
To: DOH WSBOH
Cc:
Subject: Meeting on Zoom w/o public comment



attachments\EC65826EFCC14AA4_image001.gif

attachments\C7F164E86B9B4FA4_image002.jpg

attachments\BAFF107DA5F0435A_image003.jpg

External Email

We appreciate your grace in allowing us to view your meeting yesterday.

However, what we do not appreciate is the mockery presented in the beginning of your signaling before the meeting got under way.

There are citizens who will never go under the advisement of Health Boards, regardless.

Trying to mandate a vaccine such as COVID that shows merely profit through taxpayer's pay off (once again) is morally bankrupt.

It is honestly a real disappointment that we are exchanging expectations on a virus that is relatable to the flu.

We have lost people to this catastrophic occurrence, as with life, death occurs.

For you to NOT mandate COVID vaccines ever, should be forever consistent.

You DO NOT mandate something as simple as the FLU except in the military, which I find overboard & uncalled for there as well.

The most disturbing piece to this whole take over, is people cannot understand how to function with a bit of what we knew to be normalcy.

Anything from to interaction & connecting with other humans, to driving & common sense.

You have people so worked up, it is a continual intrusion on our lives.

IF any of your jobs were ever voted upon, I would hope that the registered voters of our state would vote accordingly.

However, seeing the current "leadership" in the Governor's office, I could be gravely mistaken.

I have not had COVID THIS WHOLE ORDEAL stemming back from late 2019.

I have utilized my natural antibodies to combat EVERYTHING else I may have encountered in my daily routine & interactions.

From performing my work with the public to going into stores, etc.

NOTHING still

I just took a test last night, due to ONLY concerns of others. And of course, I WAS NEGATIVE!!!!!!!

EVEN though I have an underperforming immune system, I WILL NEVER stop my life. NOT for COVID especially.

A great point is made over & over, why should we mandate this for US citizens, when your FED GOV is allowing massively infected non US citizens into our Country???

SHANNON ZIMMERLY

Licensed Real Estate Broker

1302 N I St

Tacoma, WA. 98403

m: 253.355.1671 o: 253.756.7200

Commissioned Notary Public serving

WA state

From: Tim Caldwell
Sent: 2/2/2022 9:21:27 AM
To: DOH WSOH
Cc:
Subject: John's Hopkins Covid-19 lockdown study



attachments\FC4E18BE24BA4D4D_556148192.pdf

External Email

Dear Board,

It is my sincere hope all of you can reflect on past decisions and make better choices moving forward for the State of Washington without creating so much overall damage as you have done to people and their lives.

https://www.scribd.com/document_downloads/direct/556148192?extension=pdf&ft=1643821925<=1643821925&q5g7KFSpY3YL_9M9s
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scribd.com%2Fdocument_downloads%2F556148192%2Fdirect%2F556148192%2Fextension%3Dpdf%26ft%3D1643821925%26lt%3D1643821925%26q5g7KFSpY3YL_9M9s&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ceadfa72528cc43597b3808d9e6706>

Sincerely,

Tim Caldwell

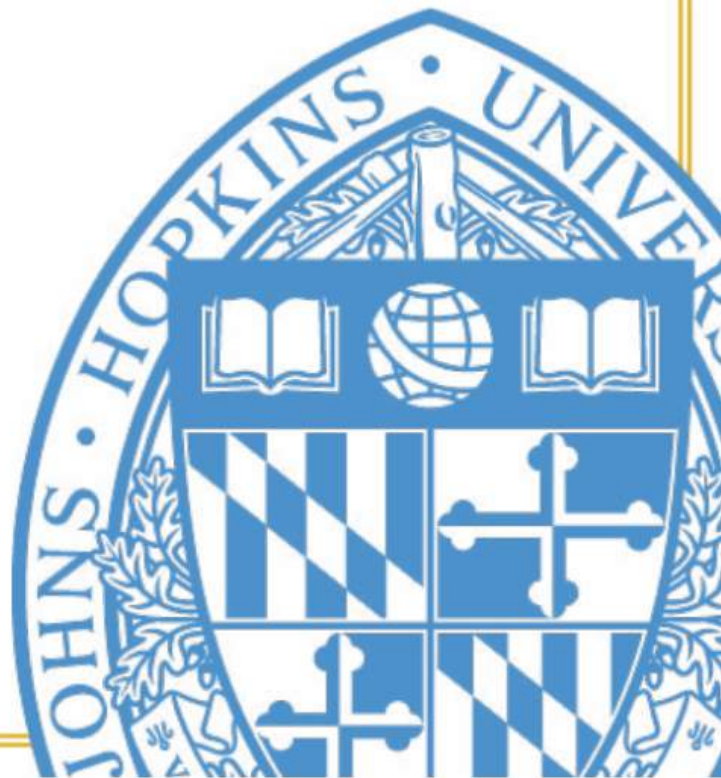
Sent from my iPhone

Studies in Applied Economics

**A LITERATURE REVIEW AND META-ANALYSIS
OF THE EFFECTS OF LOCKDOWNS ON
COVID-19 MORTALITY**

Jonas Herby, Lars Jonung, and Steve H. Hanke

Johns Hopkins Institute for Applied Economics,
Global Health, and the Study of Business Enterprise



A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality

By Jonas Herby, Lars Jonung, and Steve H. Hanke

About the Series

The *Studies in Applied Economics* series is under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

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Jonas Herby (herby@cepos.dk) is special advisor at Center for Political Studies in Copenhagen, Denmark. His research focuses on law and economics. He holds a master's degree in economics from University of Copenhagen.

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Steve H. Hanke is a Professor of Applied Economics and Founder & Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise. He is a Senior Fellow and Director of the Troubled Currencies Project at the Cato Institute, a contributor at National Review, a well-known currency reformer, and a currency and commodity trader. Prof. Hanke served on President Reagan's Council of Economic Advisers, has been an adviser to five foreign heads of state and five foreign cabinet ministers, and held a cabinet-level rank in both Lithuania and Montenegro. He has been awarded seven honorary doctorate degrees and is an Honorary Professor at four foreign institutions. He was President of Toronto Trust Argentina in Buenos Aires in 1995, when it was the world's best-performing mutual fund. Currently, he serves as Chairman of the Supervisory Board of Advanced Metallurgical Group N.V. in Amsterdam. In 1998, he was named one of the twenty-five most influential people in the world by World Trade Magazine. In 2020, Prof. Hanke was named a Knight of the Order of the Flag.

Abstract

This systematic review and meta-analysis are designed to determine whether there is empirical evidence to support the belief that “lockdowns” reduce COVID-19 mortality. Lockdowns are defined as the imposition of at least one compulsory, non-pharmaceutical intervention (NPI). NPIs are any government mandate that directly restrict peoples’ possibilities, such as policies that limit internal movement, close schools and businesses, and ban international travel. This study employed a systematic search and screening procedure in which 18,590 studies are identified that could potentially address the belief posed. After three levels of screening, 34 studies ultimately qualified. Of those 34 eligible studies, 24 qualified for inclusion in the meta-analysis. They were separated into three groups: lockdown stringency index studies, shelter-in-place-order (SIPO) studies, and specific NPI studies. An analysis of each of these three groups support the conclusion that lockdowns have had little to no effect on COVID-19 mortality. More specifically, stringency index studies find that lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average. SIPOs were also ineffective, only reducing COVID-19 mortality by 2.9% on average. Specific NPI studies also find no broad-based evidence of noticeable effects on COVID-19 mortality.

While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.

Acknowledgements

The authors thank Line Andersen, Troels Sabroe Ebbesen, Nicholas Hanlon, and Anders Lund Mortensen for their research assistance.

The authors also with to thank Douglas Allen, Fredrik N. G. Andersson, Jonas Björk, Christian Bjørnskov, Joakim Book, Gunnar Brådvik, Kristoffer Torbjørn Bæk, Ulf Gerdtham, Daniel B. Klein, Fredrik Charpentier Ljungqvist, Christian Heebøl-Nielsen, Martin Paldam, Jonas Ranstam, Spencer Ryan, John Strezewski, Roger Svensson, Ulf Persson, Anders Waldenström, and Joakim Westerlund for their comments.

Key Words: COVID-19, lockdown, non-pharmaceutical interventions, mortality, systematic review, meta-analysis

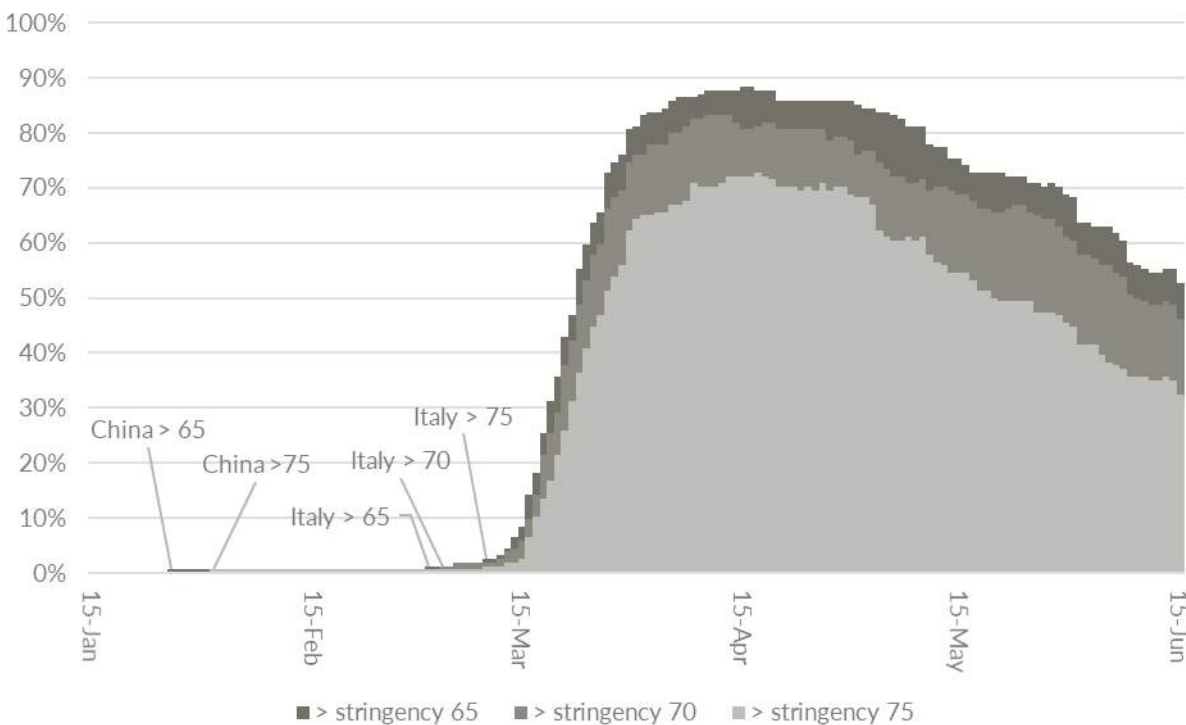
JEL Classification: I18; I38; D19

1 Introduction

The global policy reaction to the COVID-19 pandemic is evident. Compulsory non-pharmaceutical interventions (NPIs), commonly known as “lockdowns” – policies that restrict internal movement, close schools and businesses, and ban international travel – have been mandated in one form or another in almost every country.

The first NPIs were implemented in China. From there, the pandemic and NPIs spread first to Italy and later to virtually all other countries, see Figure 1. Of the 186 countries covered by the Oxford COVID-19 Government Response Tracker (OxCGRT), only Comoros, an island country in the Indian Ocean, did not impose at least one NPI before the end of March 2020.

Figure 1: Share of countries with OxCGRT stringency index above thresholds, January - June 2020



Comment: The figure shows the share of countries, where the OxCGRT stringency index on a given date surpassed index 65, 70 and 75 respectively. Only countries with more than one million citizens are included (153 countries in total). The OxCGRT stringency index records the strictness of NPI policies that restrict people's behavior. It is calculated using all ordinal containment and closure policy indicators (i.e., the degree of school and business closures, etc.), plus an indicator recording public information campaigns.

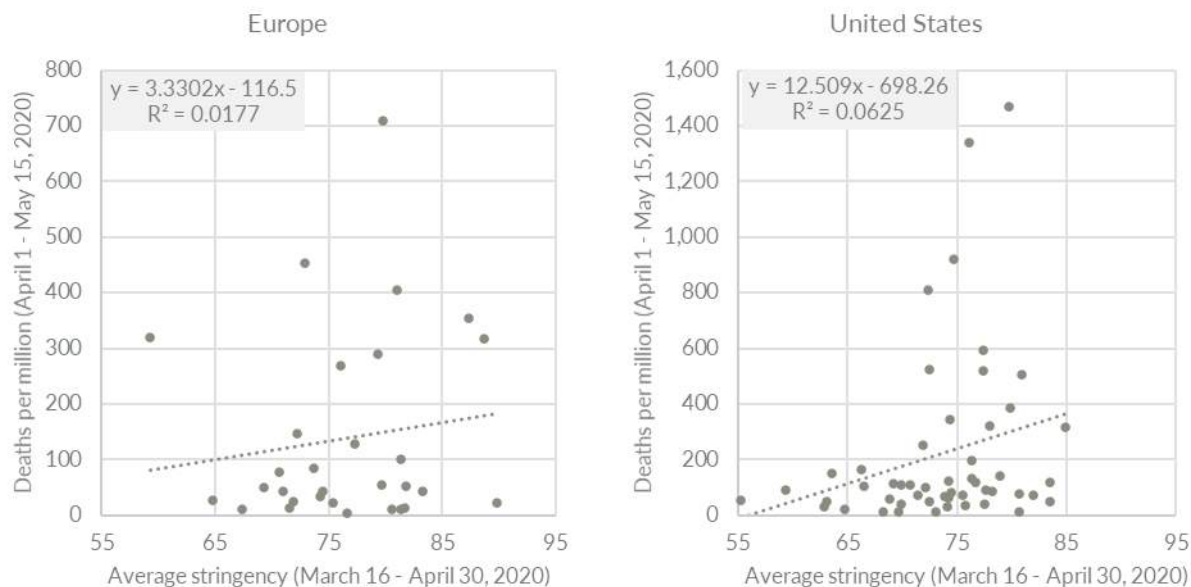
Source: Our World in Data.

Early epidemiological studies predicted large effects of NPIs. An often cited model simulation study by researchers at the Imperial College London (Ferguson et al. (2020)) predicted that a

suppression strategy based on a lockdown would reduce COVID-19 mortality by up to 98%.¹ These predictions were questioned by many scholars. Our early interest in the subject was spurred by two studies. First, Atkeson et al. (2020) showed that “across all countries and U.S. states that we study, the growth rates of daily deaths from COVID-19 fell from a wide range of initially high levels to levels close to zero within 20-30 days after each region experienced 25 cumulative deaths.” Second, Sebhatu et al. (2020) showed that “government policies are strongly driven by the policies initiated in other countries,” and less by the specific COVID-19-situation of the country.

A third factor that motivated our research was the fact that there was no clear negative correlation between the degree of lockdown and fatalities in the spring of 2020 (see Figure 2). Given the large effects predicted by simulation studies such as Ferguson et al. (2020), we would have expected to at least observe a simple negative correlation between COVID-19 mortality and the degree to which lockdowns were imposed.²

Figure 2: Correlation between stringency index and COVID-19 mortality in European countries and U.S. states during the first wave in 2020



Source: Our World in Data

¹ With $R_0 = 2.4$ and trigger on 60, the number of COVID-19-deaths in Great Britain could be reduced to 8,700 deaths from 510,000 deaths (-98%) with a policy consisting of case isolation + home quarantine + social distancing + school/university closure, cf. Table 4 in Ferguson et al. (2020). R_0 (the basic reproduction rate) is the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

² In addition, the interest in this issue was sparked by the work Jonung did on the expected economic effects of the SARS pandemic in Europe in 2006 (Jonung and Röger, 2006). In this model-based study calibrated from Spanish flu data, Jonung and Röger concluded that the economic effects of a severe pandemic would be rather limited—a sharp contrast to the huge economic effects associated with lockdowns during the COVID-19 pandemic.

Today, it remains an open question as to whether lockdowns have had a large, significant effect on COVID-19 mortality. We address this question by evaluating the current academic literature on the relationship between lockdowns and COVID-19 mortality rates.³ We use “NPI” to describe *any government mandate which directly restrict peoples’ possibilities*. Our definition does *not* include governmental recommendations, governmental information campaigns, access to mass testing, voluntary social distancing, etc., but *do* include mandated interventions such as closing schools or businesses, mandated face masks etc. We define *lockdown* as any policy consisting of at least one NPI as described above.⁴

Compared to other reviews such as Herby (2021) and Allen (2021), the main difference in this meta-analysis is that we carry out a systematic and comprehensive search strategy to identify all papers potentially relevant to answer the question we pose. We identify 34 eligible empirical studies that estimate the effect of mandatory lockdowns on COVID-19 mortality using a counterfactual difference-in-difference approach. We present our results in such a way that they can be systematically assessed, replicated, and used to derive overall meta-conclusions.⁵

2 Identification process: Search strategy and eligibility criteria

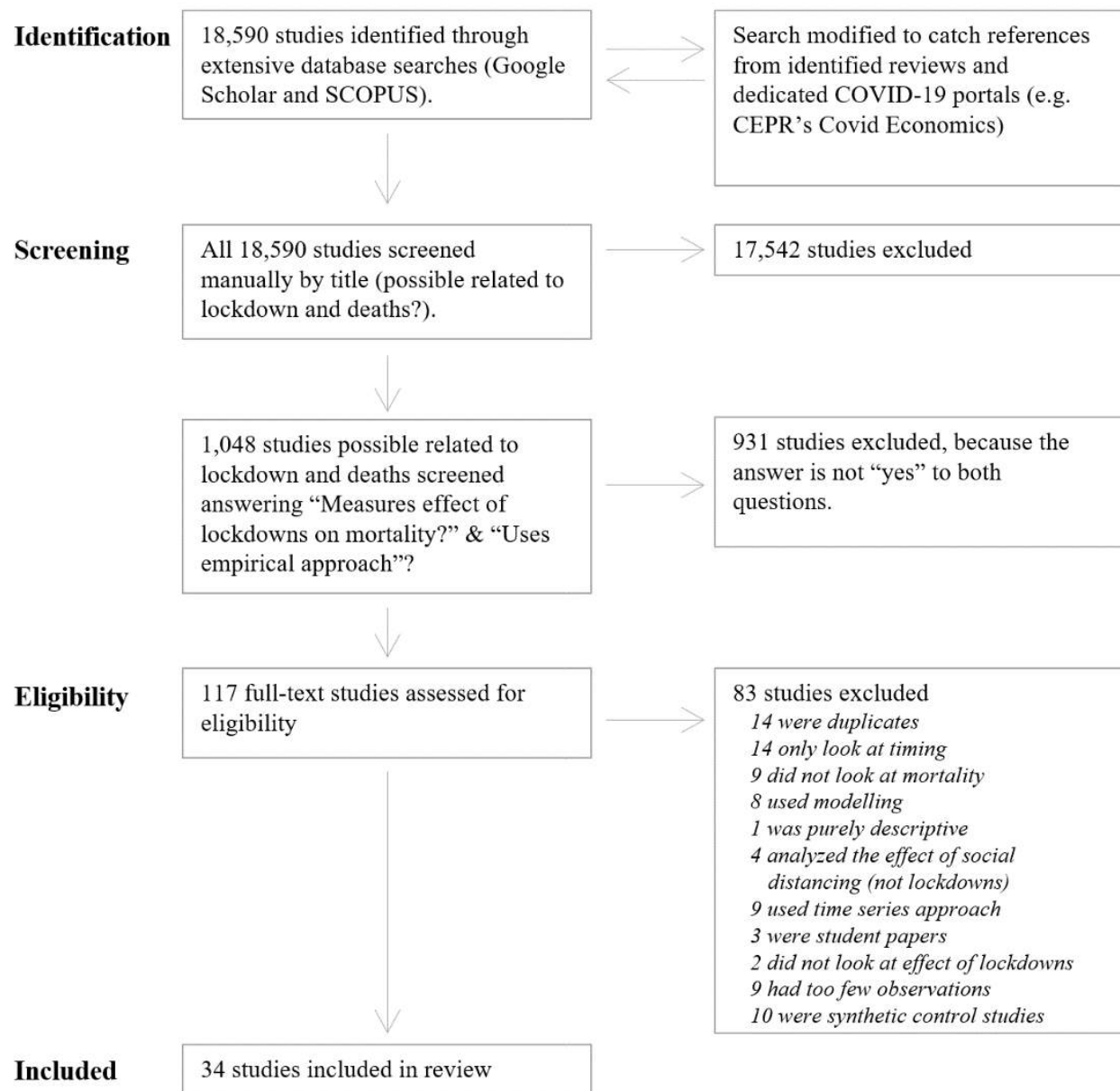
Figure 3 shows an overview of our identification process using a flow diagram designed according to PRISMA guidelines (Moher et al. (2009)). Of 18,590 studies identified during our database searches, 1,048 remained after a title-based screening. Then, 931 studies were excluded, because they either did not measure the effect of lockdowns on mortality or did not use an empirical approach. This left 117 studies that were read and inspected. After a more thorough assessment, 83 of the 117 were excluded, leaving 34 studies eligible for our meta-analysis. A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8.

³ We use “mortality” and “mortality rates” interchangeably to mean COVID-19 deaths per population.

⁴ For example, we will say that Country A introduced the *non-pharmaceutical interventions* school closures and shelter-in-place-orders as part of the country’s *lockdown*.

⁵ An interesting question is, “What damage lockdowns do to the economy, personal freedom and rights, and public health in general?” Although this question is important, it requires a full cost-benefit study, which is beyond the scope of this study.

Figure 3: PRISMA flow diagram for the selection of studies.



Below we present our search strategy and eligibility criteria, which follow the PRISMA guidelines and are specified in detail in our protocol Herby et al. (2021).

2.1 Search strategy

The studies we reviewed were identified by scanning *Google Scholar* and *SCOPUS* for English-language studies. We used a wide range of search terms which are combinations of three search strings: a disease search string ("covid," "corona," "coronavirus," "sars-cov-2"), a government

response search string⁶, and a methodology search string⁷. We identified papers based on 1,360 search terms. We also required mentions of “deaths,” “death,” and/or “mortality.” The search terms were continuously updated (by adding relevant terms) to fit this criterion.⁸

We also included all papers published in *Covid Economics*. Our search was performed between July 1 and July 5, 2021 and resulted in 18,590 unique studies.⁹ All studies identified using SCOPUS and Covid Economics were also found using Google Scholar. This made us comfortable that including other sources such as VOXeu and SSRN would not change the result. Indeed, many papers found using Google Scholar were from these sources.

All 18,590 studies were first screened based on the title. Studies clearly not related to our research question were deemed irrelevant.¹⁰

After screening based on the title, 1,048 papers remained. These papers were manually screened by answering two questions:

1. Does the study measure the effect of lockdowns on mortality?
2. Does the study use an empirical *ex post* difference-in-difference approach (see eligibility criteria below)?

Studies to which we could not answer “yes” to both questions were excluded. When in doubt, we made the assessment based on reading the full paper, and in some cases, we consulted with colleagues.¹¹

After the manual screening, 117 studies were retrieved for a full, detailed review. These studies were carefully examined, and metadata and empirical results were stored in an Excel

⁶ The government response search string used was: “non-pharmaceutical,” “nonpharmaceutical,” “NPI,” “NPIs,” “lockdown,” “social distancing orders,” “statewide interventions,” “distancing interventions,” “circuit breaker,” “containment measures,” “contact restrictions,” “social distancing measures,” “public health policies,” “mobility restrictions,” “covid-19 policies,” “corona policies,” “policy measures.”

⁷ The methodology search string used was: (“fixed effects,” “panel data,” “difference-in-difference,” “diff-in-diff,” “synthetic control,” “counterfactual” , “counter factual,” “cross country,” “cross state,” “cross county,” “cross region,” “cross regional,” “cross municipality,” “country level,” “state level,” “county level,” “region level,” “regional level,” “municipality level,” “event study.”

⁸ If a potentially relevant paper from one of the 13 reviews (see eligibility criteria) did not show up in our search, we added relevant words to our search strings and ran the search again. The 13 reviews were: Allen (2021); Brodeur et al. (2021); Gupta et al. (2020); Herby (2021); Johanna et al. (2020); Nussbaumer-Streit et al. (2020); Patel et al. (2020); Perra (2020); Poeschl and Larsen (2021); Pozo-Martin et al. (2020); Rezapour et al. (2021); Robinson (2021); Zhang et al. (2021).

⁹ SCOPUS was continuously monitored between July 5th and publication using a search agent. Although the search agent returned several hits during this period, only one of them, An et al. (2021), was eligible according to our eligibility criteria. The study is not included in our review, but the conclusions are in line with our conclusions, as An et al. (2021) conclude that “The analysis shows that the mask mandate is consistently associated with lower infection rates in the short term, and its early adoption boosts the long-term efficacy. By contrast, the other five policy instruments—domestic lockdowns, international travel bans, mass gathering bans, and restaurant and school closures—show weaker efficacy.”

¹⁰ This included studies with titles such as “COVID-19 outbreak and air pollution in Iran: A panel VAR analysis” and “Dynamic Structural Impact of the COVID-19 Outbreak on the Stock Market and the Exchange Rate: A Cross-country Analysis Among BRICS Nations.”

¹¹ Professor Christian Bjørnskov of University of Aarhus was particularly helpful in this process.

spreadsheet. All studies were assessed by at least two researchers. During this process, another 64 papers were excluded because they did not meet our eligibility criteria. Furthermore, nine studies with too little jurisdictional variance (< 10 observations) were excluded,¹² and 10 synthetic control studies were excluded.¹³ A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8. Below we explain why these studies are excluded.

2.2 Eligibility criteria

Focus on mortality and lockdowns

We only include studies that attempt to establish a relationship (or lack thereof) between lockdown policies and COVID-19 mortality or excess mortality. We exclude studies that use cases, hospitalizations, or other measures.¹⁴

Counterfactual difference-in-difference approach

We distinguish between two methods used to establish a relationship (or lack thereof) between mortality rates and lockdown policies. The first uses registered cross-sectional mortality data. These are *ex post* studies. The second method uses simulated data on mortality and infection rates.¹⁵ These are *ex ante* studies.

We include all studies using a counterfactual difference-in-difference approach from the former group but disregard all *ex ante* studies, as the results from these studies are determined by model assumptions and calibrations.

Our limitation to studies using a “counterfactual difference-in-difference approach” means that we exclude all studies where the counterfactual is based on forecasting (such as a SIR-model) rather than derived from a difference-in-difference approach. This excludes studies like Duchemin et al. (2020) and Matzinger and Skinner (2020). We also exclude all studies based on interrupted time series designs that simply compare the situation before and after lockdown, as

¹²The excluded studies with too few observations were: Alemán et al. (2020), Berardi et al. (2020), Conyon et al. (2020a), Coccia (2021), Gordon et al. (2020), Juranek and Zoutman (2021), Kapoor and Ravi (2020), Umer and Khan (2020), and Wu and Wu (2020).

¹³ The excluded synthetic control studies were: Conyon and Thomsen (2021), Dave et al. (2020), Ghosh et al. (2020), Born et al. (2021), Reinbold (2021), Cho (2020), Friedson et al. (2021), Neidhöfer and Neidhöfer (2020), Cerqueti et al. (2021), and Mader and Rüttenauer (2021).

¹⁴ Analyses based on cases may pose major problems, as testing strategies for COVID-19 infections vary enormously across countries (and even over time within a given country). In consequence, cross-country comparisons of cases are, at best, problematic. Although these problems exist with death tolls as well, they are far more limited. Also, while cases and death tolls are correlated, there may be adverse effects of lockdowns that are not captured by the number of cases. For example, an infected person who is isolated at home with family under a SIPO may infect family members with a higher viral load causing more severe illness. So even if a SIPO reduces the number of cases, it may theoretically increase the number of COVID-19-deaths. Adverse effects like this may explain why studies like Chernozhukov et al. (2021) finds that SIPO reduces the number of cases but have no significant effect on the number of COVID-19-deaths. Finally, mortality is hierarchically the most important outcome, cf. GRADEpro (2013)

¹⁵ These simulations are often made in variants of the SIR-model, which can simulate the progress of a pandemic in a population consisting of people in different states (Susceptible, Infectious, or Recovered) with equations describing the process between these states.

the effect of lockdowns in these studies might contain time-dependent shifts, such as seasonality. This excludes studies like Bakolis et al. (2021) and Siedner et al. (2020).

Given our criteria, we exclude the much-cited paper by Flaxman et al. (2020), which claimed that lockdowns saved three million lives in Europe. Flaxman et al. assume that the pandemic would follow an epidemiological curve unless countries locked down. However, this assumption means that the only interpretation possible for the empirical results is that lockdowns are the only thing that matters, even if other factors like season, behavior etc. caused the observed change in the reproduction rate, R_t . Flaxman et al. are aware of this and state that “our parametric form of R_t assumes that changes in R_t are an immediate response to interventions rather than gradual changes in behavior.” Flaxman et al. illustrate how problematic it is to force data to fit a certain model if you want to infer the effect of lockdowns on COVID-19 mortality.¹⁶

The counterfactual difference-in-difference studies in this review generally exploit variation across countries, U.S. states, or other geographical jurisdictions to infer the effect of lockdowns on COVID-19 fatalities. Preferably, the effect of lockdowns should be tested using randomized control trials, natural experiments, or the like. However, there are very few studies of this type.¹⁷

Synthetic control studies

The synthetic control method is a statistical method used to evaluate the effect of an intervention in comparative case studies. It involves the construction of a synthetic control which functions as the counterfactual and is constructed as an (optimal) weighted combination of a pool of donors. For example, Born et al. (2021) create a synthetic control for Sweden which consists of 30.0% Denmark, 25.3% Finland, 25.8% Netherlands, 15.0% Norway, and 3.9% Sweden. The effect of the intervention is derived by comparing the actual developments to those contained in the synthetic control.

We exclude synthetic control studies because of their inherent empirical problems as discussed by Bjørnskov (2021b). He finds that the synthetic control version of Sweden in Born et al. (2021) deviates substantially from “actual Sweden,” when looking at the period before mid-March 2020, when Sweden decided not to lock down. Bjørnskov estimates that *actual Sweden* experienced

¹⁶ Several scholars have criticized Flaxman et al. (2020), e.g. see Homburg and Kuhbandner (2020), Lewis (2020), and Lemoine (2020).

¹⁷ Kepp and Bjørnskov (2021) is one such study. They use evidence from a quasi-natural experiment in the Danish region of Northern Jutland. After the discovery of mutations of Sars-CoV-2 in mink – a major Danish export – seven of the 11 municipalities of the region went into extreme lockdown in early November, while the four other municipalities retained the moderate restrictions of the remaining country. Their analysis shows that while infection levels decreased, they did so before lockdown was in effect, and infection numbers also decreased in neighbor municipalities without mandates. They conclude that efficient infection surveillance and voluntary compliance make full lockdowns unnecessary, at least in some circumstances. Kepp and Bjørnskov (2021) is not included in our review, because they focus on cases and not COVID-19 mortality. Dave et al. (2020) is another such study. They see the Wisconsin Supreme Court abolishment of Wisconsin’s “Safer at Home” order (a SIPO) as a natural experiment and find that “the repeal of the state SIPO impacted social distancing, COVID-19 cases, or COVID-19-related mortality during the fortnight following enactment.” Dave et al. (2020) is not included in our review, because they use a synthetic control method.

approximately 500 fewer deaths the first 11 weeks of 2020 and 4,500 fewer deaths in 2019 compared to *synthetic Sweden*.

This problem is inherent in all synthetic control studies of COVID-19, Bjørnskov argues, because the synthetic control should be fitted based on a long period of time before the intervention or the event one is studying the consequences of – i.e., the lockdown Abadie (2021). However, this is not possible for the coronavirus pandemic, as there clearly *is* no long period with coronavirus before the lockdown. Hence, the synthetic control study approach is *by design* not appropriate for studying the effect of lockdowns.

Jurisdictional variance - few observations

We exclude all interrupted time series studies which simply compare mortality rates before and after lockdowns. Simply comparing data from before and after the imposition of lockdowns could be the result of time-dependent variations, such as seasonal effects. For the same reason, we also exclude studies with little jurisdictional variance.¹⁸ For example, we exclude Conyon et al. (2020b) who “exploit policy variation between Denmark and Norway on the one hand and Sweden on the other” and, thus, only have one jurisdictional area in the control group. Although this *is* a difference-in-difference approach, there is a non-negligible risk that differences are caused by much more than just differences in lockdowns. Another example is Wu and Wu (2020), who use all U.S. states, but pool groups of states so they end with basically three observations. None of the excluded studies cover more than 10 jurisdictional areas.¹⁹ One study is a special case of the jurisdictional variance criteria (Auger et al. (2020)). Those researchers analyze the effect of school closures in U.S. states and find that those closures reduce mortality by 35%. However, all 50 states closed schools between March 13, 2020, and March 23, 2020, which means that all difference-in-difference is based on maximum 10 days. Given the long lag between infection and death, there is a risk that Auger et al.’s approach is an interrupted time series analysis where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include this study, as it is eligible under our protocol Herby et al. (2021).

Publication status and date

We include all *ex post* studies regardless of publication status and date. That is, we cover both working papers and papers published in journals. We include the early papers because the knowledge of the COVID-19-pandemic grew rapidly in the beginning, making later papers able to stand on the shoulders of previous work. Also, in the early days of COVID-19, speed was

¹⁸ A jurisdictional area can be countries, U.S. states, or counties. With “jurisdictional variance” we refer to variation in mandates across jurisdictional areas.

¹⁹ All studies excluded on this criterion are listed in footnote 12.

crucial which may have affected the quality of the papers. Including them makes it possible to compare the results of early studies to studies carried out at a later stage.²⁰

The role of optimal timing

We exclude papers which analyze the effect of early lockdowns in contrast to later lockdowns. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, at least two problems arise with respect to evaluating the effect of well-timed lockdowns.

First, when COVID-19 hit Europe and the United States, it was virtually impossible to determine the right timing. The World Health Organization declared the outbreak a pandemic on March 11, 2020, but at that date, Italy had already registered 13.7 COVID-19 deaths per million. On March 29, 2020, 18 days after the WHO declared the outbreak a pandemic and the earliest a lockdown response to the WHO's announcement could potentially have an effect, the mortality rate in Italy was a staggering 178 COVID-19 deaths per million with an additional 13 per million dying each day.²¹

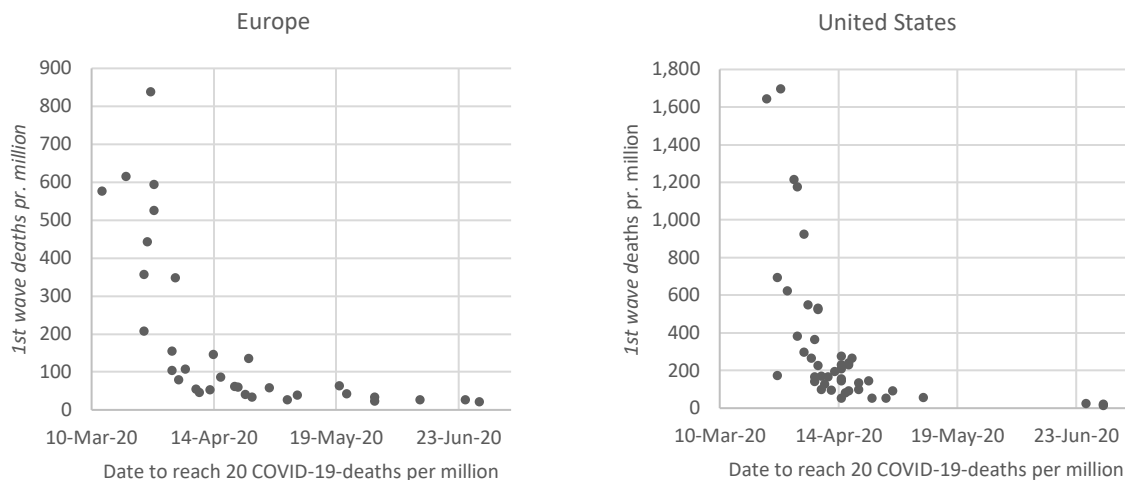
Secondly, it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns when looking at timing because people and politicians are likely to react to the same information. As Figure 4 illustrates, all European countries and U.S. states that were hit hard and early by COVID-19 experienced high mortality rates, whereas all countries hit relatively late experienced low mortality rates. Björk et al. (2021) illustrate the difficulties in analyzing the effect of timing. They find that a 10-stringency-points-stricter lockdown would reduce COVID-19 mortality by a total of 200 deaths per million²² if done in week 11, 2020, but would only have approximately 1/3 of the effect if implemented one week earlier or later and no effect if implemented three weeks earlier or later. One interpretation of this result is that lockdowns do not work if people either find them unnecessary and fail to obey the mandates or if people voluntarily lock themselves down. This is the argument Allen (2021) uses for the ineffectiveness of the lockdowns he identifies. If this interpretation is true, what Björk et al. (2021) find is that information and signaling is far more important than the strictness of the lockdown. There may be other interpretations, but the point is that studies focusing on timing cannot differentiate between these interpretations. However, if lockdowns have a notable effect, we should see this effect regardless of the timing, and we should identify this effect more correctly by excluding studies that exclusively analyze timing.

²⁰ We also intended to exclude studies which were primarily based on data from 2021 (as these studies would be heavily affected by vaccines) and studies that did not cover at least one EU-country, the United States, one U.S. state or Latin America, and where at least one country/state was not an island. However, we did not find any such studies.

²¹ There's approximately a two-to-four-week gap between infection and deaths. See footnote 29.

²² They estimate that 10-point higher stringency will reduce excess mortality by 20 "per week and million" in the 10 weeks from week 14 to week 23.

Figure 4: Taken by surprise. The importance of having time to prepare



Comment: The figure shows the relationship between early pandemic strength and total 1st wave of COVID-19 death toll. On the X-axis is “Days to reach 20 COVID-19-deaths per million (measured from February 15, 2020).” The Y-axis shows mortality (deaths per million) by June 30, 2020.

Source: Reported COVID-19 deaths and OxCGRT stringency for European countries and U.S. states with more than one million citizens. Data from Our World in Data.

We are aware of one meta-analysis by Stephens et al. (2020), which looks into the importance of timing. The authors find 22 studies that look at policy and timing with respect to mortality rates, however, only four were multi-country, multi-policy studies, which could possibly account for the problems described above. Stephens et al. conclude that “the timing of policy interventions across countries relative to the first Wuhan case, first national disease case, or first national death, is not found to be correlated with mortality.” (See Appendix A for further discussion of the role of timing.)

3 The empirical evidence

In this section we present the empirical evidence found through our identification process. We describe the studies and their results, but also comment on the methodology and possible identification problems or biases.

3.1 Preliminary considerations

Before we turn to the eligible studies, we present some considerations that we adopted when interpreting the empirical evidence.

Empirical interpretation

While the policy conclusions contained in some studies are based on statistically significant results, many of these conclusions are ill-founded due to the tiny impact associated with said statistically significant results. For example, Ashraf (2020) states that “social distancing

measures has proved effective in controlling the spread of [a] highly contagious virus.” However, their estimates show that the average lockdown in Europe and the U.S only reduced COVID-19 mortality by 2.4%.²³ Another example is Chisadza et al. (2021). The authors argue that “less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities.” Their conclusion is based on a negative estimate for the squared term of *stringency* which results in a total negative effect on mortality rates (i.e. fewer deaths) for stringency values larger than 124. However, the stringency index is limited to values between 0 and 100 by design, so the conclusion is clearly incorrect. To avoid any such biases, we base our interpretations solely on the empirical estimates and not on the authors’ own interpretation of their results.

Handling multiple models, specifications, and uncertainties

Several studies adopt a number of models to understand the effect of lockdowns. For example, Bjørnskov (2021a) estimates the effect after one, two, three, and four weeks of lockdowns. For these studies, we select the longest time horizon analyzed to obtain the estimate closest to the long-term effect of lockdowns.

Several studies also use multiple specifications including and excluding potentially relevant variables. For these studies, we choose the model which the authors regard as their main specification. Finally, some studies have multiple models which the authors regard as equally important. One interesting example is Chernozhukov et al. (2021), who estimate two models with and without national case numbers as a variable. They show that including this variable in their model alters the results substantially. The explanation could be that people responded to national conditions. For these studies, we present both estimates in Table 1, but – following Doucouliagos and Paldam (2008) – we use an average of the estimates in our meta-analysis in order to not give more weight to a study with multiple models relative to studies with just one principal model.

For studies looking at different classes of countries (e.g. rich and poor), we report both estimates in Table 1 but use the estimate for rich Western countries in our meta-analysis, where we derive common estimates for Europe and the United States.

Effects are measured “relative to Sweden in the spring of 2020”

Virtually all countries in the world implemented mandated NPIs in response to the COVID-19 pandemic. Hence, most estimates are relative to “doing the least,” which in many Western countries means relative to doing as Sweden has done, especially during the first wave, when Sweden, do to constitutional constraints, implemented very few restrictions compared to other western countries (Jonung and Hanke 2020). However, some studies *do* compare the effect of doing something to the effect of doing absolutely nothing (e.g. Bonardi et al. (2020)).

The consequence is that some estimates are relative to “doing the least” while others are relative to “doing nothing.” This may lead to biases if “doing the least” works as a signal (or warning)

²³ We describe how we arrive at the 2.4% in Section 4.

which alters the behavior of the public. For example, Gupta et al. (2020) find a large effect of emergency declarations, which they argue “are best viewed as an information instrument that signals to the population that the public health situation is serious and they act accordingly,” on social distancing but not of other policies such as SIPOs (shelter-in-place orders). Thus, if we compare a country issuing a SIPO to a country doing nothing, we may overestimate the effect of a SIPO, because it is the sum of the signal *and* the SIPO. Instead, we should compare the country issuing the SIPO to a country “doing the least” to estimate the *marginal* effect of the SIPO.

To take an example, Bonardi et al. (2020) find relatively large effects of doing *something* but no effect of doing *more*. They find no extra effect of stricter lockdowns relative to less strict lockdowns and state that “our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus.” Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is “doing nothing” can affect the magnitude of the estimated impacts. There is no obvious right way to resolve this issue, but since estimates in most studies are relative to doing less, we report results as compared to “doing less” when available. Hence, for Bonardi et al. we state that the effect of lockdowns is zero (compared to Sweden’s “doing the least”).

3.2 Overview of the findings of eligible studies

Table 1 covers the 34 studies eligible for our review.²⁴ Out of these 34 studies, 22 were peer-reviewed and 12 were working papers. The studies analyze lockdowns during the first wave. Most of the studies (29) use data collected before September 1st, 2020 and 10 use data collected before May 1st, 2020. Only one study uses data from 2021. All studies are cross-sectional, ranging across jurisdictions. Geographically, 14 studies cover countries worldwide, four cover European countries, 13 cover the United States, two cover Europe and the United States, and one covers regions in Italy. Seven studies analyze the effect of SIPOs, 10 analyze the effect of stricter lockdowns (measured by the OxCGRT stringency index), 16 studies analyze specific NIP’s independently, and one study analyzes other measures (length of lockdown).

Several studies find no statistically significant effect of lockdowns on mortality. For example, this includes Bjørnskov (2021a) and Stockenhuber (2020) who find no significant effect of stricter lockdowns (higher OxCGRT stringency index), Sears et al. (2020) and Dave et al. (2021), who find no significant effect of SIPOs, and Chaudhry et al. (2020), Aparicio and Grossbard (2021) and Guo et al. (2021) who find no significant effect of any of the analyzed NIP’s, including business closures, school closures and border closures.

Other studies find a significant negative relationship between lockdowns and mortality. Fowler et al. (2021) find that SIPOs reduce COVID-19 mortality by 35%, while Chernozhukov et al.

²⁴ The following information can be found for each study in Table 2.

(2021) find that employee mask mandates reduces mortality by 34% and closing businesses and bars reduces mortality by 29%.

Some studies find a significant positive relationship between lockdowns and mortality. This includes Chisadza et al. (2021), who find that stricter lockdowns (higher OxCGRT stringency index) increases COVID-19 mortality by 0.01 deaths/million per stringency point and Berry et al. (2021), who find that SIPOs increase COVID-19 mortality by 1% after 14 days.

Most studies use the number of official COVID-19 deaths as the dependent variable. Only one study, Bjørnskov (2021a), looks at total excess mortality which – although is not perfect – we perceive to be the best measure, as it overcomes the measurement problems related to properly reporting COVID-19 deaths.

Several studies explicitly claim that they estimate the actual causal relationship between lockdowns and COVID-19 mortality. Some studies use instrumental variables to justify the causality associated with their analysis, while others make causality probable using anecdotal evidence.²⁵ But, Sebhatu et al. (2020) show that government policies are strongly driven by the policies initiated in neighboring countries rather than by the severity of the pandemic in their own countries. In short, it is not the severity of the pandemic that drives the adoption of lockdowns, but rather the propensity to copy policies initiated by neighboring countries. The Sebhatu et al. conclusion throws into doubt the notion of a causal relationship between lockdowns and COVID-19 mortality.

Table 1: Summary of eligible studies

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	COVID-19 mortality	Use State-level data from the COVID-19 Tracking Project data all U.S. states, and a multivariate regression analysis to empirically investigate the impacts of the duration of shelter-in-place orders on mortality.	Find that shelter-in-place orders are - for the average duration - associated with 1% (insignificant) fewer deaths per capita.	
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	COVID-19 mortality	Their main focus is to explain the gap in COVID-19-fatalities between Europe and the United States based on COVID-deaths and other data from 85 nations/states. They include status for "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset in a country/state. None of these interventions have a significant effect on COVID-19 mortality. They also find no	Find no effect of "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset.	In the abstract the authors states that "various types of social distance measures such as school closings and lockdowns, and how soon they were implemented, help explain the U.S./EUROPE gap in cumulative deaths measured 100 days after the pandemic's onset in a state or country" although their estimates are insignificant.

²⁵ E.g. Dave et al. (2021) states that "estimated case reductions accelerate over time, becoming largest after 20 days following enactment of a SIPO. These findings are consistent with a causal interpretation."

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		significant effect of early cancelling of social events, school closures, shop closures, partial lockdowns and full lockdowns.		
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	COVID-19 mortality	Their main focus is on the effectiveness of policies targeted to diminish the effect of socioeconomic inequalities (economic support) on COVID-19-deaths. They use data from 80 countries worldwide and include the OxCGRT stringency as a control variable in their models. The paper finds a significant negative (fewer deaths) effect of stricter lockdowns. The effect of lockdowns is insignificant, when they include an interaction term between the socioeconomic conditions index and the economic support index in their model.	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality changes by -0.326 deaths per million (fewer deaths). The estimate is -0.073 deaths per million but insignificant, when including an interaction term between the socioeconomic conditions index and the economic support index.	
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	COVID-19 mortality	U.S. population-based observational study which uses interrupted time series analyses incorporating a lag period to allow for potential policy-associated changes to occur. To isolate the association of school closure with outcomes, state-level nonpharmaceutical interventions and attributes were included in negative binomial regression models. Models were used to derive the estimated absolute differences between schools that closed and schools that remained open. The main outcome of the study is COVID-19 daily incidence and mortality per 100000 residents.	State that they adjust for several factors (e.g percentage of state's population aged 15 years and 65 years, CDC's social vulnerability index, stay-at-home or shelter-in-place order, restaurant and bar closure, testing rate per 1000 residents etc.), but does not specify how and do not present estimates.	All 50 states closed schools between March 13, 2020, and March 23, 2020. Hence, all difference-in-difference is based on maximum 10 days, and given the long lag between infection and death, there is a risk that their approach is more an interrupted time series analysis, where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include the study in our review as it - objectively speaking - lives up to the eligibility criteria specified in our protocol.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	COVID-19 mortality	The authors use U.S. county data on COVID-19 deaths from Johns Hopkin and SIPO data from the University of Washington to estimate the effect of SIPO's. They find no detectable effects of SIPO on deaths. The authors stress that their findings should not be interpreted as evidence that social distancing behaviors are not effective. Many people had already changed their behaviors before the introduction of shelter-in-place orders, and shelter-in-place orders appear to have been ineffective precisely because they did not meaningfully alter social distancing behavior.	SIPO increases the number of deaths by 0,654 per million after 14 days (see Fig. 2)	The authors conclude that "We do not find detectable effects of these policies [SIPO] on disease spread or deaths." However, this statement does not correspond to their results. In figure 2 they show that the effect on deaths is significant after 14 days. Looks at the effect 14 days after SIPO's are implemented which is a short lag given that the time between infection and deaths is at least 2-3 weeks.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Excess mortality	Uses excess mortality and OxCGRT stringency from 24 European countries to estimate the effect of lockdown on the number of deaths one, two, three and four weeks later. Finds no effect (negative but insignificant) of (stricter) lockdowns. The author's specification using instrument variables yields similar results.	A stricter lockdown (OxCGRT stringency) does not have a significant effect on excess mortality.	Finds a positive (more deaths) effect after one and two weeks, which could indicate that other factors (omitted variables) affect the results.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	COVID-19 mortality	Use data for deaths and NPIs from Hale et al. (2020) covering 158 countries between January and August 2020 to evaluate the effect of eight different NPIs (stay at home, bans on gatherings, bans on public	When using the naïve dummy variable approach, all parameters are statistically	Run the same model four times for each of the different NPIs (stay at home-orders, ban on meetings, ban on public events and mobility restrictions). These NPIs were often introduced almost simultaneously so there is a high risk of

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		events, closing schools, lockdowns of workplaces, interruption of public transportation services, and international border closures. They address the possible endogeneity of the NPIs by using instrumental variables.	insignificant. On the contrary, estimates using the instrumental variable approach indicate that NPIs are effective in reducing the growth rate in the daily number of deaths 14 days later.	multicollinearity with each run capturing the same underlying effect. Indeed, the size and standard errors of the estimates are worryingly similar. Looks at the effect 14 days after NPIs are implemented which is a fairly short lag given the time between infection and deaths is 2-3 weeks, cf. e.g. Flaxman et al. (2020), which according to Bjørnskov (2020) appears to be the minimum typical time from infection to death).
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Growth rates	Use NPI data scraped from news headlines from LexisNexis and death data from Johns Hopkins University up to April 1st 2020 in a panel structure with 184 countries. Controls for country fixed effects, day fixed effects and within-country evolution of the disease.	Find that certain interventions (SIPO, regional lockdown and partial lockdown) work (in developed countries), but that stricter interventions (SIPO) do not have a larger effect than less strict interventions (e.g. restrictions on gatherings). Find no effect of border closures.	Find a positive (more deaths) effect on day 1 after lockdown which may indicate that their results are driven by other factors (omitted variables). We rely on their publicly available version submitted to CEPR Covid Economics, but estimates on the effect of deaths can be found in Supplementary material, which is available in an updated version hosted on the Danish Broadcasting Corporation's webpage: https://www.dr.dk/static/documents/2021/03/04/managing_pandemics_e3911c11.pdf
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	COVID-19 mortality	Uses variation in exposure to closed sectors (e.g. tourism) in municipalities within Italy to estimate the effect of business closures. Assuming that municipalities with different exposures to closed sectors are not inherently different, they find that municipalities with higher exposure to closed sectors experienced subsequently lower mortality rates.	Business shutdown saved 9,439 Italian lives by April 13th 2020. This corresponds to a reduction of deaths by 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.	They (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different. This assumption could be problematic, as more touristed municipalities can be very different from e.g. more industrialized municipalities.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	COVID-19 mortality	Uses information on COVID-19 related national policies and health outcomes from the top 50 countries ranked by number of cases. Finds no significant effect of any NPI on the number of COVID-19-deaths.	Finds no significant effect on mortality of any of the analyzed interventions (partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews).	
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Growth rates	Uses COVID-deaths from the New York Times and Johns Hopkins and data for U.S. States from Raifman et al. (2020) to estimate the effect of SIPO, closed nonessential businesses, closed K-12 schools, closed restaurants except takeout, closed movie theaters, and face mask mandates for employees in public facing businesses.	Finds that mandatory masks for employees and closing K-12 schools reduces deaths. SIPO and closing business (average of closed businesses, restaurants and movie theaters) has no statistically significant effect. The effect of school closures is highly sensitive to the	States that "our regression specification for case and death growths is explicitly guided by a SIR model although our causal approach does not hinge on the validity of a SIR model." We are uncertain if this means that data are managed to fit an SIR-model (and thus should fail our eligibility criteria).

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			inclusion of national case and death data.	
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 144 countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant positive (more deaths) non-linear association between government response indices and the number of deaths.	An increase by 1 on "stringency index" increases the number of deaths by 0.0130 per million. The sign of the squared term is negative, but the combined non-linear estimate is positive (increases deaths) and larger than the linear estimate for all values of the OxCGRT stringency index.	The author states that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." However, according to their estimates this is not correct, as the combined non-linear estimate cannot be negative for relevant values of the OxCGRT stringency index (0 to 100).
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	COVID-19 mortality	Uses smartphone location tracking and state data on COVID-19 deaths and SIPO data (supplemented by their own searches) collected by the New York Times to estimate the effect of SIPO's. Finds that SIPO was associated with a 9%-10% increase in the rate at which state residents remained in their homes full-time, but overall they do not find a significant effect on mortality after 20+ days (see Figure 4). Indicate that the lacking significance may be due to long term estimates being identified of a few early adopting states.	Finds no overall significant effect of SIPO on deaths but does find a negative effect (fewer deaths) in early adopting states.	Find large effects of SIPO on deaths after 6-14 days in early adopting states (see Table 8), which is before an SIPO-related effect would be seen. This could indicate that other factors rather than SIPO's drive the results.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	COVID-19 mortality	Uses daily deaths from the European Centre for Disease Prevention and Control and OxCGRT stringency from 32 countries worldwide (including U.S.) to estimate the effect of lockdown on the number of deaths.	Finds that the greater the strength of government interventions at an early stage, the more effective these are in slowing down or reversing the growth rate of deaths.	Focus is on the effect of early stage NPIs and thus does not absolutely live up to our eligibility criteria. However, we include the study as it differentiates between lockdown strength at an early stage.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	COVID-19 mortality	Uses data from 127 countries, combining high-frequency measures of mobility data from Google's daily mobility reports, country-date-level information on the stringency of restrictions in response to the pandemic from Oxford's Coronavirus Government Response Tracker (OxCGRT), and daily data on deaths attributed to COVID-19 from Our World In Data and the Johns Hopkins University. Instrument stringency using day-to-day changes in the stringency of the restrictions in the rest of the world.	Find large causal effects of stricter restrictions on the weekly growth rate of recorded deaths attributed to COVID-19. Show that more stringent interventions help more in richer, more educated, more democratic, and less corrupt countries with older, healthier populations and more effective governments.	Finds a larger effect on deaths after 0 days than after 14 and 21 days (Table 3). This is surprising given that it takes 2-3 weeks from infection to death, and it may indicate that their results are driven by other factors.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	COVID-19 mortality	Uses U.S. county data on COVID-19 deaths and SIPO data collected by the New York Times to estimate the effect of SIPO's using a two-way fixed-effects difference-in-differences model. Find a large and early (after few days) effect of SIPO on COVID-19 related deaths.	Stay-at-home orders are also associated with a 59.8 percent (18.3 to 80.2) average reduction in weekly fatalities after three weeks. These results suggest that stay-at-home orders	Finds the largest effect of SIPO on deaths after 10 days (see Figure 4), before a SIPO-related effect could possibly be seen as it takes 2-3 weeks from infection to death. This could indicate that other factors drive their results.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			might have reduced confirmed cases by 390,000 (170,000 to 680,000) and fatalities by 41,000 (27,000 to 59,000) within the first three weeks in localities that implemented stay-at-home orders.	
Fuller et al. (2021); "Mitigation Policies and COVID-19-Associated Mortality – 37 European Countries, January 23–June 30, 2020"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency in 37 European countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant negative (fewer deaths) effect of stricter lockdowns after mortality threshold is reached (the threshold is a daily rate of 0.02 new COVID-19 deaths per 100,000 population (based on a 7-day moving average))	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000.	
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	COVID-19 mortality	Uses data for every county in the United States from March through June 1, 2020, to estimate the effect of SIPO (called "lockdown") on COVID-19 mortality. Policy data are acquired from American Red Cross reporting on emergency regulations. His control variables include county population and density, the elder share, the share in nursing homes, nine other demographic and economic characteristics and a set of regional fixed effects. Handles causality problems using instrument variables (IV).	Find no statistically significant effect of SIPO.	Gibson use the word "lockdown" as synonym for SIPO (writes "technically, government-ordered community quarantine")
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	COVID-19 mortality	Uses panel data from 152 countries with data from the onset of the pandemic until December 31, 2020. Finds that lockdowns tend to reduce the number of COVID-19 related deaths, but also that this benign impact declines over time: after four months of strict lockdown, NPIs have a significantly weaker contribution in terms of their effect in reducing COVID-19 related fatalities.	Stricter lockdowns reduce deaths for the first 60 days, whereafter the cumulative effect begins to decrease. If reintroduced after 120, the effect of lockdowns is smaller in the short run, but after 90 days the effect is almost the same as during first lockdown (only app. 10% lower).	There is little documentation in the study (e.g. no tables with estimates).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	COVID-19 mortality	Uses policy data from 1,470 executive orders from the state-government websites for all 50 states and Washington DC and COVID-19-deaths from Johns Hopkins University in a random-effect spatial error panel model to estimate the effect of nine NPIs (SIPO, strengthened SIPO, public school closure, all school closure, large-gathering ban of more than 10 people, any gathering ban, restaurant/bar limit to dining out only, nonessential business closure, and mandatory self-quarantine of travelers) on COVID-19 deaths.	Two mitigation strategies (all school closure and mandatory self-quarantine of travelers) showed positive (more deaths) impact on COVID-19-deaths per 10,000. Six mitigation strategies (SIPO, public school closure, large gathering bans (>10), any gathering ban, restaurant/bar limit to dining out only, and nonessential business	Only conclude on NPIs which reduce mortality. However, the conclusion is based on one-tailed tests, which means that all positive estimates (more deaths) are deemed insignificant. Thus, in their mortality-specification (Table 3, Proportion of Cumulative Deaths Over the Population), the estimate of all school closures (.204) and mandatory self-quarantine of travelers (0.363) is deemed insignificant based on schools CI [.029, .379] and quarantine CI [.193, .532]. We believe, these results should be interpreted as a significant increase in mortality, and that these results should have been part of their conclusion.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			closure) did not show any impact (Table 3, "Proportion of Cumulative Deaths Over the Population).	
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	COVID-19 mortality	Uses the OxCGRT stringency and COVID-19-deaths from the European Centre for Disease Prevention and Control for 170 countries. Estimates both cross-sectional models in which countries are the unit of analysis, as well as longitudinal models on time-series panel data with country-day as the unit of analysis (including models that use both time and country fixed effects).	Finds that higher stringency in the past leads to a lower growth rate in the present, with each additional point of stringency corresponding to a 0.039%-point reduction in daily deaths growth rates six weeks later.	
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	COVID-19 mortality	Uses death data from the European Centre for Disease Prevention and Control (ECDC) and NPI-data from the Institute of Health Metrics and Evaluation. Argues that they use a quasi-experimental approach to identify the effect of NPIs because no analyzed intervention was imposed by all European countries and interventions were put in place at different points in the development of the epidemics.	Finds that mass gathering restrictions and initial business closures (businesses such as entertainment venues, bars and restaurants) reduces the number of deaths, whereas closing educational facilities and issuing SIPO increases the number of deaths. Finds no effect of closing non-essential services and mandating/recommending masks (Table 3)	Finds an effect of closing educational facilities and non-essential services after 1-7 days before lockdown could possibly have an effect on the number of deaths. This may indicate that other factors are driving their results.
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	COVID-19 mortality	Estimates the effect of state-level lockdowns on COVID-19 deaths using multiple quasi-Poisson regressions with lockdown time length as the explanatory variable. Does not specify how lockdown is defined and what their data sources are.	Finds no significant effect of SIPO on the number of deaths after 2-4, 4-6 and 6+ weeks.	They write that "6+ weeks of lockdown is the only setting where the odds of dying are statistically higher than in the no lockdown case." However, all estimates are insignificant in Table C. Looks as if lockdown duration may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	COVID-19 mortality	Use COVID-19 deaths from Worldometer and info about NPIs (mask/mask recommendations, international travel restrictions and lockdowns (defined as any closure of schools or workplaces, limits on public gatherings or internal movement, or stay-at-home orders) from Hale et al. (2020) for 200 countries to estimate the effect of the duration of NPIs on the number of deaths.	Finds that masking (mask recommendations) reduces mortality. For each week that masks were recommended the increase in per-capita mortality was 8.1% (compared to 55.7% increase when masks were not recommended). Finds no significant effect of the number of weeks with internal lockdowns and international travel restrictions (Table 2).	Their "mask recommendation" category includes some countries, where masks were mandated (see Supplemental Table A1) and may (partially) capture the effect of mask mandates. Looks at duration which may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational	Other	Use data from 27 U.S. states and 12 European countries to analyze the effect of NPIs on peak mortality rate using general linear mixed effects modelling.	Finds that no mandate (school closures, prohibition on mass gatherings, business closures, stay at home	

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Correlation to Mortality in the United States and Europe"			orders, severe travel restrictions, and closure of non-essential businesses) was effective in reducing the peak COVID-19 mortality rate.	
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	COVID-19 mortality	Uses county-level data for all U.S. states. Mortality is obtained from Johns Hopkins, while policy data are obtained from official governmental websites. Categorizes 12 policies into 4 levels of disease control; Level 1 (low) - State of Emergency; Level 2 (moderate) - school closures, restricting access (visits) to nursing homes, or closing restaurants and bars; Level 3 (high) - non-essential business closures, suspending non-violent arrests, suspending elective medical procedures, suspending evictions, or restricting mass gatherings of at least 10 people; and Level 4 (aggressive) - sheltering in place / stay-at-home, public mask requirements, or travel restrictions. Use stepped-wedge cluster randomized trial (SW-CRT) for clustering and negative binomial mixed model regression.	Concludes that only (duration of, see comment in next column) level 4 restrictions are associated with reduced risk of death, with an average 15% decline in the COVID-19 death rate per day. Implementation of level 3 and level 2 restrictions increased death rates in 6 of 6 regions, while longer duration increased death rates in 5 of 6 regions.	They focus on the negative estimate of duration of Level 4. However, their implementation estimate is large and positive, and the combined effect of implementation and duration is unclear.
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	COVID-19 mortality	Uses daily data for 113 countries on cumulative COVID-19 death counts over 130 days between February 15, 2020, and June 23, 2020, to examine changes in mortality growth rates across the World Bank's income group classifications following shelter-in-place recommendations or orders (they use one variable covering both recommendations and orders).	Finds that shelter-in-place recommendations/orders reduces mortality growth rates in high income countries (although insignificant) but increases growth rates in countries in other income groups.	
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	COVID-19 mortality	Uses cellular location data from all 50 states and the District of Columbia to investigate mobility patterns during the pandemic across states and time. Adding COVID-19 death tolls and the timing of SIPO for each state they estimate the effect of stay-at-home policies on COVID-19 mortality.	Find that SIPOs lower deaths by 0.13- 0.17 per 100,000 residents, equivalent to death rates 29-35% lower than in the absence of policies. However, these estimates are insignificant at a 95% confidence interval (see Table 4). The study also finds reductions in activity levels prior to mandates. Human encounter rate fell by 63 percentage points and nonessential visits by 39 percentage points relative to pre-COVID-19 levels, prior to any state implementing a statewide mandate	In the abstract the authors state that death rates would be 42-54% lower than in the absence of policies. However, this includes averted deaths due to pre-mandate social distancing behavior (p. 6). The effect of SIPO is a reduction in deaths by 29%-35% compared to a situation without SIPO but with pre-mandate social distancing. These estimates are insignificant at a 95% confidence interval.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Shiva and Molana (2021); "The Luxury of Lockdown"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 169 countries to estimate the effect of lockdown on the number of deaths 1-8 weeks later. Finds that stricter lockdowns reduce COVID-19-deaths 4 weeks later (but insignificant 8 weeks later) and have the greatest effect in high income countries. Finds no effect of workplace closures in low-income countries.	A stricter lockdown (1 stringency point) reduces deaths by 0,1% after 4 weeks. After 8 weeks the effect is insignificant.	
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	COVID-19 mortality	Use data for every county in the United States from March through December 2020 to estimate the effect of various NPIs on the COVID-19-deaths growth rate. Derives causality by 1) assuming that state regulators primarily focus on the state's most populous counties, so state regulation in smaller counties can be viewed as a quasi randomized experiment, and 2) conducting county pair analysis, where similar counties in different states (and subject to different state policies) are compared.	Finds that some interventions (e.g. mask mandates, restaurant and bar closures, gym closures, and high-risk business closures) reduces mortality growth, while other interventions (closures of low- to medium-risk businesses and personal care/spa services) did not have an effect and may even have increased the number of deaths.	In total they analyze the lockdown effect of 21 variables. 14 of 21 estimates are significant, and of these 6 are negative (reduces deaths) while 8 are positive (increases deaths). Some results are far from intuitive. E.g. mask recommendations increases deaths by 48% while mask mandates reduces deaths by 12%, and closing restaurants and bars reduces deaths by 50%, while closing bars but not restaurants only reduces deaths by 5%.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	COVID-19 mortality	Uses data for the number of COVID-19 infections and deaths and policy information for 24 countries from OxCGRT to estimate the effect of stricter lockdowns on the number of deaths using principal component analysis and a generalized linear mixed model.	Finds no significant effect of stricter lockdowns on the number of fatalities (Table 4).	Groups data on lockdown strictness into four groups and lose significant information and variation.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	COVID-19 mortality	Uses daily Covid-19 deaths for 130 countries from the European Centre for Disease Prevention and Control (ECDC) and daily policy data from the Oxford COVID-19 Government Response Tracker (OxCGRT). Looks at all levels of restrictions for each of the nine sub-categories of the OxCGRT stringency index (school, work, events, gatherings, transport, SIPO, internal movement, travel).	Of the nine sub-categories in the OxCGRT stringency index, only travel restrictions are consistently significant (with level 2 "Quarantine arrivals from high-risk regions" having the largest effect, and the strictest level 4 "Total border closure" having the smallest effect). Restrictions on very large gatherings (>1,000) has a large significant negative (fewer deaths) effect, while the effect of stricter restrictions on gatherings are insignificant. Authors recommend that the closing of schools (level 1) has a very large (in absolute terms it's twice the effect of border quarantines) positive	Their results are counter intuitive and somewhat inconclusive. Why does limiting very large gatherings (>1,000) work, while stricter limits do not? Why do recommending school closures cause more deaths? Why is the effect of border closures before 1st death insignificant, while the effect of closing borders after 1st death is significant (and large)? And why does quarantining arrivals from high-risk regions work better than total border closures? With 23 estimated parameters in total these counter intuitive and inconclusive results could be caused by multiple test bias (we correct for this in the meta-analysis), but may also be caused by other factors such as omitted variable bias.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			effect (more deaths) while stricter interventions on schools have no significant effect. Required cancelling of public events also has a significant positive (more deaths) effect. We focus on their 14-38 days results, as they catch the longest time frame (their 0-24 day model returns mostly insignificant results).	
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	COVID-19 mortality	Uses COVID-19-deaths and lockdown info from various sources from 159 countries in a cross-country event study. Controls for country specifics by including socio-economic, political, geographic, and policy information. Finds little evidence for the efficacy of NPIs.	Complete travel restrictions prior to April 2020 reduced deaths by -0.226 per 100,000 by April 1st 2021, while mandatory national lockdown prior to April 2020 increased deaths by 0.166 by April 1st 2021. Recommended local lockdowns reduced deaths but results are based on one observation. Partial travel restrictions, mandatory local lockdowns and recommended national lockdowns did not have a significant effect on deaths.	The study looks at the lockdown status prior to April 2020 and the effect on deaths the following year (until April 1st 2021). The authors state this is to reduce concerns about endogeneity but do not explain why the lockdowns in the spring of 2020 are a good instrument for lockdowns during later waves are.
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	Reproduction rate, Rt	Uses data for NPIs that were implemented and/or relaxed in U.S. states between 10 March and 15 July 2020. Using segmented linear regression, they estimate the extent to which relaxation of social distancing affected epidemic control, as indicated by the time-varying, state-specific effective reproduction number (Rt). Rt is based on death tolls.	Finds that in the 8 weeks prior to relaxing NPIs, Rt was declining, while after relaxation Rt started to increase.	Their Figure 1 shows that Rt on average increases app. 10 days before relaxation, which could indicate that other factors (omitted variables) affect the results.

Note: All comments on the significance of estimates are based on a 5% significance level unless otherwise stated.

It is difficult to make a conclusion based on the overview in Table 1. Is -0.073 to -0.326 deaths/million per stringency point, as estimated by Ashraf (2020), a large or a small effect relative to. the 98% reduction in mortality predicted by the study published by the Imperial College London (Ferguson et al. (2020)). This is the subject for our meta-analysis in the next section. Here, it turns out that -0.073 to -0.326 deaths/million per stringency point is a relatively modest effect and only corresponds to a 2.4% reduction in COVID-19 mortality on average in the U.S. and Europe.

4 Meta-analysis: The impact of lockdowns on COVID-19 mortality

We now turn to the meta-analysis, where we focus on the impact of lockdowns on COVID-19 mortality.

In the meta-analysis, we include 24 studies in which we can derive the relative effect of lockdowns on COVID-19 mortality, where mortality is measured as COVID-19-related deaths per million. In practice, this means that the studies we included estimate the effect of lockdowns on mortality or the effect of lockdowns on mortality growth rates, while using a counterfactual estimate.²⁶

Our focus is on the effect of compulsory non-pharmaceutical interventions (NPI), policies that restrict internal movement, close schools and businesses, and ban international travel, among others. We do not look at the effect of voluntary behavioral changes (e.g. voluntary mask wearing), the effect of recommendations (e.g. recommended mask wearing), or governmental services (voluntary mass testing and public information campaigns), but only on mandated NPIs.

The studies we examine are placed in three categories. Seven studies analyze the effect of stricter lockdowns based on the OxCGRT stringency indices, 13 studies analyze the effect of SIPOs (6 studies only analyze SIPOs, while seven analyze SIPOs among other interventions), and 11 studies analyze the effect of specific NPIs independently (lockdown vs. no lockdown).²⁷ Each of these categories is handled so that comparable estimates can be made across categories. Below, we present the results for each category and show the overall results, as well as those based on various quality dimensions.

Quality dimensions

We include quality dimensions because there are reasons to believe that can affect a study's conclusion. Below we describe the dimensions, as well as our reasons to believe that they are necessary to fully understand the empirical evidence.

- *Peer-reviewed vs. working papers:* We distinguish between peer-reviewed studies and working papers as we consider peer-reviewed studies generally being of higher quality than working papers.²⁸
- *Long vs. short time period:* We distinguish between studies based on long time periods (with data series ending *after* May 31, 2020) and short time periods (data series ending at or before May 31, 2020), because the first wave did not fully end before late June in the U.S. and Europe. Thus, studies relying on short data periods lack the last part of the first wave and may yield biased results if lockdowns only “flatten the curve” and do not prevent deaths.

²⁶ As a minimum requirement, one needs to know the effect on the top of the curve.

²⁷ The total is larger than 21 because the 11 SIPO studies include seven studies which look at multiple measures.

²⁸ Vetted papers from CEPR Covid Economics are considered as working papers in this regard.

- *No early effect on mortality*: On average, it takes approximately three weeks from infection to death.²⁹ However, several studies find effects of lockdown on mortality almost immediately. Fowler et al. (2021) find a significant effect of SIPOs on mortality after just four days and the largest effect after 10 days. An early effect may indicate that other factors (omitted variables) drive the results, and, thus, we distinguish between studies which find an effect on mortality sooner than 14 days after lockdown and those that do not.³⁰ Note that many studies do not look at the short term and thus fall into the latter category by default.
- *Social sciences vs. other sciences*: While it is true that epidemiologists and researchers in natural sciences should, in principle, know much more about COVID-19 and how it spreads than social scientists, social scientists are, in principle, experts in evaluating the effect of various policy interventions. Thus, we distinguish between studies published by scholars in social sciences and by scholars from other fields of research. We perceive the former as being better suited for examining the effects of lockdowns on mortality. For each study, we have registered the research field for the corresponding author's associated institute (e.g., for a scholar from "Institute of economics" research field is registered as "Economics"). Where no corresponding author was available, the first author has been used. Afterwards, all research fields have been classified as either from the "Social Science" or "Other."³¹

We also considered including a quality dimension to distinguish between studies based on excess mortality and studies based on COVID-19 mortality, as we believe that excess mortality is potentially a better measure for two reasons. First, data on total deaths in a country is far more precise than data on COVID-19 related deaths, which may be both underreported (due to lack of tests) or overreported (because some people die *with* – but not *because of* – COVID-19). Secondly, a major purpose of lockdowns is to save lives. To the extent lockdowns shift deaths *from* COVID-19 *to* other causes (e.g. suicide), estimates based on COVID-19 mortality will overestimate the effect of lockdowns. Likewise, if lockdowns save lives in other ways (e.g. fewer traffic accidents) lockdowns' effect on mortality will be underestimated. However, as only one

²⁹ Leffler et al. (2020) writes, "On average, the time from infection with the coronavirus to onset of symptoms is 5.1 days, and the time from symptom onset to death is on average 17.8 days. Therefore, the time from infection to death is expected to be 23 days." Meanwhile, Stokes et al. (2020) writes that "evidence suggests a mean lag between virus transmission and symptom onset of 6 days, and a further mean lag of 18 days between onset of symptoms and death."

³⁰ Some of the authors are aware of this problem. E.g. Bjørnskov (2021a) writes "when the lag length extends to three or four weeks, that is, the length that is reasonable from the perspective of the virology of Sars-CoV-2, the estimates become very small and insignificant" and "these results confirm the overall pattern by being negative and significant when lagged one or two weeks (the period when they cannot have worked) but turning positive and insignificant when lagged four weeks."

³¹ Research fields classified as social sciences were economics, public health, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology, and anesthesiology.

of the 34 studies (Bjørnskov (2021a)) is based on excess mortality, we are unfortunately forced to disregard this quality dimension.

Meta-data used for our quality dimensions as well as other relevant information are shown in Table 2.

Table 2: Metadata for the studies included in the meta-analysis

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	Yes	Peer-review	11-Jun-20	n/a	Economics (Social science)	SIPO	United States
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	Yes	Peer-review	22-Jul-20	n/a	Economics (Social science)	Specific NPIs	Europe and United States
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	Yes	WP	20-May-20	n/a	Economics (Social science)	Stringency	World
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	Yes	Peer-review	07-May-20	>21 days	Medicine (Other)	Specific NPIs	United States
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	Yes	Peer-review	30-May-20	8-14 days	Public policy (Social science)	SIPO	United States
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Yes	Peer-review	30-Jun-20	<8 days	Economics (Social science)	Stringency	Europe
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	No	WP	31-Aug-20	8-14 days	Economics (Social science)	Specific NPIs	World
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Yes	WP	13-Apr-20	<8 days	Economics (Social science)	Specific NPIs	World
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	Yes	Peer-review	13-Apr-20	8-14 days	Management (Social science)	Specific NPIs	One country
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	Yes	Peer-review	01-Apr-20	n/a	Anesthesiology (Other)	Specific NPIs	World
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Yes	Peer-review	03-Aun-20	n/a	Economics (Social science)	Specific NPIs	United States
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	Yes	Peer-review	01-Sep-20	n/a	Economics (Social science)	Stringency	World
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	Yes	Peer-review	20-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	No	WP	30-Apr-20	n/a	Management (Social science)	Stringency	World
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	No	Peer-review	30-Jul-20	<8 days	Economics (Social science)	Stringency	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Yes	Peer-review	07-May-20	<8 days	Public Health (Social science)	SIPO	United States
Fuller et al. (2021); "Mitigation Policies and COVID-19-Associated Mortality – 37 European Countries, January 23–June 30, 2020"	Yes	WP	30-Jun-20	n/a	Epidemiology (Other)	Stringency	Europe
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	Yes	Peer-review	01-Jun-20	Finds no effect	Economics (Social science)	SIPO	United States
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	Yes	WP	31-Dec-20	<8 days	International Development (Social science)	Stringency	World
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	Yes	Peer-review	07-Apr-20	n/a	Social work (Social science)	Specific NPIs	United States
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	No	WP	27-May-20	n/a	Government (Social science)	Stringency	World
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	No	Peer-review	24-Apr-20	<8 days	Medicine (Other)	Specific NPIs	Europe
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	No	WP	Not specified	Finds no effect	Political Science (Social science)	Other	United States
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	Yes	Peer-review	09-May-20	n/a	Ophthalmology (Other)	Specific NPIs	World
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	No	Peer-review	12-Apr-20	Finds no effect	Ophthalmology (Other)	Specific NPIs	Europe and United States
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	No	WP	29-May-20	n/a	Environment (Other)	Specific NPIs	United States
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	No	Peer-review	23-Jun-20	n/a	Health Science (Social science)	SIPO	World
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	Yes	WP	29-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Shiva and Molana (2021); "The Luxury of Lockdown"	Yes	Peer-review	08-Jun-20	15-21 days	Government (Social science)	Stringency	World
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	Yes	Peer-review	31-Dec-20	<8 days	Management (Social science)	Specific NPIs	United States
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	Yes	Peer-review	12-Jul-20	n/a	Evolutionary Biology and Environment (Other)	Stringency	Europe
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early	Yes	WP	01-Jun-20	n/a	Economics (Social science)	Specific NPIs	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Covid-19 mortality: natural experiment in 130 countries"							
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	Yes	WP	01-Apr-21	n/a	Economics (Social science)	Specific NPIs	World
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	No	Peer-review	15-Jul-20	<8 days	Psychiatry (Social science)	Specific NPIs	United States

Note: Research fields classified as social sciences were economics, public health, health science, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology and anesthesiology.

Interpreting and weighting estimates

The estimates used in the meta-analysis are not always readily available in the studies shown in Table 2. In Appendix B Table 9, we describe for each paper how we interpret the estimates and how they are converted to a common estimate (the relative effect of lockdowns on COVID-19 mortality) which is comparable across all studies.

Following Paldam (2015) and Stanley and Doucouliagos (2010), we also convert standard errors³² and use the precision of each estimate (defined as $1/SE$) to calculate the precision-weighted average of all estimates and present funnel plots. The precision-weighted average is our primary indicator of the efficacy of lockdowns, but we also report arithmetic averages and medians in the meta-analysis.

In the following sections, we present the meta-analysis for each of the three groups of studies (stringency index-studies, SIPO-studies, and studies analyzing specific NPIs).

4.1 Stringency index studies

Seven eligible studies examine the link between lockdown stringency and COVID-19 mortality. The results from these studies, converted to common estimates, are presented in Table 3 below. All studies are based on the COVID-19 Government Response Tracker's (OxCGRT) stringency index of Oxford University's Blavatnik School of Government (Hale et al. (2020)).

The OxCGRT stringency index neither measures the expected effectiveness of the lockdowns nor the expected costs. Instead, it describes the stringency based on nine equally weighted parameters.³³ Many countries followed similar patterns and almost all countries closed schools,

³² Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

³³ The nine parameters are "C1 School closing," "C2 Workplace closing," "C3 Cancel public events," "C4 Restrictions on gatherings," "C5 Close public transport," "C6 Stay at home requirements," "C7 Restrictions on internal movement," "C8 International travel controls" and "H1 Public information campaigns." The latter, "H1

while only a few countries issued SIPOs without closing businesses. Hence, it is reasonable to perceive the stringency index as continuous, although not necessarily linear. The index includes recommendations (e.g. “workplace closing” is 1 if the government recommends closing (or work from home), cf. Hale et al. (2021)), but the effect of including recommendations in the index is primarily to shift the index parallelly upward and should not alter the results relative to our focus on mandated NPIs. It is important to note that the index is not perfect. As pointed out by Book (2020), it is certainly possible to identify errors and omissions in the index. However, the index is objective and unbiased and as such, useful for cross-sectional analysis with several observations, even if not suitable for comparing the overall strictness of lockdowns in two countries.

Since the studies examined use different units of estimates, we have created common estimates for Europe and United States to make them comparable. The common estimates show the effect of the average lockdown in Europe and United States (with average stringencies of 76 and 74, respectively, between March 16th and April 15th, 2020, compared to a policy based solely on recommendations (stringency 44)). For example, Ashraf (2020) estimates that the effect of stricter lockdowns is -0.073 to -0.326 deaths/million per stringency point. We use the average of these two estimates (-0.200) in the meta-analysis (see Table 9 in Appendix B for a description for all studies). The average lockdown in Europe between March 16th and April 15th, 2020, was 32 points stricter than a policy solely based on recommendations (76 vs. 44). In United States, it was 30 points. Hence, the total effect of the lockdowns compared to the recommendation policy was -6.37 deaths/million in Europe (32 x -0.200) and -5.91 deaths/million in United States. With populations of 748 million and 333 million, respectively the total effect as estimated by Ashraf (2020) is 4,766 averted COVID-19 deaths in Europe and 1,969 averted COVID-19 deaths in United States. By the end of the study period in Ashraf (2020), which is May 20, 2020, 164,600 people in Europe and 97,081 people in the United States had died of COVID-19. Hence, the 4,766 averted COVID-19 deaths in Europe and the 1,969 averted COVID-19 deaths in the United States corresponds to 2.8% and 2.0% of all COVID-19 deaths, respectively, with an arithmetic average of 2.4%. Our common estimate is thus -2.4%, cf. Table 3. So, this means that Ashraf (2020) estimates that without lockdowns, COVID-19 deaths in Europe would have been 169,366 and COVID-19 deaths in the U.S. would have been 99,050. Our approach is not unproblematic. First of all, the level of stringency varies over time for all countries. We use the stringency between March 16th and April 15th, 2020 because this period covers the main part of the first wave which most of the studies analyze. Secondly, OxCGRT has changed the index over time and a 10-point difference today may not be exactly the same as a 10-point difference when the studies were finalized. However, we believe these problems are unlikely to significantly alter our results.

Public information campaigns,” is not an intervention following our definition, as it is not a mandatory requirement. However, of 97 European countries and U.S. States in the OxCGRT database, only Andorra, Belarus, Bosnia and Herzegovina, Faeroe Islands, and Moldova – less than 1.6% of the population – did not get the maximum score by March 20, 2020, so the parameter simply shifts the index parallelly upward and should not have notable impact on the analyzes.

Table 3 demonstrates that the studies find that lockdowns, on average, have reduced COVID-19 mortality rates by 0.2% (precision-weighted). The results yield a median of -2.4% and an arithmetic average of -7.3%. Only one of the seven studies, Fuller et al. (2021), finds a significant *and* (relative to the effect predicted in studies like Ferguson et al. (2020)) substantial effect of lockdowns (-35%). The other six studies find much smaller effects. Hence, based on the stringency index studies, we find little to no evidence that mandated lockdowns in Europe and the United States had a noticeable effect on COVID-19 mortality rates. And, as will be discussed in the next paragraph, the fifth column of Table 3 displays the number of quality dimensions (out of 4) met by each study.

Table 3: Overview of common estimates from studies based on stringency indexes

Effect on COVID-19 mortality	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimension s
Bjørnskov (2021)	-0.3%	0.8%	119	3
Shiva and Molana (2021)	-4.1%	0.4%	248	4
Stockenhuber (2020)*	0.0%	n/a	n/a	3
Chisadza et al. (2021)	0.1%	0.0%	7,390	4
Goldstein et al. (2021)	-9.0%	3.8%	26	2
Fuller et al. (2021)	-35.3%	9.1%	11	2
Ashraf (2020)	-2.4%	0.4%	256	2
Precision-weighted average (arithmetic average / median)	-0.2% (-7.3% / -2.4%)			

Note: The table shows the estimates for each study converted to a common estimate, i.e. the implied effect on COVID-19 mortality in Europe and United States. A negative number corresponds to fewer deaths, so -5% means 5% lower COVID-19 mortality. For studies which report estimates in deaths per million, the common estimate is calculated as: (COVID-19 mortality with "common area's" policy) / (COVID-19 mortality with recommendation policy) - 1, where (COVID-19 mortality with recommendation policy) is calculated as ((COVID-19 mortality with "common area's" policy) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). For the conversion of other studies see Table 9 in appendix B.

** It is not possible to calculate a common estimate for Stockenhuber (2020). When calculating arithmetic average / median, the study is included as 0%, because estimates are insignificant and signs of estimates are mixed (higher strictness can cause both lower and higher COVID-19 mortality).*

We now turn to the quality dimensions. Table 4 presents the results differentiated by the four quality dimensions. Two studies, Shiva and Molana (2021) and Chisadza et al. (2021), meet all quality dimensions. The precision-weighted average for these studies is 0.0%, meaning that lockdowns had no effect on COVID-19 mortality. Two studies live up to 3 of 4 quality dimensions (Bjørnskov (2021a) and Stockenhuber (2020)). The precision-weighted average for these studies is -0.3%, meaning that lockdowns reduced COVID-19 mortality by 0.3%. Three studies lack at least two quality dimensions.³⁴ These studies find that lockdowns reduce COVID-19 mortality by 4.2%. To sum up, we find that the studies that meet at least 3 of 4 quality measures find that lockdowns have little to no effect on COVID-19 mortality, while studies that

³⁴ In fact, the working papers by P. Goldstein et al. (2021), Fuller et al. (2021) and Ashraf (2020) all lack exactly two quality parameters.

meet 2 of 4 quality measures find a small effect on COVID-19 mortality. These results are far from those estimated with the use of epidemiological models, such as the Imperial College London (Ferguson et al. (2020)).

Table 4: Overview of common estimates split on quality dimensions for studies based on stringency indexes

<i>Values show effect on COVID-19 mortality</i>	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-reviewed [4]	0.0%	-1.1%	-0.2%
Working paper [3]	-4.2%	-15.6%	-9.0%
Long vs. short time period			
Data series ends after 31 May 2020 [6]	-0.1%	-8.1%	-0.2%
Data series ends before 31 May 2020 [1]	-2.4%	-2.4%	-9.0%
No early effect on mortality			
Does not find an effect within the first 14 days (including n/a) [5]	-0.2%	-8.3%	-2.4%
Finds effect within the first 14 days [2]	-1.9%	-4.7%	-4.7%
Social sciences vs. other sciences			
Social sciences [5]	-0.1%	-3.1%	-2.4%
Other sciences [2]	-35.3%	-17.7%	-17.7%
4 of 4 quality dimensions [2]	0.0%	-2.0%	-2.0%
3 of 4 quality dimensions [2]	-0.3%	-0.2%	-0.2%
2 of 4 quality dimensions or fewer [3]	-4.2%	-15.6%	-9.0%

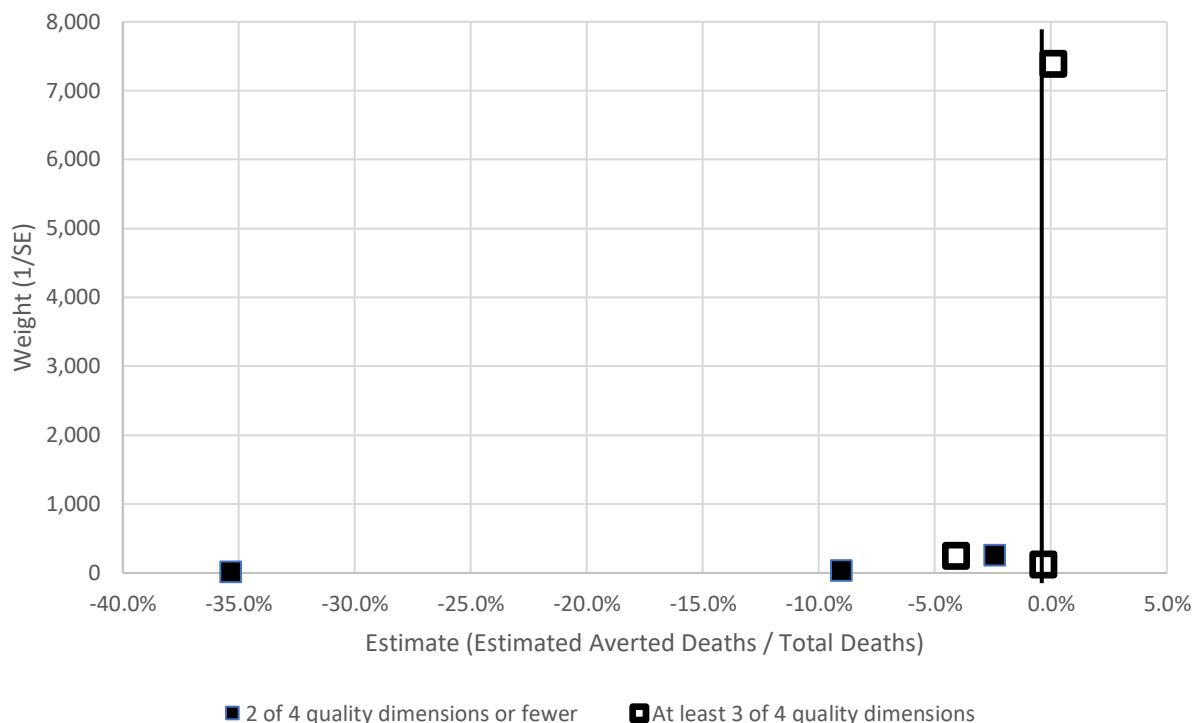
*Note: The table shows the common estimate as described in Table 3 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 3.*

Figure 5 shows a funnel plot for the studies in Table 3, except Stockenhuber (2020), where common estimate standard errors cannot be derived. Chisadza et al. (2021) has a far higher precision than the other studies ($1/SE$ is 7,398 and the estimate is 0.1%)³⁵, and there are indications that the estimate from Fuller et al. (2021) (the bottom left) is an imprecise outlier.³⁶ Figure 5 The plot also shows that the studies with at least 3 of 4 quality dimensions are centered around zero and generally have higher precision than other studies.

³⁵ Excluding Chisadza et al. (2021) from the precision-weighted average changes the average to -3.5%.

³⁶ Excluding Fuller et al. (2021) from the precision-weighted average only marginally changes the average because the precision is very low.

Figure 5: Funnel plot for estimates from studies based on stringency indexes



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 3 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on stringency index studies

Compared to a policy based solely on recommendations, we find little evidence that lockdowns had a noticeable impact on COVID-19 mortality. Only one study, Fuller et al. (2021), finds a substantial effect, while the rest of the studies find little to no effect. Indeed, according to stringency index studies, lockdowns in Europe and the United States reduced only COVID-19 mortality by 0.2% on average.

In the following section we will look at the effect of SIPOs. The section follows the same structure as this section.

4.2 Shelter-in-place order (SIPO) studies

We have identified 13 eligible studies which estimate the effect of Shelter-In-Place Orders (SIPOs) on COVID-19 mortality, cf. Table 5. Seven of these studies look at multiple NPIs of which a SIPO is just one, while six studies estimate the effect of a SIPO vs. no SIPO in the United States. According to the containment and closure policy indicators from OxCGRT, 41 states in the U.S. issued SIPOs in the spring of 2020. But usually, these were introduced after implementing other NPIs such as school closures or workplace closures. On average, SIPOs

were issued 7½ days after *both* schools and workplaces closed, and 12 days after the first of the two closed. Only one state, Tennessee, issued a SIPO before schools and workplaces closed. The 10 states that did not issue SIPOs all closed schools. Moreover, of those 10 states, three closed some non-essential businesses, while the remaining 7 closed all non-essential businesses. Because of this, we perceive estimates for SIPOs based on U.S.-data as the marginal effect of SIPOs on top of other restrictions, although we acknowledge that the estimates may capture the effects of other NPI measures as well.

The results of eligible studies based on SIPOs are presented in Table 5. The table demonstrates that the studies generally find that SIPOs have reduced COVID-19 mortality by 2.9% (on a precision-weighted average). There is an apparent difference between studies in which a SIPO is one of multiple NPIs, and studies in which a SIPO is the only examined intervention. The former group generally finds that SIPOs *increase* COVID-19 mortality *marginally*, whereas the latter finds that SIPOs *decrease* COVID-19 mortality. As we will see below, this difference could be explained by differences in the quality dimensions, and especially the time period covered by each study.

Table 5: Overview of estimates from studies based on SIPOs

<i>Values show effect on COVID-19 mortality</i>	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimensions
Studies where SIPO is one of several examined interventions and not (as) likely to capture the effect of other interventions				
Chernozhukov et al. (2021)	-17.7%	14.3%	7	4
Chaudhry et al. (2020) *	0.0%	n/a	n/a	2
Aparicio and Grossbard (2021)	2.6%	2.8%	35	4
Stokes et al. (2020)	0.8%	11.1%	9	3
Spiegel and Tookes (2021)	13.1%	6.6%	15	3
Bonardi et al. (2020)	0.0%	n/a	n/a	1
Guo et al. (2021)	4.6%	14.8%	4	3
Average (median) where SIPO is one of several variables	2.8% (0.5%/0.8%)			
Studies where SIPO is the only examined intervention and may capture the effect of other interventions				
Sears et al. (2020)	-32.2%	17.6%	6	2
Alderman and Harjoto (2020)	-1.0%	0.6%	169	4
Berry et al. (2020)	1.1%	n/a	n/a	2
Fowler et al. (2021)	-35.0%	7.0%	14	2
Gibson (2020)	-6.0%	24.3%	4	4
Dave et al. (2020)	-40.8%	36.1%	3	3
Average (median) where SIPO is the only variable	-5.1% (-19.0%/-19.1%)			
Precision-weighted average (arithmetic average / median) for all studies	-2.9% (-8.5%/0.0%)			

Note: * Chaudhry et al. (2020) does not provide an estimate but states that SIPO is insignificant. We use 0% when calculating the arithmetic average and median. Chaudhry et al. (2020) and Berry et al. (2021) do not affect the precision-weighted average, as we do not know the standard errors.

Table 6 presents the results differentiated by quality dimensions. Four studies (Chernozhukov et al. (2021), Aparicio and Grossbard (2021), Alderman and Harjoto (2020) and Gibson (2020))

meet all quality dimensions but find vastly different effects of SIPOs on COVID-19 mortality. The precision weighted average of the four studies is -1.0%. Four studies meet 3 of 4 quality dimensions. They overall find that SIPOs *increase* COVID-19 mortality, as the precision-weighted average is positive (3.7%). The five studies that meet 2 of 4 quality dimensions or fewer³⁷ find a substantial reduction in COVID-19-mortality (-34.2%). This substantial reduction seems to be driven by relatively short data series. The latest data point for the three studies which find large effects of lockdowns (Sears et al. (2020), Fowler et al. (2021), and Dave et al. (2021)) are April 29, May 7, and April 20, respectively. This may indicate that SIPOs can delay deaths but not eliminate them completely. Disregarding these studies with short data series, the precision-weighted average is -0.1%.

Table 6: Quality dimensions for studies based on SIPOs

<i>Values show effect on COVID-19 mortality</i>	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-review [10]	-2.4%	-7.9%	-0.5%
Working paper [3]	-12.0%	-10.5%	0.0%
Long vs. short time period			
Data serie ends after 31 May 2020 [6]	-0.1%	-1.4%	-0.1%
Data serie ends before 31 May 2020 [7]	-25.9%	-14.6%	0.0%
No early effect on mortality			
Finds effect within the first 14 days [9]	-2.0%	-10.0%	-1.0%
Does not find an effect within the first 14 days (including n/a) [4]	-10.3%	-5.2%	0.0%
Social sciences vs. other sciences			
Social sciences [12]	-2.9%	-9.2%	-0.5%
Other sciences [1]	n/a	0.0%	0.0%
4 of 4 quality dimensions [4]	-1.0%	-5.5%	-3.5%
3 of 4 quality dimensions [4]	3.7%	-5.6%	2.7%
2 of 4 quality dimensions or fewer [5]	-34.2%	-13.2%	0.0%

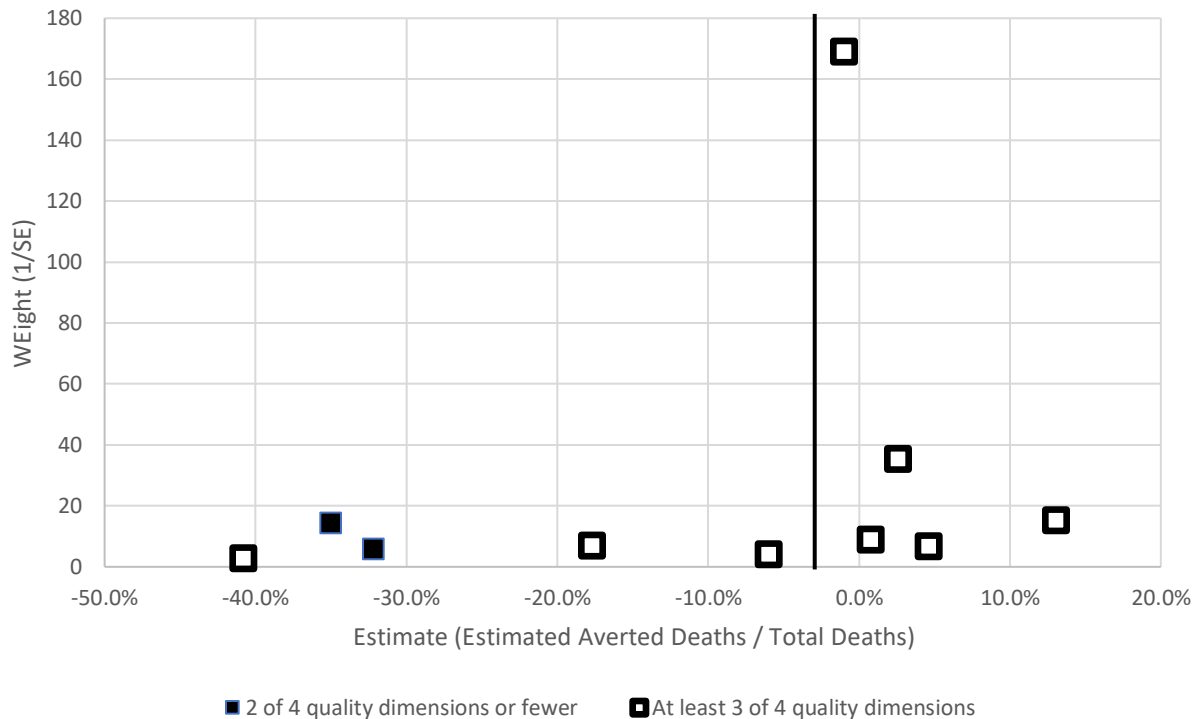
*Note: The table shows the common estimate as described in Table 5 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 5.*

Figure 6 shows a funnel plot for the studies in Table 5, except Chaudhry et al. (2020) and Berry et al. (2021), where common standard errors cannot be derived. Sears et al. (2020) stands out with a precision far higher than those of the other studies. But generally, the precisions of the studies are low and the estimates are placed on both sides of the zero-line with some ‘tail’ to the

³⁷ Bonardi et al. (2020) only meet one quality dimension (social science).

left.³⁸ Figure 5 also shows that four of eight studies with at least 3 of 4 quality dimensions find that SIPOs *increase* COVID-19 mortality by 0.8% to 13.1%.

Figure 6: Funnel plot for estimates from SIPO studies



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 4 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on SIPO studies

We find no clear evidence that SIPOs had a noticeable impact on COVID-19 mortality. Some studies find a large negative relationship between lockdowns and COVID-19 mortality, but this seems to be caused by short data series which does not cover a full COVID-19 ‘wave’. Several studies find a small positive relationship between lockdowns and COVID-19 mortality. Although this appears to be counterintuitive, it could be the result of an (asymptomatic) infected person being isolated at home under a SIPO can infect family members with a higher viral load causing more severe illness.³⁹ The overall effect measured by the precision-weighted average is -2.9%. The result is in line with Nuzzo et al. (2019), who state that “In the context of a high-impact

³⁸ This could indicate some publication bias, but the evidence is weak and with only 13 estimates, this cannot be formally tested

³⁹ E.g. see Guallar et al. (2020), who concludes, “Our data support that a greater viral inoculum at the time of SARS-CoV-2 exposure might determine a higher risk of severe COVID-19.”

respiratory pathogen, quarantine may be the least likely NPI to be effective in controlling the spread due to high transmissibility” and World Health Organization Writing Group (2006), who conclude that “forced isolation and quarantine are ineffective and impractical.”⁴⁰

In the following section, we will look at the effect found in studies analyzing specific NPIs.

4.3 Studies of specific NPIs

A total of 11 eligible studies look at (multiple) specific NPIs independently or simply lockdown vs. no lockdown.⁴¹ The definition of the specific NPIs varies from study to study and are somewhat difficult to compare. The variety in the definitions can be seen in the analysis of non-essential business closures and bar/restaurant closures. Chernozhukov et al. (2021) focus on a combined parameter (the average of business closure and bar/restaurant closure in each state), Aparicio and Grossbard (2021) look at business closure but not bar/restaurant closure, Spiegel and Tookes (2021) examine bar/restaurant closure but not business closure, and Guo et al. (2021) look at both business closures and bar/restaurant closures independently.

Some studies include several NPIs (e.g. Stokes et al. (2020) and Spiegel and Tookes (2021)), while others cover very few. Bongaerts et al. (2021) only study business closures, and Leffler et al. (2020) look at internal lockdown and international travel restrictions). Few NPIs in a model are potentially a problem because they can capture the effect of excluded NPIs. On the other hand, several NPIs in a model increase the risk of multiple test bias.

The differences in the choice of NPIs and in the number of NPIs make it challenging to create an overview of the results. In Table 7, we have merged the results in six overall categories but note that the estimates may not be fully comparable across studies. In particular, the lockdown-measure varies from study to study and in some cases is poorly defined by the authors. Also, there are only a few estimates within some of the categories. For instance, the estimate of the effect of facemasks is based on only two studies.

Table 7 illustrates that generally there is no evidence of a noticeable relationship between the most-used NPIs and COVID-19. Overall, lockdowns and limiting gatherings seem to increase COVID-19 mortality, although the effect is modest (0.6% and 1.6%, respectively) and border closures has little to no effect on COVID-19 mortality, with a precision-weighted average of -0.1% (removing the imprecise outlier from Guo et al. (2021) changes the precision-weighted average to -0.2%). We find a small effect of school closure (-4.4%), but this estimate is mainly driven by Auger et al. (2020), who – as noted earlier – use an “interrupted time series study”

⁴⁰ Both Nuzzo et al. (2019) and World Health Organization Writing Group (2006) focus on quarantining infected persons. However, if quarantining infected persons is not effective, it should be no surprise that quarantining uninfected persons could be ineffective too.

⁴¹ Note that we – according to our search strategy – did not search on specific measures such as “school closures” but on words describing the overall political approach to the COVID-19 pandemic such as “non-pharmaceutical,” “NPIs,” “lockdown” etc.

approach and may capture other effects such as seasonal and behavioral effects. The absence of a notable effect of school closures is in line with Irfan et al. (2021), who – based on a systematic review and meta-analysis of 90 published or preprint studies of transmission in children – concluded that “risks of infection among children in educational-settings was lower than in communities. Evidence from school-based studies demonstrate it is largely safe for young children (<10 years of age) to be at schools; however, older children (between 10 and 19 years of age) might facilitate transmission.” UNICEF (2021) and ECDC (2020) reach similar conclusions.⁴²

Mandating facemasks – an intervention that was not widely used in the spring of 2020, and in many countries was even discouraged – seems to have a large effect (-21.2%), but this conclusion is based on only two studies.⁴³ Again, our categorization may play a role, as the larger mask-estimate from Chernozhukov et al. (2021) is in fact “employee facemasks,” not a general mask mandate. Our findings are somewhat in contrast to the result found in a review by Liu et al. (2021), who conclude that “fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failed to find statistically significant benefit in the intent-to-treat populations.” Similarly, a pre-COVID Cochrane review concludes, “There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18). There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)” (Jefferson et al. (2020)).⁴⁴ However, it should be noted that even if no effect is found in controlled settings, this does not necessarily imply that mandated face masks does not reduce mortality, as other factors may play a role (e.g. wearing a mask may function as a tax on socializing if people are bothered by wearing a face masks when they are socializing).

⁴² UNICEF (2021) concludes, “The preliminary findings thus far suggest that in-person schooling – especially when coupled with preventive and control measures – had lower secondary COVID-19 transmission rates compared to other settings and do not seem to have significantly contributed to the overall community transmission risks.” Whereas, ECDC (2020) conclude, “School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other nonpharmaceutical interventions (NPIs) such as restrictions on mass gathering,” and states, “There is a general consensus that the decision to close schools to control the COVID-19 pandemic should be used as a last resort. The negative physical, mental health and educational impact of proactive school closures on children, as well as the economic impact on society more broadly, would likely outweigh the benefits.”

⁴³ Note again, that we – according to our search strategy – did not search on the specific measures such as “masks,” “face masks,” “surgical masks” but on words describing the overall political approach to the COVID-19 pandemic such as “non-pharmaceutical,” “NPIs,” “lockdown” etc. Thus, we do not include most of the studies in mask reviews such as Liu et al. (2021) and Jefferson et al. (2020).

⁴⁴ Lipp and Edwards (2014) also find no evidence of an effect and – looking at disposable surgical face masks for preventing surgical wound infection in clean surgery – conclude, “Three trials were included, involving a total of 2113 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.” Meanwhile, Li et al. (2021) – based on six case-control studies – conclude, “In general, wearing a mask was associated with a significantly reduced risk of COVID-19 infection (OR = 0.38, 95% CI: 0.21-0.69, $I^2 = 54.1\%$).

Only business closure consistently shows evidence of a negative relationship with COVID-19 mortality, but the variation in the estimated effect is large. Three studies find little to no effect, and three find large effects. Two of the larger effects are related to closing bars and restaurants. The “close business” category in Chernozhukov et al. (2021) is an average of closed businesses, restaurants, and movie theaters, while that same category is “closing restaurants and bars” in Spiegel and Tookes (2021). The last study finding a large effect is Bongaerts et al. (2021), the only eligible single-country study.⁴⁵

As a final observation on Table 7, studies with fewer quality dimensions seem to find larger effects, but the pattern is not systematic.⁴⁶

Table 7: Overview of estimates from studies of specific NPIs

	Lockdown (complete/ partial)	Facemasks/ Employee face masks	Business closure (/bars & restaurants)	Border closure (/quarantine)	School closures	Limiting gatherings	Quality dimensions
Chernozhukov et al. (2021)		-34.0%	-28.6%				4
Bongaerts et al. (2021)			-31.6%				2
Chaudhry et al. (2020)*	0.0%			0.0%			2
Toya & Skidmore (2021)	0.5%			-0.1%			3
Aparicio & Grossbard (2021)			-1.3%		0.5%	0.8%	4
Auger et al. (2020)					-58.0%		2
Leffler et al. (2020)	1.7%			-15.6%			2
Stokes et al. (2020)			0.3%	-24.6%	-0.1%	-6.3%	3
Spiegel & Tookes (2021)		-13.5%	-50.2%			11.8%	3
Bonardi et al. (2020)*	0.0%			0.0%			1
Guo et al. (2021)			-0.4%	36.3%	-0.2%	5.7%	3
Precision-weighted average	0.6%	-21.2%	-10.6%	-0.1%	-4.4%	1.6%	
Arithmetic average	0.6%	-23.8%	-18.6%	-0.7%	-14.4%	3.0%	
Median	0.3%	-23.8%	-14.9%	0.0%	-0.1%	3.2%	
4 of 4 quality dimensions	n/a [0]	-34.0% [1]	-2.9% [2]	n/a [0]	0.5% [1]	0.8% [1]	
3 of 4 quality dimensions	0.5% [1]	-13.5% [1]	-21.5% [3]	0.0% [3]	-0.1% [2]	5.6% [3]	
2 of 4 quality dimensions or fewer	1.7% [2]	n/a [1]	-31.6% [2]	-15.6% [2]	-58.0% [1]	n/a [1]	

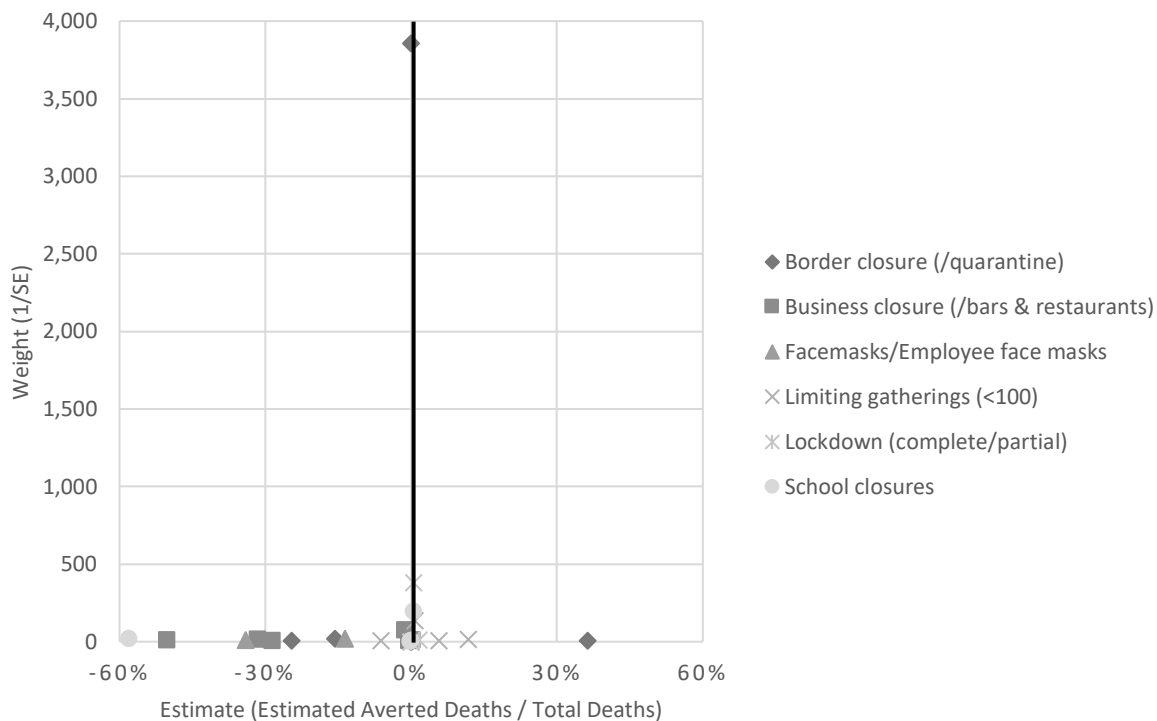
*Note: * It is not possible to derive common estimates and standard errors from Chaudhry et al. (2020) and Bonardi et al. (2020). Chaudhry et al. (2020) states that the effect of the various NPIs is insignificant without listing the estimates and standard errors. Bonardi et al. (2020) states that partial or regional lockdowns are as effective as stricter NPIs but does not provide information to calculate common estimates. Instead, we assume the estimate is 0% when calculating arithmetic average and median, while the estimates are excluded from the calculation of precision-weighted averages because there are no standard errors.*

⁴⁵ Bongaerts et al. (2021) (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different, which may be a relatively strong assumption and could potentially drive their results.

⁴⁶ We saw with SIPOs that studies based on short data series tended to find larger effects than studies based on short data series. This is also somewhat true for studies examining multiple specific measures. If we focus on studies with long data series (>May 31st, 2020), the precision-weighted estimates are as follows (average for all studies in parentheses for easy comparison): Lockdown (complete/partial): 0.5% (0.6%), Facemasks/Employee face masks: -21.2% (-21.2%), Business closures (/bars & restaurants): -8.1% (-10.6%), Border closures (/quarantine): -0.1% (-0.1%), School closures: 0.5% (-4.4%), Limiting gatherings: 1.4% (1.6%).

Figure 7 shows a funnel plot for all estimates in Table 7, except Chaudhry et al. (2020) and Bonardi et al. (2020), where common standard errors cannot be derived. Two estimates from Toya and Skidmore (2020) stands out with a precision far higher than those of other studies, and estimates are placed with some ‘tail’ to the left, which could indicate some publication bias, i.e. reluctance to publish results that show large positive (more deaths) effects of lockdowns. The most precise estimates are gathered around 0%, while less precise studies are spread out between -58% and 36%. The precision-weighted average of all estimates across all NPIs is -0.6%.

Figure 7: Funnel plot for estimates from studies of specific NPIs



Note: The figure displays all estimates except two (see text in figure) of specific NPIs and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included.

Overall conclusion on specific NPIs

Because of the heterogeneity in NPIs across studies, it is difficult to draw strong conclusions based on the studies of multiple specific measures. We find no evidence that lockdowns, school closures, border closures, and limiting gatherings have had a noticeable effect on COVID-19 mortality. There is some evidence that business closures reduce COVID-19 mortality, but the variation in estimates is large and the effect seems related to closing bars. There may be an effect of mask mandates, but just two studies look at this, one of which one only looks at the effect of employee mask mandates.

5 Concluding observations

Public health experts and politicians have – based on forecasts in epidemiological studies such as that of Imperial College London (Ferguson et al. (2020) – embraced compulsory lockdowns as an effective method for arresting the pandemic. But, have these lockdown policies been effective in curbing COVID-19 mortality? This is the main question answered by our meta-analysis.

Adopting a systematic search and title-based screening, we identified 1,048 studies published by July 1st, 2020, which potentially look at the effect of lockdowns on mortality rates. To answer our question, we focused on studies that examine the actual impact of lockdowns on COVID-19 mortality rates based on registered cross-sectional mortality data and a counterfactual difference-in-difference approach. Out of the 1,048 studies, 34 met our eligibility criteria.

Conclusions

Overall, our meta-analysis fails to confirm that lockdowns have had a large, significant effect on mortality rates. Studies examining the relationship between lockdown strictness (based on the OxCGRT stringency index) find that the average lockdown in Europe and the United States only reduced COVID-19 mortality by 0.2% compared to a COVID-19 policy based solely on recommendations. Shelter-in-place orders (SIPOs) were also ineffective. They only reduced COVID-19 mortality by 2.9%.

Studies looking at specific NPIs (lockdown vs. no lockdown, facemasks, closing non-essential businesses, border closures, school closures, and limiting gatherings) also find no broad-based evidence of noticeable effects on COVID-19 mortality. However, closing non-essential businesses seems to have had some effect (reducing COVID-19 mortality by 10.6%), which is likely to be related to the closure of bars. Also, masks may reduce COVID-19 mortality, but there is only one study that examines universal mask mandates. The effect of border closures, school closures and limiting gatherings on COVID-19 mortality yields precision-weighted estimates of -0.1%, -4.4%, and 1.6%, respectively. Lockdowns (compared to no lockdowns) also do not reduce COVID-19 mortality.

Discussion

Overall, we conclude that lockdowns are not an effective way of reducing mortality rates during a pandemic, at least not during the first wave of the COVID-19 pandemic. Our results are in line with the World Health Organization Writing Group (2006), who state, “Reports from the 1918 influenza pandemic indicate that social-distancing measures did not stop or appear to dramatically reduce transmission [...] In Edmonton, Canada, isolation and quarantine were instituted; public meetings were banned; schools, churches, colleges, theaters, and other public gathering places were closed; and business hours were restricted without obvious impact on the epidemic.” Our findings are also in line with Allen's (2021) conclusion: “The most recent research has shown that lockdowns have had, at best, a marginal effect on the number of Covid-19 deaths.” Poeschl and Larsen (2021) conclude that “interventions are generally effective in

mitigating COVID-19 spread”. But, 9 of the 43 (21%) results they review find “no or uncertain association” between lockdowns and the spread of COVID-19, suggesting that evidence from that own study contradicts their conclusion.

The findings contained in Johanna et al. (2020) are in contrast to our own. They conclude that “for lockdown, ten studies consistently showed that it successfully reduced the incidence, onward transmission, and mortality rate of COVID-19.” The driver of the difference is three-fold. First, Johanna et al. include modelling studies (10 out of a total of 14 studies), which we have explicitly excluded. Second, they included interrupted time series studies (3 of 14 studies), which we also exclude. Third, the only study using a difference-in-difference approach (as we have done) is based on data collected before May 1st, 2020. We should mention that our results indicate that early studies find relatively larger effects compared to later studies.

Our main conclusion invites a discussion of some issues. Our review does not point out *why* lockdowns did not have the effect promised by the epidemiological models of Imperial College London (Ferguson et al. (2020)). We propose four factors that might explain the difference between our conclusion and the view embraced by some epidemiologists.

First, people respond to dangers outside their door. When a pandemic rages, people believe in social distancing regardless of what the government mandates. So, we believe that Allen (2021) is right, when he concludes, “The ineffectiveness [of lockdowns] stemmed from individual changes in behavior: either non-compliance or behavior that mimicked lockdowns.” In economic terms, you can say that the demand for costly disease prevention efforts like social distancing and increased focus on hygiene is high when infection rates are high. Contrary, when infection rates are low, the demand is low and it may even be morally and economically rational not to comply with mandates like SIPOs, which are difficult to enforce. Herby (2021) reviews studies which distinguish between mandatory and voluntary behavioral changes. He finds that – on average – voluntary behavioral changes are 10 times as important as mandatory behavioral changes in combating COVID-19. If people voluntarily adjust their behavior to the risk of the pandemic, closing down non-essential businesses may simply reallocate consumer visits away from “nonessential” to “essential” businesses, as shown by Goolsbee and Syverson (2021), with limited impact on the total number of contacts.⁴⁷ This may also explain why epidemiological model simulations such as Ferguson et al. (2020) – which do not model behavior endogenously – fail to forecast the effect of lockdowns.

Second, mandates only regulate a fraction of our potential contagious contacts and can hardly regulate nor enforce handwashing, coughing etiquette, distancing in supermarkets, etc. Countries like Denmark, Finland, and Norway that realized success in keeping COVID-19 mortality rates relatively low allowed people to go to work, use public transport, and meet privately at home during the first lockdown. In these countries, there were ample opportunities to legally meet with others.

⁴⁷ In economic terms, lockdowns are substitutes for – not complements to – voluntary behavioral changes.

Third, even if lockdowns are successful in initially reducing the spread of COVID-19, the behavioral response may counteract the effect completely, as people respond to the lower risk by changing behavior. As Atkeson (2021) points out, the economic intuition is straightforward. If closing bars and restaurants causes the prevalence of the disease to fall toward zero, the demand for costly disease prevention efforts like social distancing and increased focus on hygiene also falls towards zero, and the disease will return.⁴⁸

Fourth, unintended consequences may play a larger role than recognized. We already pointed to the possible unintended consequence of SIPOs, which may isolate an infected person at home with his/her family where he/she risks infecting family members with a higher viral load, causing more severe illness. But often, lockdowns have limited peoples' access to safe (outdoor) places such as beaches, parks, and zoos, or included outdoor mask mandates or strict outdoor gathering restrictions, pushing people to meet at less safe (indoor) places. Indeed, we do find some evidence that limiting gatherings was counterproductive and increased COVID-19 mortality.

One objection to our conclusions may be that we do not look at the role of timing. If timing is very important, differences in timing may empirically overrule any differences in lockdowns. We note that this objection is not necessarily in contrast to our results. If timing is very important relative to strictness, this suggests that well-timed, but very mild, lockdowns should work as well as, or better than, less well-timed but strict lockdowns. This is not in contrast to our conclusion, as the studies we reviewed analyze the effect of lockdowns compared but to doing very little (see Section 3.1 for further discussion). However, there is little solid evidence supporting the timing thesis, because it is inherently difficult to analyze (see Section 2.2 for further discussion). Also, even if it can be empirically stated that a well-timed lockdown is effective in combating a pandemic, it is doubtful that this information will ever be useful from a policy perspective.

But, what explains the differences between countries, if not differences in lockdown policies? Differences in population age and health, quality of the health sector, and the like are obvious factors. But several studies point at less obvious factors, such as culture, communication, and coincidences. For example, Frey et al. (2020) show that for the same policy stringency, countries with more obedient and collectivist cultural traits experienced larger declines in geographic mobility relative to their more individualistic counterpart. Data from Germany Laliotis and Minos (2020) shows that the spread of COVID-19 and the resulting deaths in predominantly Catholic regions with stronger social and family ties were much higher compared to non-Catholic ones at the local NUTS 3 level.⁴⁹

Government communication may also have played a large role. Compared to its Scandinavian neighbors, the communication from Swedish health authorities was far more subdued and embraced the idea of public health vs. economic trade-offs. This may explain why Helsingen et

⁴⁸ This kind of behavior response may also explain why Subramanian and Kumar (2021) find that increases in COVID-19 cases are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. When people are vaccinated and protected against severe disease, they have less reason to be careful.

⁴⁹ The NUTS classification (Nomenclature of territorial units for statistics) is a hierarchical system for dividing up the economic territory of the EU and the UK. There are 1215 regions at the NUTS 3-level.

al. (2020), found, based on questionnaire data collected from mid-March to mid-April, 2020, that even though the daily COVID-19 mortality rate was more than four times higher in Sweden than in Norway, Swedes were less likely than Norwegians to not meet with friends (55% vs. 87%), avoid public transportation (72% vs. 82%), and stay home during spare time (71% vs. 87%). That is, despite a more severe pandemic, Swedes were less affected in their daily activities (legal in both countries) than Norwegians.

Many other factors may be relevant, and we should not underestimate the importance of coincidences. An interesting example illustrating this point is found in Arnarson (2021) and Björk et al. (2021), who show that areas where the winter holiday was relatively late (in week 9 or 10 rather than week 6, 7 or 8) were hit especially hard by COVID-19 during the first wave because the virus outbreak in the Alps could spread to those areas with ski tourists. Arnarson (2021) shows that the effect persists in later waves. Had the winter holiday in Sweden been in week 7 or week 8 as in Denmark, the Swedish COVID-19 situation could have turned out very differently.⁵⁰

Policy implications

In the early stages of a pandemic, before the arrival of vaccines and new treatments, a society can respond in two ways: mandated behavioral changes or voluntary behavioral changes. Our study fails to demonstrate significant positive effects of mandated behavioral changes (lockdowns). This should draw our focus to the role of voluntary behavioral changes. Here, more research is needed to determine how voluntary behavioral changes can be supported. But it should be clear that one important role for government authorities is to provide information so that citizens can voluntarily respond to the pandemic in a way that mitigates their exposure.

Finally, allow us to broaden our perspective after presenting our meta-analysis that focuses on the following question: “What does the evidence tell us about the effects of lockdowns on mortality?” We provide a firm answer to this question: The evidence fails to confirm that lockdowns have a significant effect in reducing COVID-19 mortality. The effect is little to none.

The use of lockdowns is a unique feature of the COVID-19 pandemic. Lockdowns have not been used to such a large extent during any of the pandemics of the past century. However, lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects. They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: lockdowns should be rejected out of hand as a pandemic policy instrument.

⁵⁰ Another case of coincidence is illustrated by Shenoy et al. (2022), who find that areas that experienced rainfall early in the pandemic realized fewer deaths because the rainfall induced social distancing.

6 Appendix A. The role of timing

Some of the included papers study the importance of the timing of lockdowns, while several other papers only looking at timing of (but not on the inherent effect of) lockdowns have been excluded from the literature list in this review. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, two problems arise with respect to imposing early lockdowns.

First of all, it was virtually impossible to determine the right timing when COVID-19 hit Europe and the United States. The World Health Organization declared the outbreak of a pandemic on 11 March 2020, but at that date Italy had already registered 13.7 COVID-19-deaths per million (all infected before approximately 22 February, because of the roughly 18 day gap between infection and death, c.f. e.g.. Bjørnskov (2021a)). On 29 March 2020, 18 days after WHO declared the outbreak a pandemic and the earliest a lockdown response to WHO's announcement could have an effect, the death toll in Italy was a staggering 178 COVID-19-deaths per million with an additionally 13 per million dying each day.

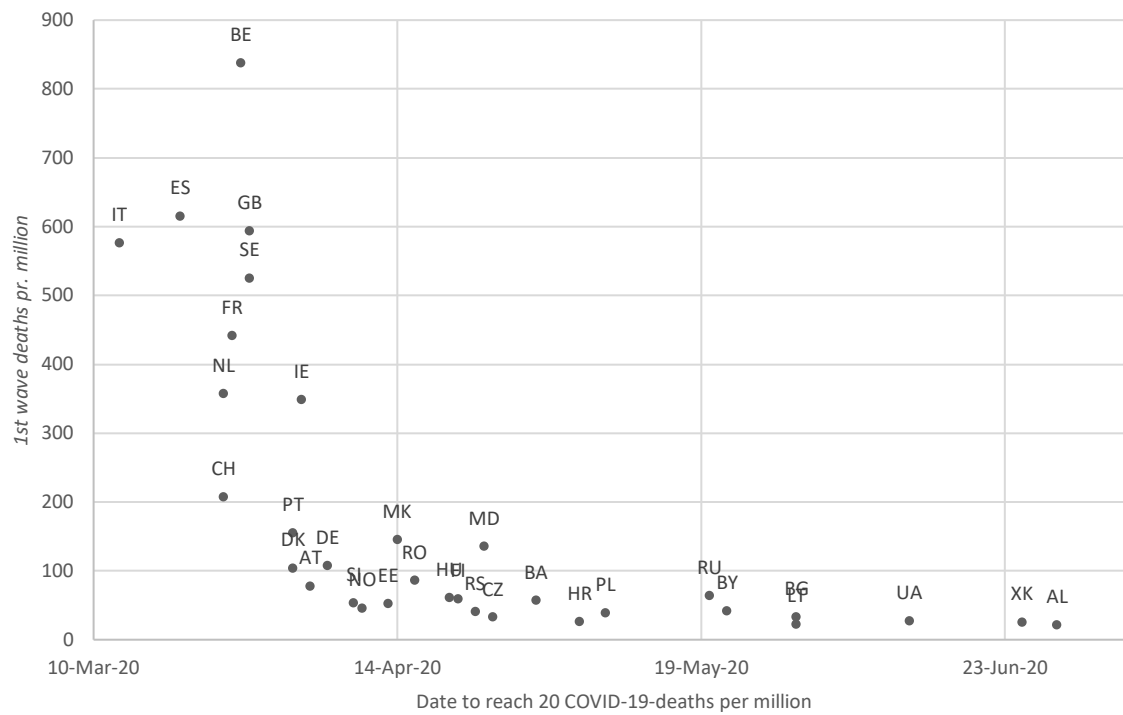
There are reasons to believe that many countries and regions were hit particularly hard during the first wave of COVID, because they had no clue about how bad it really was. This point is illustrated in Figure 8 (and Figure 9), which show that countries (and states), which were hit hard and early, experienced large death tolls compared to countries where the pandemic had a slower start. Björk et al. (2021) and Arnarson (2021) show that areas with a winter holiday in week 10 and – especially – week 9 were hit hard, because they imported cases from the Alps *before* they knew the pandemic was wide spread at the ski resorts. Hence, while acting early by warning citizens and closing business may be an effective strategy; this was not a feasible strategy for most countries in the spring of 2020.

The second problem is that it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns. If people and politicians react to the same information, for example deaths in geographical neighboring countries (many EU-countries reacted to deaths in Italy) or in another part of the same country, the effect of lockdowns cannot easily be separated from the effect of voluntary social distancing or, use of hand sanitizers. Hence, we find it problematic to use national lockdowns and differences in the progress of the pandemic in different regions to say anything about the effect of early lockdowns on the pandemic, as the estimated effect might just as well come from voluntary behavior changes, when people in Southern Italy react to the situation in Northern Italy.

We have seen no studies which we believe credibly separate the effect of early lockdown from the effect of early voluntary behavior changes. Instead, the estimates in these studies capture the effects of lockdowns *and* voluntary behavior changes. As Herby (2021) illustrates, voluntary behavior changes are essential to a society's response to an pandemic and can account for up to 90% of societies' total response to the pandemic.

Including these studies will greatly overestimate the effect of lockdowns, and, hence, we chose not to include studies focusing on timing of lockdowns in our review.

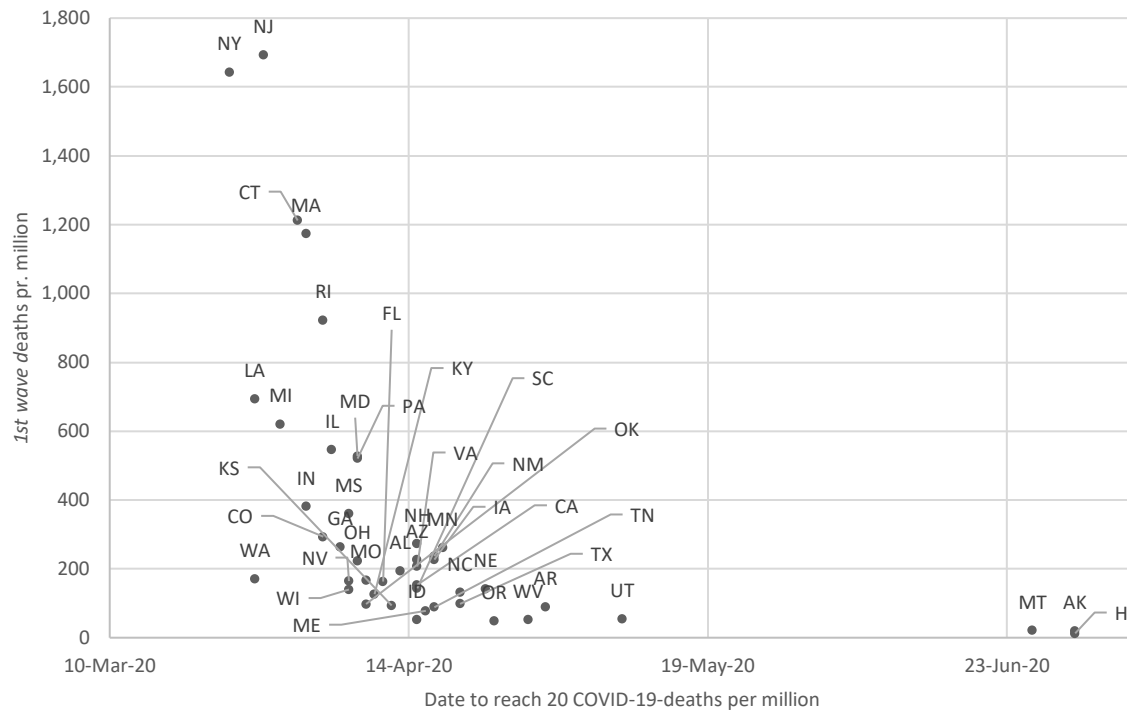
Figure 8: Taken by surprise. The importance of having time to prepare in Europe



Description: European countries with more than one million citizens.

Source: Our World in Data

Figure 9: Taken by surprise. The importance of having time to prepare in U.S. states



Description: U.S. states with more than one million citizens.

Source: Our World in Data

7 Appendix B. Supplementary information

7.1 Excluded studies

Below is a list will the studies excluded during the eligibility phase of our identification process and a short description of our basis for excluding the study.

Table 8: Studies excluded during the eligibility phase of our identification process

1. Study (Author & title)	2. Reason for exclusion
Alemán et al. (2020); "Evaluating the effectiveness of policies against a pandemic"	Too few observations
Alshammari et al. (2021); "Are countries' precautionary actions against COVID-19 effective? An assessment study of 175 countries worldwide"	Is purely descriptive
Amuedo-Dorantes et al. (2020); "Timing is Everything when Fighting a Pandemic: COVID-19 Mortality in Spain"	Duplicate
Amuedo-Dorantes et al. (2021); "Early adoption of non-pharmaceutical interventions and COVID-19 mortality"	Only looks at timing
Amuedo-Dorantes, Kaushal and Muchow (2020); "Is the Cure Worse than the Disease? County-Level Evidence from the COVID-19 Pandemic in the United States"	Duplicate
Amuedo-Dorantes, Kaushal and Muchow (2021); "Timing of social distancing policies and COVID-19 mortality: county-level evidence from the U.S."	Only looks at timing
Arruda et al. (2021); "ASSESSING THE IMPACT OF SOCIAL DISTANCING ON COVID-19 CASES AND DEATHS IN BRAZIL: AN INSTRUMENTED DIFFERENCE-IN-DIFFERENCE APPROACH"	Social distancing (not
Bakolis et al. (2021); "Changes in daily mental health service use and mortality at the commencement and lifting of COVID-19 'lockdown' policy in 10 UK sites: a regression analysis"	Uses a time series approach
Bardey, Fernández and Gravel (2021); "Coronavirus and social distancing: do non-pharmaceutical-interventions work (at least) in the short run?"	Only looks at timing
Berardi et. Al. (2020); "The COVID-19 pandemic in Italy: policy and technology impact on health and non-health outcomes"	Too few observations
Bhalla (2020); "Lockdowns and Closures vs COVID-19: COVID Wins"	Uses modelling
Björk et al. (2021); "Impact of winter holiday and government responses on mortality in Europe during the first wave of the COVID-19 pandemic"	Only looks at timing
Bongaerts, Mazzola and Wagner (2020); "Closed for business"	Duplicate
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Synthetic control study
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Duplicate
Bushman et al. (2020); "Effectiveness and compliance to social distancing during COVID-19"	Social distancing (not
Castaneda and Saygili (2020); "The effect of shelter-in-place orders on social distancing and the spread of the COVID-19 pandemic: a study of Texas"	Uses a time series approach
Cerqueti et al. (2021); "The sooner the better: lives saved by the lockdown during the COVID-19 outbreak. The case of Italy"	Synthetic control study
Chernozhukov, Kasahara and Schrimpf (2021); "Mask mandates and other lockdown policies reduced the spread of COVID-19 in the U.S."	Duplicate
Chin et al. (2020); "Effects of non-pharmaceutical interventions on COVID-19: A Tale of Three Models"	Uses modelling
Cho (2020); "Quantifying the impact of nonpharmaceutical interventions during the COVID-19 outbreak: The case of Sweden"	Synthetic control study
Coccia (2020); "The effect of lockdown on public health and economic system: findings from first wave of the COVID-19 pandemic for designing effective strategies to cope with the pandemic"	Only looks at timing
Coccia (2021); "Different effects of lockdown on public health and economy of countries: Results from first wave of the COVID-19 pandemic"	Too few observations
Canyon and Thomsen (2021); "COVID-19 in Scandinavia"	Synthetic control study
Canyon et al. (2020); "Lockdowns and COVID-19 deaths in Scandinavia"	Too few observations
Dave et al. (2020); "Did the Wisconsin Supreme Court restart a COVID-19 epidemic? Evidence from a natural experiment"	Synthetic control study
Delis, Iosifidi and Tasiou (2021); "Efficiency of government policy during the COVID-19 pandemic"	Do not look at mortality
Dreher et al. (2021); "Policy interventions, social distancing, and SARS-CoV-2 transmission in the United States: a retrospective state-level analysis"	Do not look at mortality
Duchemin, Veber and Boussau (2020); "Bayesian investigation of SARS-CoV-2-related mortality in France"	Uses modelling
Fair et. Al. (2021); "Estimating COVID-19 cases and deaths prevented by non-pharmaceutical interventions in 2020-2021, and the impact of individual actions: a retrospective analysis"	Uses modelling
Filiás (2020); "The impact of government policies effectiveness on the officially reported deaths attributed to covid-19."	Student paper
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Duplicate
Friedson et al. (2020); "Did California's shelter-in-place order work? Early coronavirus-related public health effects"	Duplicate
Friedson et al. (2020); "Shelter-in-place orders and public health: evidence from California during the COVID-19 pandemic"	Synthetic control study
Fuss, Weizman and Tan (2020); "COVID19 pandemic: how effective are interventive control measures and is a complete lockdown justified? A comparison of countries and lockdown strategies"	Do not look at mortality
Ghosh, Ghosh and Narymanchi (2020); "A Study on The Effectiveness of Lock-down Measures to Control The Spread of COVID-19"	Synthetic control study
Glogowsky et al. (2021); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19"	Only looks at timing
Glogowsky, Hansen and Schächtele (2020); "How effective are social distancing policies? Evidence on the fight against COVID-19 from Germany"	Duplicate
Glogowsky, Hansen and Schächtele (2020); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19 from Germany"	Duplicate
Gordon, Grafton and Steinshamn (2021); "Cross-country effects and policy responses to COVID-19 in 2020: The Nordic countries"	Do not look at mortality
Gordon, Grafton and Steinshamn (2021); "Statistical Analyses of the Public Health and Economic Performance of Nordic Countries in Response to the COVID-19 Pandemic"	Too few observations
Guo et al. (2020); "Social distancing interventions in the United States: An exploratory investigation of determinants and impacts"	Duplicate
Huber and Langen (2020); "The impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Duplicate
Huber and Langen (2020); "Timing matters: the impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Only looks at timing
Jain et al. (2020); "A comparative analysis of COVID-19 mortality rate across the globe: An extensive analysis of the associated factors"	Do not look at mortality
Juranek and Zoutman (2021); "The effect of non-pharmaceutical interventions on the demand for health care and mortality: evidence on COVID-19 in Scandinavia"	Too few observations
Kakpo and Nuhu (2020); "Effects of Social Distancing on COVID-19 Infections and Mortality in the U.S."	Social distancing (not
Kapoor and Ravi (2020); "Impact of national lockdown on COVID-19 deaths in select European countries and the U.S. using a Changes-in-Changes model"	Too few observations
Khatiwada and Chalise (2020); "Evaluating the efficiency of the Swedish government policies to control the spread of Covid-19."	Student paper
Korevaar et al. (2020); "Quantifying the impact of U.S. state non-pharmaceutical interventions on COVID-19 transmission"	Do not look at mortality
Kumar et. Al. (2020); "Prevention-Versus Promotion-Focus Regulatory Efforts on the Disease Incidence and Mortality of COVID-19: A Multinational Diffusion Study Using Synthetic Control"	Do not look at mortality
Le et al. (2020); "Impact of government-imposed social distancing measures on COVID-19 morbidity and mortality around the world"	Uses a time series approach
Liang et al. (2020); "Covid-19 mortality is negatively associated with test number and government effectiveness"	Not effect of lockdowns
Mader and Rüttemauer (2021); "The effects of non-pharmaceutical interventions on COVID-19-related mortality: A generalized synthetic control approach across 169 countries"	Synthetic control study
Matzinger and Skinner (2020); "Strong impact of closing schools, closing bars and wearing masks during the Covid-19 pandemic: results from a simple and revealing analysis"	Uses modelling
Mccafferty and Ashley (2020); "Covid-19 Social Distancing Interventions by State Mandate and their Correlation to Mortality in the United States"	Duplicate
Medline et al. (2020); "Evaluating the impact of stay-at-home orders on the time to reach the peak burden of Covid-19 cases and deaths: does timing matter?"	Only looks at timing

1. Study (Author & title)	2. Reason for exclusion
Mu et al. (2020); "Effect of social distancing interventions on the spread of COVID-19 in the state of Vermont"	Uses modelling
Nakamura (2020); "The Impact of Rapid State Policy Response on Cumulative Deaths Caused by COVID-19"	Student paper
Neidhöfer and Neidhöfer (2020); "The effectiveness of school closures and other pre-lockdown COVID-19 mitigation strategies in Argentina, Italy, and South Korea"	Synthetic control study
Oliveira (2020); "Does Staying at Home Save Lives? An Estimation of the Impacts of Social Isolation in the Registered Cases and Deaths by COVID-19 in Brazil"	Social distancing (not
Palladina et al. (2020); "Effect of Implementation of the Lockdown on the Number of COVID-19 Deaths in Four European Countries"	Uses a time series approach
Palladina et al. (2020); "Effect of timing of implementation of the lockdown on the number of deaths for COVID-19 in four European countries"	Duplicate
Palladino et al. (2020); "Excess deaths and hospital admissions for COVID-19 due to a late implementation of the lockdown in Italy"	Uses a time series approach
Peixoto et al. (2020); "Rapid assessment of the impact of lockdown on the COVID-19 epidemic in Portugal"	Uses modelling
Piovani et al. (2021); "Effect of early application of social distancing interventions on COVID-19 mortality over the first pandemic wave: An analysis of longitudinal data from 37"	Only looks at timing
Reinbold (2021); "Effect of fall 2020 K-12 instruction types on CoViD-19 cases, hospital admissions, and deaths in Illinois counties"	Synthetic control study
Renne, Roussellet and Schwenkler (2020); "Preventing COVID-19 Fatalities: State versus Federal Policies"	Uses modelling
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest-posttest comparison group study"	Duplicate
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest-posttest comparison group study"	Uses a time series approach
Silva, Filho and Fernandes (2020); "The effect of lockdown on the COVID-19 epidemic in Brazil: evidence from an interrupted time series design"	Uses a time series approach
Stamam et al. (2020); "IMPACT OF LOCKDOWN MEASURE ON COVID-19 INCIDENCE AND MORTALITY IN THE TOP 31 COUNTRIES OF THE WORLD."	Uses a time series approach
Steinegger et al. (2021); "Retrospective study of the first wave of COVID-19 in Spain: analysis of counterfactual scenarios"	Only looks at timing
Stephens et al. (2020); "Does the timing of government COVID-19 policy interventions matter? Policy analysis of an original database."	Only looks at timing
Supino et al. (2020); "The effects of containment measures in the Italian outbreak of COVID-19"	Uses a time series approach
Timelli and Girardi (2021); "Effect of timing of implementation of containment measures on Covid-19 epidemic. The case of the first wave in Italy"	Only looks at timing
Trivedi and Das (2020); "Effect of the timing of stay-at-home orders on COVID-19 infections in the United States of America"	Only looks at timing
Umer and Khan (2020); "Evaluating the Effectiveness of Regional Lockdown Policies in the Containment of Covid-19: Evidence from Pakistan"	Too few observations
VoPham et al. (2020); "Effect of social distancing on COVID-19 incidence and mortality in the U.S."	Do not look at mortality
Wu and Wu (2020); "Stay-at-home and face mask policies intentions inconsistent with incidence and fatality during U.S. COVID-19 pandemic"	Too few observations
Xu et al. (2020); "Associations of Stay-at-Home Order and Face-Masking Recommendation with Trends in Daily New Cases and Deaths of Laboratory-Confirmed COVID-19 in"	Do not look at mortality
Yehya, Venkataramani and Harhay (2020); "Statewide Interventions and Coronavirus Disease 2019 Mortality in the United States: An Observational Study"	Only looks at timing
Ylli et al. (2020); "The lower COVID-19 related mortality and incidence rates in Eastern European countries are associated with delayed start of community circulation Alban"	Not effect of lockdowns

7.2 Interpretation of estimates and conversion to common estimates

In Table 9, we describe for each study used in the meta-analysis how we interpret their results and convert the estimates to our common estimate. Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

Table 9: Notes on studies included in the meta-analysis

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	26-Nov-20	Transforming Government: People, Process and Policy	We use the 1% effect noted by the authors in "We find that the natural log of the duration (in days) that the state instituted shelter-in-place reduces percentages of mortality by 0.0001%, or approximately 1% of the means of percentages of deaths per capita in our sample. The standard error is calculated on basis of the t-value in Table 3.
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	16-Jan-21	Review of Economics of the Household	We use estimates from Table 3, model 5. For each estimate the common estimate is calculated as (difference in COVID-19 mortality with NPI)/(difference in COVID-19 mortality without NPI)-1, where (difference in COVID-19 mortality with NPI) is 237.89 (Table 2 states that deaths per million is 406.99 in U.S. and 169.10 in Europe) and (difference in COVID-19 mortality without NPI) is estimated as $\exp(\ln(\text{difference in COVID-19 mortality with NPI}) - \text{estimate})$.
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	1-Jul-20	ResearchGate	It is unclear whether they prefer the model with or without the interaction term. In the meta-analysis, we use an average of -0.326 (Table 3, without) and -0.073 (Table 6, with) deaths per million per stringency point (i.e. -0.200). The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) - 1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).

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Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	1-Sep-20	JAMA	Estimate that school closure was associated with a 58% decline in COVID-19 mortality and that the effect was largest in states with low cumulative incidence of COVID-19 at the time of school closure. States with the lowest incidence of COVID-19 had a -72% relative change in incidence compared with -49% for those states with the highest cumulative incidence.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	24-Feb-21	PNAS	The estimated effect of SIPO's, an increase in deaths by 0,654 per million after 14 days (significant, cf. Fig. 2), is converted to a relative effect on a state basis based on data from OurWorldInData. For states which did implement SIPO, we calculate the number of deaths without SIPO as the number of official COVID-19 deaths 14 days after SIPO was implemented minus 0,654 extra deaths per million. For states which did not implement SIPO, we calculate the number of deaths with SIPO as the number of official COVID-19 deaths 14 days after March 31 2020 plus 0,654 extra deaths per million. We use March 31 2020 as this was the average date on which SIPO was implemented in the 40 states which did implement SIPO. Using this approximation, the effect of SIPO's in the U.S. is 1,1% more deaths after 14 days. Common standard errors are not available.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	29-Mar-21	CESifo Economic Studies	We use estimates from Table 2 (four weeks). Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as $(\ln(\text{policy stringency}) - \ln(\text{recommendation stringency})) \times \text{estimate}$.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	1-Dec-20	World Bank Group	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	8-Jun-20	0	Find that, world-wide, internal NPIs have prevented about 650,000 deaths (3.11 deaths were prevented for each death that occurred, i.e. 76% effect). However, this effect is for any lockdown including a Swedish lockdown. They do not find an extra effect of stricter lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. Since all Western countries did something and estimates in other reviewed studies are relative to doing less – and, hence not to doing nothing, we report the result from Bonardi et al. as compared to "doing less." Hence, for Bonardi et al. we use 0% as the common estimate in the meta-analysis for each NPI (SIPO, regional lockdown, partial lockdown, and border closure (stage 1, stage 2 and full) because all NPIs are insignificant (compared to Sweden's "doing the least"-lockdown).
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	14-May-21	PLOS ONE	Business shutdown saved 9,439 Italian lives by 13th 2020. This corresponds to 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	1-Aug-20	Eclinical-Medicine	Finds no effect of partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews. In the meta-analysis we use a common estimate of 0%, as estimates and standard errors are not available.
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	1-Jan-21	Journal of Econometrics	The study looks at the effect of NPIs on growth rates but does include an estimate of the effect on total mortality at the end of the study period for employee face masks (-34%), business closure (-29%). and SIPO (-18%), but not for school closures (which we therefore exclude). In reporting the results of their counterfactual, they alter between "fewer deaths with NPI" and "more deaths without NPI." We have converted the latter to the former as $\text{estimate}/(1+\text{estimate})$ so "without business closures deaths would be about 40% higher" corresponds to "with business closures deaths would be about 29% lower."
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	10-Mar-21	MDPI	The common estimate is the average effect in Europe and United States respectively calculated as $(\text{Actual COVID-19 mortality}) / (\text{COVID-19 mortality with recommendation policy}) - 1$, where $(\text{COVID-19 mortality with recommendation policy})$ is calculated as $(\text{Actual COVID-19 mortality}) - \text{Estimate} \times \text{Difference in stringency} \times \text{population}$. Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). In the meta-analysis we use the non-linear estimate, but the squared estimate yields similar results.
Dave et al. (2021); "When Do Shelter-in-Place Orders"	3-Aug-20	Economic Inquiry	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after 20+ days for model 1 and 2 in Table 7. Since model 3, 4 and 5 have estimates

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Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"			similar to model 2, we use an average of model 1 to 5, where the estimates of model 3 to 5 are calculated as (common estimate model 2) / (estimate model 2) x estimate model 3/4/5.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	28-Aug-20	SSRN	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	28-Jun-21	PLOS ONE	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	10-Jun-21	PLOS ONE	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after three weeks (35% reduction in deaths) which is used in the meta-analysis.
Fuller et al. (2021); "Mitigation Policies and COVID-19-Associated Mortality – 37 European Countries, January 23–June 30, 2020"	15-Jan-21	Morbidity and Mortality Weekly Report	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	18-Aug-20	New Zealand Economic Papers	We use the two graphs to the left in figure 3, where we extract the data from the rightmost datapoint (i.e. % impact of county lockdowns on Covid-19 deaths by 1/06/2020). We then take the average of the estimates found in the two graphs, because it is unclear which estimate the author prefers.
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	4-Feb-21	CID Faculty Working	We convert the effect in Figure 4 after 90 days (log difference -1.16 of a standard deviation change) to deaths per million per stringency following footnote 3 (the footnote says "weekly deaths," but we believe this should be "daily deaths"), so the effect is $e^{-1.16} - 1 = -0.69$ decline in daily deaths per million per SD. We convert to total effect by multiplying with 90 days and "per point" by dividing with $SD = 22.3$ (corresponding to the SD for the 147 countries with data before March 19, 2020 - using all data yields similar results) yielding -2.77 deaths per million per stringency point. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	21-Sep-20	Research on Social Work Practice	We use estimates for "Proportion of Cumulative Deaths Over the Population" (per 10,000) in Table 3. We interpret this number as the change in cumulative deaths over the population in percent and is therefore the same as our common estimate.
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	6-Jul-20	medRxiv	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality. They ascertain that "sustained over three months, this would correspond to a cumulative number of deaths 30% lower," however this is not a counterfactual estimate and three months goes beyond the period they have data for.
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	15-Jul-21	Eurosurveillance	The study is not included in the meta-analysis, as they report the effect of NPIs in incident risk ratio which are not easily converted to relative effects.

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Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	5-Mar-21	Culture & Crisis Conference	The study is not included in the meta-analysis, as it looks at the effect of NPIs on odds-ratios and does not include an estimate of the effect on total mortality.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	26-Oct-20	ASTMH	Their "mask recommendation" includes some countries, where masks were mandated and may (partially) capture the effect of mask mandates. However, the authors' focus is on recommendation, so we do interpret their result as a voluntary effect - not an effect of mask mandate. Using estimates from Table 2 and assuming NPIs were implemented March 15 (8 weeks in total by end of study period), common estimates are calculated as $8 \hat{est} - 1$.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	27-Apr-21	Pragmatic and Observational Research	The study is not included in the meta-analysis, as it looks at the effect of NPIs on peak mortality and does not include an estimate of the effect on total mortality.
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	20-Aug-20	medRxiv	The study is not included in the meta-analysis, as the cluster the NPIs (e.g. SIPO, mask mandata amd travel restricions are clustered in Level 4).
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	4-May-21	Health Policy and Planning	Policy implementations were assigned according to the first day that a country received a policy stringency rating above 0 in the OxCGRT stay-at-home measure. As the value 1 is a recommendation "recommend not leaving house," we cannot distinguish recommendations from mandates, and, thus, the study is not included in the meta-analysis.
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	6-Aug-20	medRxiv	Find that SIPOs lower mortality by 29-35%. We use the average (32%) as our common estimate. Common standard errors are calculated based on estimates and standard errors from (Table 4) assuming they are linearly related to estimates.
Shiva and Molana (2021); "The Luxury of Lockdown"	9-Apr-21	The European Journal of Develpement Research	The estimate with 8 weeks lag is insignificant, and preferable given our empirical strategy. However, they use the 4-week lag when elaborating the model to differentiate between high- and low-income countries, so the 4-week lag estimate for rich countries is used in our meta-analysis. Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (policy stringency - recommendation stringency) x estimate.
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	18-Jun-21	The Review of Financial Studies	We use weighted average of estimates for Table 4, 6, and 9. Since authors state that they place more weight on the findings in Table 9, Table 9 weights by 50% while Table 4 and 6 weights by 25%. We estimate the effect on total mortality from effect on growth rates based on authors calculation showing that estimates of -0.049 and -0.060 reduces new deaths by 12.5% 15.3% respectively. We use the same relative factor on other estimates.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	10-Nov-20	World Medical & Health Policy	When calculating arithmetic average / median, the study is included as 0%, because estimates in Table 6 are insignificant and signs of estimates are mixed (higher strictness can cause both fewer and more deaths). We don't calculate common standard errors.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	6-Oct-20	medRxiv	We use estimates from regression on strictness alone (Right panel in Table "Regression results, policy strictness. Baseline is "policy not introduced within policy analysis period" in "Additional file"). We use the average of 24 and 38 days from model 5. There are 23 relevant estimates in total (they analyze all levels within the eight NPI measures in the OxCGRT stringency index). We calculate the effect of each NPI (e.g. closing schools) as the average effect in all of U.S./Europe. This is done by calculating the effect for each state/country based on the maximum level for each measure between Mar 16 and Apr 15 (e.g. if all schools in a state/country are required to close (school closing level 3) the relevant estimate for that state/level is -0.031 (average of -0.464 and 0.402). We assume all NPIs are effective for 54 days (from March 15 to June 1 minus 24 days to reach full effect). Standard errors are converted to common standard errors following the same process (this approach is unique for Stokes, as our general approach is not possible).

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Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	1-Apr-20	CESifo Working Papers	It is unclear how they define "lockdown." They write that "many countries [...] imposed lockdowns of varying degrees, some imposing mandatory nationwide lockdowns, restricting economic and social activity deemed to be non-essential," and since all European countries and all states in the U.S. imposed restrictions on economic (closing unessential businesses) and/or social (limiting large gatherings) activity, we interpret this as all European countries and all U.S. states had mandatory nationwide lockdowns. The effect of recommended lockdowns is set to zero in the meta-analysis, as only one country was in this lockdown category (i.e. too few observations, cf. eligibility criteria). The estimate for complete travel closure is -0.226 COVID-deaths per 100,000. Hence, if all of Europe imposed complete travel closure, the total effect would be $-0.266 * 748 \text{ million (population)} * 10 (100,000/1,000,000)$ equal to 1,690 averted COVID-19 deaths. However, according to OxCGRT-data European countries only had complete travel bans (Level 4: "Ban on all regions or total border closure") in 11% of the time between March 16 and April 15, 2020. So the total effect is $1,690 * 11\% = 194$ averted deaths. During the first wave 188,000 deaths in Europe was related to COVID-19 (by June 30, 2020), so the total effect is approximated to -0.1% in Europe and, following the same logic, 0% in U.S., where no states closed their borders completely. We use the average, -0.05%, in the meta-analysis. The estimate for mandatory national lockdown is 0.166 (>0) COVID-deaths per 100,000. Since all European countries (and U.S. states) imposed lockdowns, the total effect is 1,241 (553) extra COVID-19 deaths corresponding to 0.7% (0.4%). We use the average of Europe and the U.S., 0.5%, in the meta-analysis. Calculations of the effect of "Mandatory national lockdown" follow the same logic, but we assume 100% of Europe and United States have had "Mandatory national lockdown."
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	3-Oct-20	Oxford academic	The study is not included in the meta-analysis, as they report the effect of NPIs on Rt which are not easily converted to relative effects.

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From: Barbara Zerr
Sent: 1/27/2022 3:42:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marneye Driesen
Sent: 2/8/2022 8:43:51 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Board members,

In regards to the upcoming TAG meeting considering COVID-19 for inclusion in chapter 246-105 WAC, I would like to provide a comment I sincerely hope you consider. I am a concerned mother with two young children. My concerns stated here are shared by my many friends and family members who are also parents.

According to the AAP, 12 million children have tested positive for COVID-19 since the beginning of the pandemic. For millions of children with natural immunity their risk of injury from COVID-19 vaccination outweigh the benefits.

We have absolutely no long term data on the teratogenic, neurological etc. effects this could have on our children. These vaccines do not prevent transmission and although they are shown to prevent severe disease and hospitalization (of which children are at extremely low risk), they do not offer robust protection against acquiring infection with the currently circulating Omicron variant. We do not know how they will perform with future variants.

There is an increased risk of myocarditis after covid vaccination which is seen on the FDA and CDC safety surveillance systems.

A Kaiser Permanente study found that for every million children vaccinated there was a myopericarditis rate of 208 cases.

Dr. Fauci recently explained that pediatric hospitalization rates are exaggerated by the detection of mild or asymptomatic infection secondary to universal screening. Additionally, a Stanford University study found that 45% of pediatric COVID-19 hospital admissions were unlikely to have been caused by SARS-CoV-2.

It is even harder to justify vaccinating our children when the Omicron variant is

associated with less severe disease and lower hospitalization rates.

Other countries have come to the wise decision against recommending covid shots for children (Sweden); and yet, this board is considering requiring it.

The Omicron variant, millions of children with natural immunity, the increased risk of myocarditis and no long term data on safety or efficacy in children makes a decision on this matter uncomplicated. Please do the responsible thing and leave this decision to the parents. It is not okay to just say parents can file for an exemption. There will be a multitude of parents who pull their children from public/private schools if this becomes a requirement. This is about the principle of letting parents decide, given the current and constantly changing information, what is best for their child.

Respectfully,

Marneye Driesen

From: Rebecca Slater
Sent: 1/30/2022 11:35:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Megan M
Sent: 2/8/2022 8:55:36 PM
To: DOH WSBOH
Cc:
Subject: Oppose Covid vaccine mandates for children

External Email

As a concerned Washington resident, a patient educator and informed-consent advocate, and a parent of school-age children, I stand opposed to Covid vaccine mandates for children and implore you to oppose them as well.

Your own meeting notes admit there is no evidence regarding the effectiveness of vaccines in K-12 settings. Children are at extremely low risk from Covid, whereas the vaccines are still in the testing phase, and long-term side effects may not be known for many years. The evidence that IS available suggests that boys and young men may even be at more risk from vaccine-induced myocarditis than from Covid-19 itself. Mandates have the potential to cause MORE injury and morbidity to children than they prevent.

Parents care for their children's welfare far more than any third party ever could, and those who are concerned about their children's risk from Covid have had ample opportunity to have them vaccinated. At-risk teachers have also had ample opportunity to take advantage of vaccination to mitigate their risk. From this point on, informed-choice decisions about vaccination of children should be left to families.

I stridently oppose Covid-19 vaccine mandates for children and strongly urge you to do the same. It is not worth infringing upon families' medical autonomy for an intervention with questionable evidence supporting its efficacy.

Thank you,

Megan Minnick

From: Sally Coleman
Sent: 2/8/2022 9:25:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darin Padur
Sent: 1/27/2022 5:12:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rosa Ramos
Sent: 2/8/2022 9:40:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Richie
Sent: 2/8/2022 10:05:30 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am against any passing of a law or bill which promotes vaccinating children for Covid.
Richie Meche
Oak Harbor

Sent from my iPhone

From: Bruce Jones
Sent: 1/29/2022 10:06:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mandy Evans
Sent: 2/8/2022 2:50:20 PM
To: DOH WSBOH
Cc:
Subject: Opposing Vaccine for Children

External Email

WA State Board of Health,

I strongly oppose the discussion of covid-19 vaccine mandate for our children. Clearly this vaccine does not do its job as you see the up tick in cases in fully vaccinated individuals. The long term effects of this are unknown and until the full data comes out and time has passed this should not be required it should be a choice.

This is not okay. Let the parents decide what is best for their child. Children are not at high risk and as we have been seeing the vaccine does not do what it was set to do.

Concerned & Upset Washington Parent

From: victor baca
Sent: 2/7/2022 4:22:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:00 AM
To: DOH WSBOH
Cc:
Subject: FW: Urgent: Stop ESHB 1551Association with Covid-19

From: Thlayla <thlayla@hotmail.com>
Sent: Tuesday, January 11, 2022 10:52 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Urgent: Stop ESHB 1551Association with Covid-19

External Email

Dear Kaitlyn Donahoe,

Seeing the meeting agenda for 1/12/22, I was shocked to see Covid 19 and ESHB 1551 mentioned together. ESHB 1551 is specifically addressing purposefully and willing spreading HIV. The timing and suggestion is extremely concerning. Please object to the association and cease pursuing a connection in any way.

Please contact me to let me know why this is even on the agenda? I look forward to hearing from you.

Thank you,

Thlayla Potter

From: Ashley Rubin
Sent: 2/7/2022 6:32:29 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alice Larson
Sent: 1/30/2022 11:52:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robin Medlock
Sent: 1/30/2022 2:30:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ANDI DASH
Sent: 2/8/2022 11:16:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comment on WAC 246-100-040 and 070

External Email

Dear Sirs/Madams,

I am commenting on the morality of the Procedure for isolation or quarantine and enforcement. It is so un-American and goes against freedom and rights of individuals. I am appalled that this would be happening in my state and am fiercely against the measures.

Sincerely,
Andrea Dash (registered voter)

Sent from my iPhone

From: theresalane@comcast.net
Sent: 2/3/2022 7:33:50 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG for K-12 Covid shot mandates - Sweden decides Against Covid shot for kids aged 5-12

External Email

Hello TAG,

Here is some more information for you to consider. Please see link with article related to the subject line

<https://www.reuters.com/world/europe/sweden-decides-against-recommending-covid-vaccines-kids-aged-5-12-2022-01-27/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fworld%2Feurope%2Fsweden-decides-against-recommending-covid-vaccines-kids-aged-5-12-2022-01-27%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca03fb26bf7a043b09dec08d9e78f27b7%7C11d0e2>>

Can I please get a confirmation that my emails are being received and read?

Thank you,

Theresa Lane

Concerned WA parent

From: Rebecca Oshiro
Sent: 2/8/2022 11:17:34 AM
To: DOH WSOH
Cc:
Subject: COVID-19 vaccine requirement for school and daycare

External Email

Hello,

I am vigorously opposed to the COVID-19 vaccine being added to the requirement for children's school and daycare and will move out of state if this is the case. COVID is shifting to an endemic disease, much like flu, and will be with us forever. The COVID-19 shot does not prevent infection or transmission and the vaccinated carry the same viral load as the unvaccinated. I will not be giving a yearly COVID shot to my child.

Thank you,

Rebecca Oshiro

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

From: Nancy Grunewald
Sent: 2/8/2022 2:10:34 PM
To: DOH WSBOH
Cc:
Subject: Opposed to adding Covid "vaccines" to WAC 246-105

External Email

Dear members of the Washington State Board of Health,

In reference to your TAG meeting February 10, I want to register my vehement opposition to including the Covid-19 "vaccines" to the list of mandatory vaccines for children attending school.

A) Children are not dying on a grand scale from Covid. They do not need a "vaccine" against the disease. Especially one which releases large amounts of spike protein into their bodies.

B) The vaccines are still in the experimental stage, "Emergency Use Authorization" only. The adult population has been serving as guinea pigs. We've seen the inefficacy of these injections in the adult population, and do not need to inject these dangerous mRNA substances into the young population.

C) The pharmaceutical companies know that if the vaccines are approved or mandated for widespread use in children, they can move to being non-EUA by the FDA without threat of legal recrimination for damages related to these injections. Of course, Big Pharma is pushing for children to receive these injections!

Please beware of playing with the lives of our next generation in this way.

Sincerely,
Nancy Grunewald
1715 NW Lamont St
Pullman, WA 99163

From: Dr & Mrs William Gray
Sent: 1/31/2022 8:03:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Craig Strom
Sent: 1/29/2022 4:33:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: pspengler@juno.com
Sent: 1/29/2022 9:13:01 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccination and Schools

External Email

The COVID vaccine should be a requirement to attend public school, Schools cannot function with so many students and staff home sick. I have had my vaccination and have been boosted and have yet to contacted COVID, I work in a public school and have COVID all around me. Vaccination work.

Phil Spengler

From: Clark Elster
Sent: 1/28/2022 9:47:41 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/27/2022 9:23:38 PM
To: DOH WSBOH
Cc:
Subject: Gab: Sweden declines vaccine for kids

External Email

<https://gab.com/vaccineregrets/posts/107697723172172219>

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Barbara Levich
Sent: 2/8/2022 6:46:06 PM
To: DOH WSBOH
Cc:
Subject: 246-105 WAC

External Email

Dear Board members,
As no long term testing has been done on these vaccines and there is plenty of evidence already of severe side effects and deaths from them, I think there is no need at all to add this to the list of required vaccines. In addition, school aged children do not contract Covid and suffer very little if they do. The risk assessment says the vaccines don't provide enough benefit to warrant them.

Barbara Levich
Des Moines, WA

From: Jeanine Long
Sent: 2/9/2022 9:17:03 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: theresalane@comcast.net
Sent: 2/6/2022 11:02:41 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG Covid Mandates K-12 STUDY: Fully Vaccinated Carry 251 Times The Normal Viral Load Of COVID-19, May Be Super Spreaders

External Email

Hello TAG,

More science for you to review. Please see the link below for the study in the subject line.

<https://nationalfile.com/study-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnationalfile.com%2Fstudy-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0b8a4c111b7c496139c208d9ea07ba87%7>>

Thank you,

Theresa Lane

Concerned WA parent

From: Ellie Rose
Sent: 1/22/2022 3:11:35 PM
To: DOH WSBOH
Cc:
Subject: Hello

External Email

Hi, so I tested positive for COVID-19 today and my boss (we work in a fast food restaurant) told me that I would get fired if I didn't come in to work today. There are two other people aside from myself who also have Covid-19 and we are still working. I was just wondering if this is legal?
Sent from my iPhone

From: Michael Frazee
Sent: 2/4/2022 9:10:21 AM
To: DOH WSBOH
Cc:
Subject: Accountability



attachments\35994DC7258543B4_image0.jpeg

External Email

Sent from my iPhone

From: Karen Capone
Sent: 2/7/2022 5:04:00 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hisaw, Melanie (SBOH)
Sent: 2/8/2022 8:24:21 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:11 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Hisaw,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Jason behling
Sent: 1/28/2022 9:09:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Camacho
Sent: 1/28/2022 9:38:29 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate/s for children in Washington State.

External Email

STOP hurting these kids. Why are you not following the truth about this virus? A lot of lives are in your hands (all of you) on this board. Someday soon everyone will answer to God for what we all have done in this lifetime with what He has given us. Please start making the right choices. SO MANY are against this. Can you just listen to the people?

Susan Camacho
360-621-4215

Sent from my iPad

From: Cristian Petrescu-Prahova
Sent: 1/31/2022 11:50:29 AM
To: DOH WSBOH
Cc:
Subject: Re: Survey for Parents and Caregivers: COVID-19 Vaccine as a School Requirement

External Email

The principal of the school my 11yo child attends sent me a link for a "Survey for Parents and Caregivers: COVID-19 Vaccine as a School Requirement".

I have been unable to identify the reasoning the Washington State Board of Health is using to advance the proposal of making COVID-19 vaccines a requirement for school attendance for children. Perhaps I missed something obvious, can you please point me to the rationale and the data backing it up?

Thank you,
Cristian Petrescu-Prahova

--

Cristian Petrescu-Prahova
cristian@petrescu-prahova.com

From: Robert Holte
Sent: 2/2/2022 2:10:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pamela Sims
Sent: 1/27/2022 7:19:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joshua Daugherty
Sent: 2/1/2022 2:38:22 PM
To: DOH WSBOH,DOH Information,Anne Gayman,Alan Spicciati,School Communication,Greg Brown
Cc:
Subject: Fwd: Enough is Enough! #DoNotComply

External Email

I don't know if you've received this yesterday or not.

Corrupted in WA,

I think we've all had enough of this "Rules for Thee, but not for me..."

When are you going to be giving up on this never-ending covid nonsense? Let our children breathe, get sick, get better/healthier, move on with their lives?

Are you also sick of the hypocrites at ALL levels? I am seriously glad that we will be pulling our children out of WA schools, moving to a free state and will letting them breathe. Very soon, expect to see our withdrawal letters being handed to the schools as they do not fight with us against this tyranny.

I want to send my kids to school without masks but they don't want to wear the 'school/medical masks'. I say, if they give you one, put it in your pocket, have them call me. I'm awaiting a call. No more!

Josh Daugherty

Begin forwarded message:

From: The Unity Project <info@unityprojectonline.com
<mailto:info@unityprojectonline.com> >

Subject: Enough is Enough! #DoNotComply

Date: January 31, 2022 at 3:27:02 PM PST

To: doughboy74@gmail.com <mailto:doughboy74@gmail.com>

Reply-To: info@unityprojectonline.com
<mailto:info@unityprojectonline.com>

<<https://files.constantcontact.com/d20bb52e801/262954a3-4a2f-456c-ad06-8984aa540eb7.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/sys/S.gif>>
Enough is enough! Rules for thee, but not for me.....
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>
<<https://files.constantcontact.com/d20bb52e801/5f0b3708-9514-4030-b478-0714d94a8060.jpg?rdr=true>>

<<https://files.constantcontact.com/d20bb52e801/14f9eecf-44c7-443a-a0c7-4748d95d587d.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

While the Unity Project has been laser focused on stopping the vaccine mandate for K-12 students bringing forth scientific experts and resources, we must widen our fight to include these tyrannical and illogical mask mandates.

There are groups across California and other states that have done amazing work fighting these mask mandates and we are with you when we say Enough is Enough!

Our children are wearing masks for 6-8 hours a day while Governor Newsom, other public officials and celebrities parade around maskless in a California venue that requires them. A venue with 70,000 people, in a state that is still "under emergency". This is not only hypocrisy in the highest degree, it's a blatant slap in the face and, in our opinion, the green light to stop sending your kids to school in masks if you haven't already.

Despite Newsom's poor attempt at an explanation for not wearing a mask, it's time to email and call your schools, principals, teachers and school board members letting them know you will no longer comply.

- * Send your kids to school without a mask, tell them they are heroes for standing up
- * Talk to other parents and get a group together, show power in numbers
- * Reach out to school leaders, let them know your child won't be wearing a mask
- * You can use the verbiage and links below that point to empirical evidence of the efficacy and harm that come from masks
- * Share your success stories, you will be an inspiration to others!

Please see the links below illustrating, with empirical evidence, that masks are not only ineffective (as stated by Fauci in the attached video), they are dangerous. It is time we take action. Stop sending your kids to school with masks on. Do not comply. The only way we end this mask mandate is by uniting and fighting these mandates together. Find your group of parents at your schools, look on our strategic partner page for groups near you and join with them. Protest the mask mandates together. Email and call your principals and school board members.

There is NO LAW that requires the masking of our children. There is not even a mask mandate. There is only a "guidance" from the CDPH which is linked herein.

Those of us that want/need them gone are in the vast majority. They only serve to prevent the infected person from transmitting their illness (with an N95 only) but such people/children should be kept home anyway. Our kids are suffering needlessly.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

<[<https://youtu.be/Ji5nYvLziYo>](https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHW9N-1OSILOLpVEYRXC7PeCgn65iH6T3xF3n4SWF9qivCoOx_eWBoSkFwQ6QmSScxglBVDJEEMR6xwIeR0FiuJEW7TtCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==></p></div><div data-bbox=)

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHvWHZdvTCOkz11LpzAY0xafK5MJPJfch_17C22rqJVpkg==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

From Dr. Paul Alexander, Chief Scientific Officer for The Unity Project

*

<https://palexander.substack.com/p/masks-for-children-the-evidence-indicates>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHXnVp3QEo4k5xk67QYC96Adz5wU0oOrqkWjvzgr0ZMPhAAfCgVGFW4XR6IspCOzjoKBlp7yA==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

*

<https://palexander.substack.com/p/over-150-studies-and-pieces-of-evidence>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHTCJln07XWjNEuNTR_FxVFHgZ4r06cDK6kDTcQa9V52VtwI4_Mn7SX-qLLL4Dx-qQYCX0YDheoDJPknGaANWK1ydKGnfA2_9sw==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

*

<https://palexander.substack.com/p/421-studies-and-pieces-of-high-quality>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH1BRNPDcFrBaVDnWq_SBsyx10lB4r6ttzFISIXB__xJMdPSzwMe5kqclRc6RPdpB6wzNzePdhikCr03d1eiEOUmYYtCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

Thank you,
The Unity Project Team

<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

Without the support and help of our community we would not

be able to continue to keep fighting the mandates.

Thank you for your support.

Donate Today

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbUkNX8pTegdqNAMLercbQPRsgGxUlaDs8i1V1rGJ0eoQNIYQLIh3waF-WAYnRuhCK_8tYMQZ5zphAGEGylw4MPOznxI=&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

From: Keith K
Sent: 1/31/2022 4:26:33 PM
To: DOH WSBOH
Cc:
Subject: 2022/2023 School Mask & Vaccine Mandates

External Email

To Whom It May Concern-

I'm reaching out to see who and/or how I can find out more about plans for future mask mandates for K-12 and also the potential for vaccine mandates. I understand a Technical Advisory Committee has been formed regarding consideration of vaccine mandates, but I don't know what is going on on the mask facet.

That said, what is the best way for me to voice my concerns (which are strongly opposed to mandates and believe this should all be voluntary) and/or stay up to date with these items in terms of Department of Health plans/discussions/actions?

Thank you in advance,

Keith Kirby

From: DOH Information
Sent: 1/31/2022 12:00:27 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\898FB1CE89464AE6_image001.png

Hello,

Below is an inquiry regarding the vaccine for children survey.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 4:13 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

Caregivers & Parents Survey: COVID-19 Vaccine as a School Requirement Under state law (RCW 28A.210.140), the State Board of Health (Board) has the authority to create immunization requirements for child care and school entry. Since 2006, the Board has relied on multi-disciplinary technical advisory groups (TAG) to review vaccines against nine criteria to recommend to the Board whether an immunization should be added to the list of requirements. The Board recently directed its staff to work with the Department of Health to begin the process to collect the information necessary to convene a TAG to evaluate COVID-19 vaccine. The TAG will utilize the 9-criteria framework established by the Board to assess and evaluate the COVID-19 vaccine as a requirement for child care and school entry and provide a recommendation to the Board. As the preparation to convene the TAG is underway, Board and Department of Health staff would like your insight and feedback regarding the burden an additional school immunization requirement may create for parents, families, and caregivers. We recognize that getting kids vaccinated can include transporting children to medical appointments, taking time off work for those medical appointments, maintaining the child's immunization records, etc. Vaccine requirements for child care and school entry may also impact the health decisions that parents, families, and caregivers make on their child's behalf because parents must, at the very least, take the required vaccine into account. Since parents, families, and caregivers are often involved in obtaining vaccines for children, your feedback on this topic is essential. Knowing that adding COVID-19 vaccine as a requirement for school entry will impact families across the state, we are asking for your input on the barriers you may face to getting your kids vaccinated and how burdensome a COVID-19 vaccine requirement may be for you and your family. Feedback provided by survey respondents will be presented to the TAG for their consideration during review and discussion. However, the purpose of the TAG is to evaluate a vaccine against the established criteria to develop and provide a recommendation to the Board. The recommendation is then presented to the Board at one of its regularly scheduled meetings for consideration. The Board, at their discretion, may or may not approve the TAG's recommendation.

1.Organization or Community Affiliation La Center School District
2.Would adding COVID-19 vaccine as a requirement for school entry make you more or less likely to get your child vaccinated?
3.How burdensome would an additional immunization requirement for school entry be for you and your family?
4.What are some of the barriers you face to getting your child vaccinated against COVID-19? I will NEVER give my children this vaccine. It is made with aborted fetal cell lines. I absolutely object to this 100%.
5.What are some of the benefits you see to vaccination? Do the possible benefits of vaccinating your child against COVID-19 reduce the impact of identified

burdens of obtaining the vaccine? None. Children have a very powerful immune response and the virus is not dangerous to them. NO. 6. Do you believe adding COVID-19 vaccine as an immunization requirement for school entry is reasonable? Why or why not? ABSOLUTELY NOT REASONABLE. This vaccine does more harm than good to children. We will not accept the vaccine. Here is the note we got when attempting to submit this survey to you: "The maximum number of people have already responded to this form." But we still want you to have our responses.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:

<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FResponsePage.aspx%3Fid%3DF-LQEU4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>>

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

(no answer)

Email:

(no answer)

Telephone:

(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

From: Chelle Foster
Sent: 1/28/2022 12:51:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Hopkins
Sent: 1/27/2022 9:03:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: John Pavlick
Sent: 2/8/2022 11:20:11 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Judging by the agenda outline, it appears the TAG have already made up their minds. There are two "experts" in attendance that will support the TAG preordained decision. They are, after all, doctors and "experts". The same bunch that have recommended lockdowns and vaccinations that don't work.

It is being proven now. Today. A recent Johns Hopkins study found lockdowns and masks have done more harm than good, especially to children who have a 99.98% survivability rate from covid infection.

The vaccines and boosters are not proving effective long-term. The long term side effects of the vaccines in children are also unknown.

Where are the doctors who are against the experimental vaccine being given to kids? Why aren't they being asked to give testimony? Why aren't they being heard? Because they might give you real information, not the government provided narrative that can't be disputed or held up for examination.

Holding a vote when the outcome has been previously decided is disingenuous at best. Not inviting opposing viewpoints and information is dangerous and unscientific. Allowing the public to only see or hear the meeting but provide no feedback is shameful. These are our children, not yours. We make the decisions on their health and safety. You "experts" have had free reign for 2 years and it is now worse, not better.

Leave our kids alone. Let the parents and their children's doctors make the decision to vaccinate or not.

Stop doing more damage. Vote no and allow the parents to decide what's best for their children.

Sincerely,
John Pavlick
Concerned and frustrated parent.

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>>

Sent from my iPhone

From: Jen Edington
Sent: 2/8/2022 10:04:09 PM
To: DOH WSBOH
Cc:
Subject: Board of health parent concern



attachments\DBFF7C20D0064503_IMG_3800.jpg

External Email

Dear SBOH members,

Please provide your data and facts that you have stating that this vaccine PREVENTS the disease and REDUCES the risk of person to person transmission that is stated in criteria's 5 and 6 at the bottom of this email.

The CDC even states that the vaccine does not prevent people from getting the disease or reduces transmission. It may lessen some people's' symptoms and/or may keep some people out of the hospital if they contract COVID, but it is not necessary for children who are basically unaffected by either. This vaccine has known side effects and is not a one size fit all. Also, take note that the vaccine is for the original variant and not for the current or future variants.

Where there are risks, there should be a choice. I hope you take this into consideration during the meeting. America is the land of the free and parents should have the freedom to make medical decisions for their children.

Thank you,
Jennifer Edington
Mead School district parent

Sent from my iPhone

From: William Norman
Sent: 2/7/2022 3:56:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Heidi Ochsner
Sent: 2/9/2022 9:17:41 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am writing to comment about my concern that the DOH is considering adding the COVID-19 vaccination to the list of shots for school attendance. There is currently no published literature on pediatric COVID-19 vaccine effectiveness in the K-12 school setting. I do not think this is a safe idea for our children. If people want to get their children vaccinated with a new vaccine that has no research in young children they can do that but to make it a requirement to be in school is forcing people to use what is an emergency only basically experimental drug for that age group. Please consider that this is not in the best interests of the children at this time.

Thanks for your time and hard work.

Sincerely,
Heidi Ochsner

From: Nellie Rumburg
Sent: 2/7/2022 3:37:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rick Bart
Sent: 1/29/2022 1:46:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Fleming
Sent: 1/28/2022 8:47:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tim Caldwell
Sent: 1/31/2022 1:40:30 PM
To: DOH WSBOH
Subject: FW: Covid-19 Guidelines and Actual Hospitalizations of Youth.



attachments\0799162C306D4CEA_image003.jpg



attachments\E3728E46E762496C_555751943-Letter-to-CDC.pdf



attachments\A31E036E2458482B_image002.png



*attachments\AC102EC8E8584A54_CDC Morbidity and Mortality
Weekl_PRDPOOL_NAMETOOLONG.pdf*



attachments\6A4B12AC1B724016_US Hospitalization Trends.pdf

External Email

Dear State Board of Health,

Please, fix the current policy to reflect the updated science and remove the responses parents get from local school boards and superintendents that they are just following your guidelines. You are not elected officials and your inability to adjust policy to current science has done damage to this state and its children and continues to do more damage.

Please find your integrity to do your job and stop this draconian policy making that is causing far more harm than good and update your policy to reflect science and new information.

Denmark a similar size population to the State of Washington announced effective February 1, 2022, all restrictions are ending in the country. Funny such a small country has better genomic sequencing than the United States. So even with a growth in Omicron BA. 2 they are eliminating all Covid mandates and requirements.

When will Washington join the rest of the world and move forward from the Pandemic to an Endemic as vaccines do not stop the spread nor do they stop a person from getting multiple variants over time nor are they better at reducing hazard risk than natural immunity.

Please revise your policies and do what is right for the children of Washington as your constituents expect. Stop the pandemic of bureaucratic fear mongering and the US Hospitalization Trends is from your January 12, 2022, meeting presented by your Chief Science Officer. Kids have never been at risk and your own data presentation sourced from the CDC shows that.

Sincerely,

Tim Caldwell

From: Polm Jr, John A. <PolmjJA@puyallup.k12.wa.us>
Sent: Monday, January 31, 2022 12:35 PM
To: Tim Caldwell <tim@bartelsontransport.com>; Romero, Joseph <RomerJ@puyallup.k12.wa.us>; Keaton, Michael D. <KeatoMD@puyallup.k12.wa.us>; Names, Madeleine D. <NamesMD@puyallup.k12.wa.us>; Kayaoglu, Turan <KayaoT@puyallup.k12.wa.us>; Berg, David B. <BergDB@puyallup.k12.wa.us>
Subject: RE: Covid-19 Guidelines and Actual Hospitalizations of Youth.

Dear Mr. Caldwell,

Thank you for your email. We appreciate the input from community members, parents, staff, and students. It is important to note that although there may be differences in the level of public support for the CDC or other public health agencies, K-12 public and private schools in our state are required to follow the K-12 Covid-19 Requirements <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F105-K12Schools2021-2022.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06fde7ca309242541bc808d9e50229c9%7C11d0>> published by the Washington State Department of Health (DOH) in order to continue to provide in-person instruction. While we have advocated for changes in the guidance over the past many months, the mandate to follow the guidelines remains in place at this time. The most recent update was published January 26, 2022.

Sincerely,

John Polm, Ed.D.

Pronouns: he/him/his

Superintendent

From: Tim Caldwell <tim@bartelsontransport.com <<mailto:tim@bartelsontransport.com>>>
>

Sent: Monday, January 31, 2022 11:46 AM
To: Polm Jr, John A. <PolmjJA@puyallup.k12.wa.us
<mailto:PolmjJA@puyallup.k12.wa.us> >; Romero, Joseph
<RomerJ@puyallup.k12.wa.us <mailto:RomerJ@puyallup.k12.wa.us> >; Keaton,
Michael D. <KeatoMD@puyallup.k12.wa.us <mailto:KeatoMD@puyallup.k12.wa.us> >;
Names, Madeleine D. <NamesMD@puyallup.k12.wa.us
<mailto:NamesMD@puyallup.k12.wa.us> >; Kayaoglu, Turan
<KayaoT@puyallup.k12.wa.us <mailto:KayaoT@puyallup.k12.wa.us> >; Berg, David B.
<BergDB@puyallup.k12.wa.us <mailto:BergDB@puyallup.k12.wa.us> >
Subject: Covid-19 Guidelines and Actual Hospitalizations of Youth.

Caution: This email came from outside the Puyallup School District. Do not reply, click any link or open attachments unless you have verified the sender.

Dear Superintendent Polm and Puyallup School Board Members,

Please see the attached documents including the letter to the CDC from Republican members of congress showing how little science is involved in the CDC policies. Additionally, from the CDC you will find attached a document showing actual hospitalizations by age group and as you can see children are in the bottom orange line. So, at no time was there a large group of children in the hospital due to the pandemic and your teachers, the Teachers' Union and others have promoted a narrative of fear instead of one based on actual data. Even during the less severe and more contagious Omicron variant there has been at most 4,400 children in hospitals nationwide or .008 percent of the 56 million school age children in America. In fact, according to the CDC data since August of 2020 a total of 85,369 people under the age of 18 with confirmed cases of Covid-19 have been admitted to hospital or .15% of all school age children under the age of 18 in the United States. There have been less than 883 deaths for the 18 and under age group in the United States based on CDC data through 1/22/2022 and 603 for school age children 5 to 18 years old out of 56 million school age children nationwide or expressed as a percentage of school age children .001%. Covid-19 is and never was a leading cause of death to youth and fear and stupidity have driven this response and bad policy. Sweden has decided not to vaccinate any school age children as they have an infinitesimal small risk of hospitalization or death.

You will also notice that a recent CDC study of Covid-19 Cases and Hospitalizations by Covid-19 Vaccination Status and Previous Covid-19 Diagnosis—California and New York, May-November 2021 showing the vaccine timeline and results that directly indicates graphically that Unvaccinated with previous Covid-19 diagnosis have less hazard rate than vaccinated, no previous Covid-19 diagnosis. Also Noted that by early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone. Why our leaders have chosen to ignore 100 years of the science of natural immunity is beyond me. Apparently making money at all costs was more important than practicing sound medicine and public health policy.

To summarize you are following guidelines that do not match science or studies that have debunked as deeply flawed and bad science such as is the situation with the Arizona study that the CDC keeps using to justify a mask mandate for children. At what point do

you and the board and the school district recognize the damage you are doing. Your policies are not backed by science. Maybe you want to start teaching the kids that the earth is flat again, leaches and bloodletting are modern medical procedures, or the sun rotates around the earth. Science is about replacing poor scientific theory with new conclusions backed by sound science and data. The time must be now for the removal of mandates that are not grounded in anything scientific, and you are proving why our district has a 38% rating in the science area when people cannot understand when one theory is debunked because it had no grounding in sound science. Below you will also find the Atlantic article that demonstrates the poor science the CDC masking policy is based on, and you are forcing on our children with little discernible benefit. Masks should be at best optional and surely not mandated as they do far more damage to kids and especially those in early elementary school learning to speak and read.

<https://www.theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theatlantic.com%2Fideas%2Farchive%2F621133%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06fde7ca309242541bc808d9e50>>

Best Regards,

Tim Caldwell

Director of Sales

253.209.3159 Cell

253.200.0752 Direct

253.845.6962 Ext. 106

tim@bartelsontransport.com <<mailto:tim@bartelsontransport.com>>

Weekly / January 28, 2022 / 71(4);125–131

On January 19, 2022, this report was posted online as an MMWR Early Release.

Tomás M. León, PhD¹; Vajeera Dorabawila, PhD²; Lauren Nelson, MPH¹; Emily Lutterloh, MD^{2,3}; Ursula E. Bauer, PhD²; Bryon Backenson, MPH^{2,3}; Mary T. Bassett, MD²; Hannah Henry, MPH¹; Brooke Bregman, MPH¹; Claire M. Midgley, PhD⁴; Jennifer F. Myers, MPH¹; Ian D. Plumb, MBBS⁴; Heather E. Reese, PhD⁴; Rui Zhao, MPH¹; Melissa Briggs-Hagen, MD⁴; Dina Hoefer, PhD²; James P. Watt, MD¹; Benjamin J. Silk, PhD⁴; Seema Jain, MD¹; Eli S. Rosenberg, PhD^{2,3} ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Data are limited regarding the risks for SARS-CoV-2 infection and hospitalization after COVID-19 vaccination and previous infection.

What is added by this report?

During May–November 2021, case and hospitalization rates were highest among persons who were unvaccinated without a previous diagnosis. Before Delta became the predominant variant in June, case rates were higher among persons who survived a previous infection than persons who were vaccinated alone. By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone.

What are the implications for public health practice?

Although the epidemiology of COVID-19 might change as new variants emerge, vaccination remains the safest strategy for averting future SARS-CoV-2 infections, hospitalizations, long-term sequelae, and death. Primary vaccination, additional doses, and booster doses are recommended for all eligible persons. Additional future recommendations for vaccine doses might be warranted as the virus and immunity levels change.

By November 30, 2021, approximately 130,781 COVID-19–associated deaths, one in six of all U.S. deaths from COVID-19, had occurred in California and New York.* COVID-19 vaccination protects against infection with SARS-CoV-2 (the virus that causes COVID-19), associated severe illness, and death (1,2); among those who survive, previous SARS-CoV-2 infection also confers protection against severe outcomes in the event of reinfection (3,4). The relative magnitude and duration of infection- and vaccine-derived protection, alone and together, can guide public health planning and epidemic forecasting. To examine the impact of primary COVID-19 vaccination and previous SARS-CoV-2 infection on COVID-19 incidence and hospitalization rates, statewide testing, surveillance, and COVID-19 immunization data from California and New York (which account for 18% of the U.S. population) were analyzed. Four cohorts of adults aged ≥18 years were considered: persons who were 1) unvaccinated with no previous laboratory-confirmed COVID-19 diagnosis, 2) vaccinated (14 days after completion of a primary COVID-19 vaccination series) with no previous COVID-19 diagnosis, 3) unvaccinated with a previous COVID-19 diagnosis, and 4) vaccinated with a previous COVID-19 diagnosis. Age-adjusted hazard rates of incident laboratory-confirmed COVID-19 cases in both states were compared among cohorts, and in California, hospitalizations during May 30–November 20, 2021, were also compared. During the study period, COVID-19 incidence in both states was highest among unvaccinated persons without a previous COVID-19 diagnosis compared with that among the other three groups. During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated

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persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated persons without a previous diagnosis; 7.2-fold (California) and 9.9-fold lower (New York) among unvaccinated persons with a previous COVID-19 diagnosis; and 9.6-fold (California) and 8.5-fold lower (New York) among vaccinated persons with a previous COVID-19 diagnosis. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These relationships changed after the SARS-CoV-2 Delta variant became predominant (i.e., accounted for >50% of sequenced isolates) in late June and July. By the week beginning October 3, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, case rates among vaccinated persons without a previous COVID-19 diagnosis were 6.2-fold (California) and 4.5-fold (New York) lower; rates were substantially lower among both groups with previous COVID-19 diagnoses, including 29.0-fold (California) and 14.7-fold lower (New York) among unvaccinated persons with a previous diagnosis, and 32.5-fold (California) and 19.8-fold lower (New York) among vaccinated persons with a previous diagnosis of COVID-19. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These results demonstrate that vaccination protects against COVID-19 and related hospitalization, and that surviving a previous infection protects against a reinfection and related hospitalization. Importantly, infection-derived protection was higher after the Delta variant became predominant, a time when vaccine-induced immunity for many persons declined because of immune evasion and immunologic waning (2,5,6). Similar cohort data accounting for booster doses needs to be assessed, as new variants, including Omicron, circulate. Although the epidemiology of COVID-19 might change with the emergence of new variants, vaccination remains the safest strategy to prevent SARS-CoV-2 infections and associated complications; all eligible persons should be up to date with COVID-19 vaccination. Additional recommendations for vaccine doses might be warranted in the future as the virus and immunity levels change.

Four cohorts of persons aged ≥ 18 years were assembled via linkages of records from electronic laboratory reporting databases and state-specific immunization information systems.¹ Persons were classified based on whether they had had a laboratory-confirmed SARS-CoV-2 infection by March 1, 2021 (i.e., previous COVID-19 diagnosis)⁵; had received at least the primary COVID-19 vaccination series⁶ by May 16, 2021; had a previous COVID-19 diagnosis and were fully vaccinated^{**}; or had neither received a previous COVID-19 diagnosis by March 1 nor received a first COVID-19 vaccine dose by the end of the analysis period. The size of the unvaccinated group without a previous diagnosis was derived by subtracting the observed groups from U.S. Census estimates.⁷ To maintain each defined cohort, persons who received a COVID-19 diagnosis during March 1–May 30, 2021, or who died before May 30, 2021, were excluded (to maintain eligibility for incident cases for all cohorts on May 30, 2021),^{8,9} as were persons who received a first vaccine dose during May 30–November 20, 2021. During May 30–November 20, 2021, incident cases were defined using a positive nucleic acid amplification test (NAAT) result from the California COVID-19 Reporting System (CCRS) or a positive NAAT or antigen test result from the New York Electronic Clinical Laboratory Reporting System. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19–associated hospitalizations. A lifetable method was used to calculate hazard rates (average daily cases during a 7-day interval or hospitalizations over a 14-day interval), hazard ratios, and 95% CIs for each cohort. Rates were age-adjusted to 2000 U.S. Census data using direct standardization.¹⁰ Supplementary analyses stratified case rates by timing of previous diagnoses and primary series vaccine product. SAS (version 9.4; SAS Institute) and R (version 4.0.4; The R Foundation) were used to conduct all analyses. Institutional review boards (IRBs) in both states determined this surveillance activity to be necessary for public health work, and therefore, it did not require IRB review.

Approximately three quarters of adults from California (71.2%) and New York (72.2%) included in this analysis were vaccinated and did not have a previous COVID-19 diagnosis; however, 18.0% of California residents and 18.4% of New York residents were unvaccinated with no previous COVID-19 diagnosis (Table 1). In both states, 4.5% of persons were vaccinated and had a previous COVID-19 diagnosis; 6.3% in California and 4.9% in New York were unvaccinated with a previous diagnosis. Among 1,108,600 incident COVID-19 cases in these cohorts (752,781 in California and 355,819 in New York), the median intervals from vaccination or previous COVID-19 diagnosis to incident diagnosis were slightly shorter in California (138–150 days) than in New York (162–171 days).

Before the Delta variant became predominant in each state's U.S. Department of Health and Human Services region (June 26 in Region 9 [California] and July 3 in Region 2 [New York]),^{***} the highest incidence was among unvaccinated persons without a previous COVID-19 diagnosis; during this time, case rates were relatively low among the three groups with either previous infection or vaccination and were lowest among vaccinated persons without a previous COVID-19 diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/cdc/113253>) (Supplementary Figure 2, <https://stacks.cdc.gov/view/cdc/113253>). During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated

persons without a previous diagnosis; rates were 7.2-fold (California) and 9.9-fold (New York) lower among unvaccinated persons with a previous COVID-19 diagnosis and 9.6-fold (California) and 8.5-fold (New York) lower among vaccinated persons with a previous COVID-19 diagnosis (Table 2).

As the Delta variant prevalence increased to >95% (97% in Region 9 and 98% in Region 2 on August 1), rates increased more rapidly among the vaccinated group with no previous COVID-19 diagnosis than among both the vaccinated and unvaccinated groups with a previous COVID-19 diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/cdc/113253>) (Supplementary Figure 2, <https://stacks.cdc.gov/view/cdc/113253>). For example, during the week of October 3, compared with rates among unvaccinated persons without a previous COVID-19 diagnosis, rates among vaccinated persons without a previous diagnosis were 6.2-fold lower (95% CI = 6.0–6.4) in California and 4.5-fold lower (95% CI = 4.3–4.7) in New York (Table 2). Further, rates among unvaccinated persons with a previous COVID-19 diagnosis were 29-fold lower (95% CI = 25.0–33.1) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 14.7-fold lower (95% CI = 12.6–16.9) in New York. Rates among vaccinated persons who had had COVID-19 were 32.5-fold lower (95% CI = 27.5–37.6) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 19.8-fold lower (95% CI = 16.2–23.5) in New York. Rates among vaccinated persons without a previous COVID-19 diagnosis were consistently higher than rates among unvaccinated persons with a history of COVID-19 (3.1-fold higher [95% CI = 2.6–3.7] in California and 1.9-fold higher [95% CI = 1.5–2.3] in New York) and rates among vaccinated persons with a history of COVID-19 (3.6-fold higher [95% CI = 2.9–4.3] in California and 2.8-fold higher [95% CI = 2.1–3.4] in New York).

COVID-19 hospitalization rates in California were always highest among unvaccinated persons without a previous COVID-19 diagnosis (Table 2) (Figure). In the pre-Delta period during June 13–June 26, for example, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 27.7-fold lower (95% CI = 22.4–33.0) among vaccinated persons without a previous COVID-19 diagnosis, 6.0-fold lower (95% CI = 3.3–8.7) among unvaccinated persons with a previous COVID-19 diagnosis, and 7.1-fold lower (95% CI = 4.0–10.3) among vaccinated persons with a previous COVID-19 diagnosis. However, this pattern also shifted as the Delta variant became predominant. During October 3–16, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 19.8-fold lower (95% CI = 18.2–21.4) among vaccinated persons without a previous COVID-19 diagnosis, 55.3-fold lower (95% CI = 27.3–83.3) among unvaccinated persons with a previous COVID-19 diagnosis, and 57.5-fold lower (95% CI = 29.2–85.8) among vaccinated persons with a previous COVID-19 diagnosis.

Among the two cohorts with a previous COVID-19 diagnosis, no consistent incidence gradient by time since the previous diagnosis was observed (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253>). When the vaccinated cohorts were stratified by the vaccine product received, among vaccinated persons without a previous COVID-19 diagnosis, the highest incidences were observed among persons receiving the Janssen (Johnson & Johnson), followed by Pfizer-BioNTech, then Moderna vaccines (Supplementary Figure 4, <https://stacks.cdc.gov/view/cdc/113253>). No pattern by product was observed among vaccinated persons with a previous COVID-19 diagnosis.

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Discussion

This analysis integrated laboratory testing, hospitalization surveillance, and immunization registry data in two large states during May–November 2021, before widespread circulation of the SARS-CoV-2 Omicron variant and before most persons had received additional or booster COVID-19 vaccine doses to protect against waning immunity. Rate estimates from the analysis describe different experiences stratified by COVID-19 vaccination status and previous COVID-19 diagnosis and during times when different SARS-CoV-2 variants predominated. Case rates were initially lowest among vaccinated persons without a previous COVID-19 diagnosis; however, after emergence of the Delta variant and over the course of time, incidence increased sharply in this group, but only slightly among both vaccinated and unvaccinated persons with previously diagnosed COVID-19 (6). Across the entire study period, persons with vaccine- and infection-derived immunity had much lower rates of hospitalization compared with those in unvaccinated persons. These results suggest that vaccination protects against COVID-19 and related hospitalization and that surviving a previous infection protects against a reinfection. Importantly, infection-derived protection was greater after the highly transmissible Delta variant became predominant, coinciding with early declining of vaccine-induced immunity in many persons (5). Similar data accounting for booster doses and as new variants, including Omicron, circulate will need to be assessed.

The understanding and epidemiology of COVID-19 has shifted substantially over time with the emergence and circulation of new SARS-CoV-2 variants, introduction of vaccines, and changing immunity as a result. Similar to the early period of this study, two previous U.S. studies found more protection from vaccination than from previous infection during periods before Delta predominance (3,7). As was observed in the present study after July, recent international studies have also demonstrated increased protection in persons with previous infection with or without vaccination relative to vaccination alone^{39, 595} (4). This

might be due to differential stimulation of the immune response by either exposure type.¹¹¹ Whereas French and Israeli population-based studies noted waning protection from previous infection, this was not apparent in the results from this or other large U.K. and U.S. studies^{****} (4,8). Further studies are needed to establish duration of protection from previous infection by variant type, severity, and symptomatology, including for the Omicron variant.

The findings in this report are subject to at least seven limitations. First, analyses were not stratified by time since vaccine receipt, but only by time since previous diagnosis, although earlier studies have examined waning of vaccine-induced immunity (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253>) (2). Second, persons with undiagnosed infection are misclassified as having no previous COVID-19 diagnosis; however, this misclassification likely results in a conservative bias (i.e., the magnitude of difference in rates would be even larger if misclassified persons were not included among unvaccinated persons without a previous COVID-19 diagnosis). California seroprevalence data during this period indicate that the ratio of actual (presumptive) infections to diagnosed cases among adults was 2.6 (95% CI = 2.2–2.9).¹¹² Further, California only included NAAT results, whereas New York included both NAAT and antigen test results. However, antigen testing made up a smaller percentage of overall testing volume reported in California (7% of cases) compared with New York (25% of cases) during the study period. Neither state included self-tests, which are not easily reportable to public health. State-specific hazard ratios were generally comparable, although differences in rates among unvaccinated persons with a previous COVID-19 diagnosis were noteworthy. Third, potential exists for bias related to unmeasured confounding (e.g., behavioral or geographic differences in exposure risk) and uncertainty in the population size of the unvaccinated group without a previous COVID-19 diagnosis. Persons might be more or less likely to receive testing based on previous diagnosis or vaccination status; however, different trajectories between vaccinated persons with and without a previous COVID-19 diagnosis, and similar findings for cases and hospitalizations, suggest that these biases were minimal. Fourth, this analysis did not include information on the severity of initial infection and does not account for the full range of morbidity and mortality represented by the groups with previous infections. Fifth, this analysis did not ascertain receipt of additional or booster COVID-19 vaccine doses and was conducted before many persons were eligible or had received additional or booster vaccine doses, which have been shown to confer additional protection.⁵⁶⁶⁵ Sixth, some estimates lacked precision because of sample size limitations. Finally, this analysis was conducted before the emergence of the Omicron variant, for which vaccine or infection-derived immunity might be diminished.¹¹¹⁹ This study offers a surveillance data framework to help evaluate both infections in vaccinated persons and reinfections as new variants continue to emerge.

Vaccination protected against COVID-19 and related hospitalization, and surviving a previous infection protected against a reinfection and related hospitalization during periods of predominantly Alpha and Delta variant transmission, before the emergence of Omicron; evidence suggests decreased protection from both vaccine- and infection-induced immunity against Omicron infections, although additional protection with widespread receipt of booster COVID-19 vaccine doses is expected. Initial infection among unvaccinated persons increases risk for serious illness, hospitalization, long-term sequelae, and death; by November 30, 2021, approximately 130,781 residents of California and New York had died from COVID-19. Thus, vaccination remains the safest and primary strategy to prevent SARS-CoV-2 infections, associated complications, and onward transmission. Primary COVID-19 vaccination, additional doses, and booster doses are recommended by CDC's Advisory Committee on Immunization Practices to ensure that all eligible persons are up to date with COVID-19 vaccination, which provides the most robust protection against initial infection, severe illness, hospitalization, long-term sequelae, and death.^{*****} Additional recommendations for vaccine doses might be warranted in the future as the virus and immunity levels change.

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^{¶¶} https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100klast7days

[†] Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry; the laboratory system is the California COVID Reporting System (CCRS). In New York, immunization information systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System (ECLRS). California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the ECLRS with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19-associated hospitalizations.

[§] For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 nucleic acid amplification test (NAAT) or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result.

[¶] Fully vaccinated with the primary vaccination series is defined as receipt of a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021.

^{**} Because of the timing of full vaccination, the cohort definitions, and analysis timeframe, this cohort consisted nearly exclusively of persons who had previously received a laboratory-confirmed diagnosis of COVID-19 and later were fully vaccinated (California: 99.9%, New York: 99.7%), as opposed to the reverse order.

^{††} Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus the number of persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for U.S. Census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

^{§§} In California, a person-level match was performed to exclude deaths in each cohort before May 30, 2021. In New York, COVID-19 deaths were removed in aggregate from the starting number of unvaccinated persons with a previous COVID-19 diagnosis on May 30, 2021.

^{¶¶} <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>

^{***} <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

^{†††} <https://www.medrxiv.org/content/10.1101/2021.09.12.21263461v1>

^{§§§} <https://www.medrxiv.org/content/10.1101/2021.11.29.21267006v1>

^{¶¶¶} https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html#anchor_1635540449320

^{****} <https://www.medrxiv.org/content/10.1101/2021.12.04.21267114v1>

^{††††} <https://www.medrxiv.org/content/10.1101/2021.12.09.21267565v1>

^{§§§§} <https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>

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^{*****} <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

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TABLE 1. Cohort sizes and cohort-specific incident laboratory-confirmed COVID-19 cases in California (N = 752,781) and New York (N = 355,819) and hospitalizations in California (N = 56,177) — May 30–November 20, 2021

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State/Vaccination and diagnosis status*,†	No. of persons in each cohort (%)	Incident laboratory-confirmed COVID-19 cases			Incident COVID-19 hospitalizations**
		No. (cumulative incidence)§,¶	Median (IQR) interval from vaccination to positive test, days	Medlan (IQR) interval from previous diagnosis to positive test, days	No. (cumulative incidence)§,¶
California					
Vaccinated					
Previous COVID-19 diagnosis	968,167 (4.5)	3,471 (3.6)	138 (95–181)	262 (218–322)	273 (0.3)
No previous diagnosis	15,484,235 (71.2)	240,045 (15.5)	150 (112–189)	NA	10,737 (0.7)
Unvaccinated					
Previous COVID-19 diagnosis	1,370,782 (6.3)	6,805 (5.0)	NA	277 (229–356)	378 (0.3)
No previous diagnosis	3,911,146 (18.0)	502,460 (128.5)	NA	NA	44,789 (11.5)
New York					

State/Vaccination and diagnosis status ^{*,†}	No. of persons in each cohort (%)	Incident laboratory-confirmed COVID-19 cases			Incident COVID-19 hospitalizations ^{**}
		No. (cumulative incidence) ^{§,¶}	Median (IQR) Interval from vaccination to positive test, days	Median (IQR) Interval from previous diagnosis to positive test, days	No. (cumulative incidence) ^{§,¶}
Vaccinated					
Previous COVID-19 diagnosis	485,649 (4.5)	2,355 (4.9)	162 (118–201)	276 (227–348)	NA
No previous diagnosis	7,809,968 (72.2)	142,388 (18.2)	171 (133–203)	NA	NA
Unvaccinated					
Previous COVID-19 diagnosis	527,140 (4.9)	3,250 (6.2)	NA	295 (242–427)	NA
No previous diagnosis	1,993,709 (18.4)	207,826 (104.2)	NA	NA	NA

Abbreviations: NA = not applicable; NAAT = nucleic acid amplification test.

* Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry, and the laboratory system is the California COVID Reporting System; in New York, Immunization Information Systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System. California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the Electronic Clinical Laboratory Reporting System with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from the California COVID Reporting System and supplemental hospitalization reports were used to identify COVID-19-associated hospitalizations.

† For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 NAAT or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result. Fully vaccinated is defined as having received a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021. Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

§ Cumulative cases per 1,000 persons.

¶ These summaries of cumulative incidence are estimated across a period of variability in the epidemic for all cohorts.

** Hospitalization data for New York are not included in this analysis.

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TABLE 2. Hazard ratios for incident laboratory-confirmed COVID-19 cases — New York and California and hospitalizations* — California, May 30–November 20, 2021

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State and date range	Hazard ratio (95% CI) [†]

State and date range	Hazard ratio (95% CI) ^a			Vaccinated, no previous COVID-19 diagnosis versus	
	Unvaccinated, no previous COVID-19 diagnosis versus			Unvaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Cases, California					
May 30–Jun 5	20.9 (18.9–22.9)	8.2 (6.6–9.9)	10.6 (8.1–13.2)	0.4 (0.3–0.5)	0.5 (0.4–0.6)
Jun 6–12	17.9 (16.2–19.5)	8.6 (6.8–10.4)	10.5 (7.9–13.0)	0.5 (0.4–0.6)	0.6 (0.4–0.7)
Jun 13–19	16.0 (14.7–17.4)	10.8 (8.5–13.2)	10.6 (8.2–13.1)	0.7 (0.5–0.8)	0.7 (0.5–0.8)
Jun 20–26	12.3 (11.4–13.1)	14.5 (11.2–17.8)	17.3 (12.8–21.8)	1.2 (0.9–1.5)	1.4 (1.0–1.8)
Jun 27–Jul 3	9.7 (9.2–10.2)	16.6 (13.5–19.7)	20.9 (16.0–25.8)	1.7 (1.4–2.0)	2.2 (1.6–2.7)
Jul 4–10	8.7 (8.4–9.0)	24.0 (20.1–28.0)	29.3 (23.1–35.6)	2.8 (2.3–3.2)	3.4 (2.6–4.1)
Jul 11–17	7.8 (7.5–8.0)	29.0 (25.0–32.9)	33.4 (27.3–39.4)	3.7 (3.2–4.2)	4.3 (3.5–5.1)
Jul 18–24	7.4 (7.2–7.6)	31.8 (28.1–35.6)	35.2 (29.8–40.6)	4.3 (3.8–4.8)	4.7 (4.0–5.5)
Jul 25–31	7.5 (7.4–7.7)	26.5 (24.1–29.0)	38.6 (33.3–43.9)	3.5 (3.2–3.8)	5.1 (4.4–5.8)
Aug 1–7	7.8 (7.6–7.9)	32.6 (29.5–35.6)	42.2 (36.7–47.7)	4.2 (3.8–4.6)	5.4 (4.7–6.1)
Aug 8–14	8.1 (7.9–8.2)	33.4 (30.4–36.5)	43.1 (37.6–48.6)	4.1 (3.8–4.5)	5.3 (4.7–6.0)
Aug 15–21	8.4 (8.3–8.6)	31.3 (28.5–34.1)	42.0 (36.7–47.3)	3.7 (3.4–4.0)	5.0 (4.3–5.6)
Aug 22–28	8.4 (8.3–8.6)	31.3 (28.4–34.3)	41.0 (35.5–46.5)	3.7 (3.4–4.1)	4.9 (4.2–5.5)
Aug 29–Sep 4	8.5 (8.3–8.6)	31.2 (28.1–34.3)	42.0 (36.1–48.0)	3.7 (3.3–4.1)	5.0 (4.3–5.7)
Sep 5–11	8.3 (8.1–8.5)	35.0 (31.0–39.0)	48.0 (40.2–55.9)	4.2 (3.7–4.7)	5.8 (4.8–6.7)

State and date range	Hazard ratio (95% CI)*				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Sep 12–18	8.4 (8.2–8.6)	33.8 (29.9–37.8)	48.0 (39.8–56.2)	4.0 (3.6–4.5)	5.7 (4.7–6.7)
Sep 19–25	8.0 (7.8–8.2)	27.0 (23.8–30.1)	37.8 (31.5–44.1)	3.4 (3.0–3.8)	4.7 (4.0–5.5)
Sep 26–Oct 2	7.7 (7.5–7.9)	28.6 (24.9–32.2)	34.8 (28.9–40.7)	3.7 (3.2–4.2)	4.5 (3.7–5.3)
Oct 3–9	7.2 (7.0–7.4)	30.0 (26.0–34.1)	33.5 (28.5–38.6)	4.1 (3.6–4.7)	4.6 (3.9–5.3)
Oct 10–16	7.2 (7.0–7.4)	31.2 (26.8–35.7)	33.9 (27.8–40.0)	4.3 (3.7–5.0)	4.7 (3.9–5.5)
Oct 17–23	7.1 (7.0–7.3)	31.9 (27.6–36.1)	40.7 (33.3–48.1)	4.5 (3.9–5.0)	5.7 (4.7–6.7)
Oct 24–30	7.1 (6.9–7.3)	26.6 (23.3–29.9)	40.1 (32.9–47.3)	3.7 (3.3–4.2)	5.6 (4.6–6.6)
Oct 31–Nov 6	6.8 (6.6–7.0)	33.1 (28.7–37.6)	37.9 (31.0–44.7)	4.9 (4.2–5.5)	5.5 (4.5–6.6)
Nov 7–13	7.1 (6.9–7.3)	30.6 (26.3–35.0)	41.2 (33.0–49.5)	4.3 (3.7–4.9)	5.8 (4.6–7.0)
Nov 14–20	7.3 (7.0–7.5)	25.4 (21.4–29.3)	32.5 (25.5–39.5)	3.5 (2.9–4.0)	4.5 (3.5–5.5)
Cases, New York					
May 30–Jun 5	19.4 (16.9–21.8)	10.9 (7.5–14.3)	9.5 (6.7–12.4)	0.6 (0.4–0.7)	0.5 (0.3–0.7)
Jun 6–12	15.2 (13.2–17.2)	8.0 (5.5–10.6)	10.4 (6.6–14.3)	0.5 (0.4–0.7)	0.7 (0.4–0.9)
Jun 13–19	12.8 (11–14.5)	8.2 (5.3–11.2)	5.4 (3.7–7.0)	0.6 (0.4–0.9)	0.4 (0.3–0.6)
Jun 20–26	10.1 (8.8–11.4)	7.9 (5.1–10.7)	6.0 (4.0–8.0)	0.8 (0.5–1.1)	0.6 (0.4–0.8)
Jun 27–Jul 3	7.3 (6.5–8.1)	8.8 (5.8–11.8)	11.2 (6.7–15.7)	1.2 (0.8–1.6)	1.5 (0.9–2.2)

State and date range	Hazard ratio (95% CI) ^a				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Jul 4–10	6.1 (5.6–6.7)	17.8 (10.6–25.0)	11.5 (7.5–15.6)	2.9 (1.7–4.1)	1.9 (1.2–2.6)
Jul 11–17	4.5 (4.2–4.8)	11.7 (8.5–15.0)	14.7 (9.9–19.6)	2.6 (1.9–3.3)	3.2 (2.2–4.3)
Jul 18–24	4.7 (4.5–5.0)	21.7 (15.6–27.8)	14.1 (10.5–17.7)	4.6 (3.3–5.9)	3.0 (2.2–3.8)
Jul 25–31	5.1 (4.9–5.3)	16.1 (13.1–19.2)	18.3 (14.1–22.6)	3.2 (2.6–3.8)	3.6 (2.8–4.4)
Aug 1–7	5.3 (5.2–5.5)	19.2 (15.9–22.6)	18.3 (14.7–21.9)	3.6 (3.0–4.2)	3.4 (2.7–4.1)
Aug 8–14	5.3 (5.2–5.5)	16.2 (13.8–18.6)	19.2 (15.6–22.7)	3.0 (2.6–3.5)	3.6 (2.9–4.3)
Aug 15–21	5.5 (5.3–5.7)	19.5 (16.5–22.6)	22.7 (18.4–26.9)	3.6 (3.0–4.1)	4.1 (3.4–4.9)
Aug 22–28	5.4 (5.2–5.6)	19.2 (16.4–22.1)	26.5 (21.2–31.8)	3.6 (3.0–4.1)	4.9 (3.9–5.9)
Aug 29–Sep 4	5.5 (5.3–5.6)	17.9 (15.3–20.5)	20.9 (17.2–24.6)	3.3 (2.8–3.8)	3.8 (3.1–4.5)
Sep 5–11	5.4 (5.2–5.5)	18.9 (16.1–21.6)	22.3 (18.3–26.4)	3.5 (3.0–4.0)	4.2 (3.4–4.9)
Sep 12–18	5.8 (5.6–5.9)	15.0 (13.1–16.9)	23.2 (19.1–27.4)	2.6 (2.3–2.9)	4.0 (3.3–4.8)
Sep 19–25	5.6 (5.4–5.7)	15.4 (13.3–17.5)	23.8 (19.3–28.3)	2.8 (2.4–3.1)	4.3 (3.5–5.1)
Sep 26–Oct 2	5.4 (5.2–5.5)	18.4 (15.5–21.2)	24.2 (19.3–29.1)	3.4 (2.9–4.0)	4.5 (3.6–5.4)
Oct 3–9	5.5 (5.3–5.7)	15.7 (13.6–17.9)	20.8 (17.2–24.5)	2.9 (2.5–3.3)	3.8 (3.1–4.4)
Oct 10–16	5.5 (5.3–5.6)	17.2 (14.7–19.8)	25.9 (20.6–31.1)	3.2 (2.7–3.6)	4.7 (3.8–5.7)
Oct 17–23	5.4 (5.2–5.6)	18.9 (15.7–22.1)	27.6 (21.2–34.0)	3.5 (2.9–4.1)	5.1 (3.9–6.3)

State and date range	Hazard ratio (95% CI) ^a				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Oct 24–30	5.2 (5.0–5.4)	21.0 (17.2–24.7)	25.9 (20.2–31.6)	4.0 (3.3–4.7)	5.0 (3.9–6.1)
Oct 31–Nov 6	4.8 (4.6–4.9)	17.3 (14.7–20.0)	20.1 (16.3–23.8)	3.6 (3.1–4.2)	4.2 (3.4–5.0)
Nov 7–13	4.8 (4.7–4.9)	23.9 (20.1–27.6)	24.5 (20.1–28.9)	5.0 (4.2–5.8)	5.1 (4.2–6.1)
Nov 14–20	4.8 (4.6–4.9)	22.6 (19.4–25.7)	23.0 (19.3–26.6)	4.7 (4.1–5.4)	4.8 (4.1–5.6)
Hospitalizations, California					
May 30–Jun 12	29.8 (23.5–36.1)	3.7 (2.5–5.0)	7.2 (4.2–10.1)	0.1 (0.1–0.2)	0.2 (0.1–0.3)
Jun 13–26	28.7 (23.4–34.0)	7.0 (4.3–9.7)	8.1 (5.0–11.3)	0.2 (0.1–0.3)	0.3 (0.2–0.4)
Jun 27–10	30.1 (26.1–34.0)	16.4 (10.0–22.8)	16.0 (10.0–22.1)	0.5 (0.3–0.8)	0.5 (0.3–0.7)
Jul 11–24	25.8 (23.7–28.0)	45.0 (27.6–62.4)	41.5 (25.2–57.8)	1.7 (1.1–2.4)	1.6 (1.0–2.2)
Jul 25–Aug 7	28.8 (27.1–30.6)	41.7 (29.2–54.1)	72.9 (44.4–101.4)	1.4 (1.0–1.9)	2.5 (1.5–3.5)
Aug 8–21	29.7 (28.0–31.4)	49.0 (35.0–62.9)	64.0 (43.0–85.1)	1.6 (1.2–2.1)	2.2 (1.4–2.9)
Aug 22–Sep 4	29.1 (27.4–30.8)	62.4 (41.4–83.3)	63.9 (42.2–85.5)	2.1 (1.4–2.9)	2.2 (1.4–2.9)
Sep 5–18	26.3 (24.6–28.1)	74.4 (40.9–107.9)	96.4 (48.3–144.4)	2.8 (1.5–4.1)	3.7 (1.8–5.5)
Sep 19–Oct 2	25.0 (23.1–26.9)	61.9 (34.5–89.3)	99.4 (43.8–155.0)	2.5 (1.4–3.6)	4.0 (1.7–6.2)
Oct 3–16	20.8 (19.2–22.4)	56.3 (28.3–84.3)	58.5 (30.2–86.8)	2.7 (1.4–4.1)	2.8 (1.4–4.2)

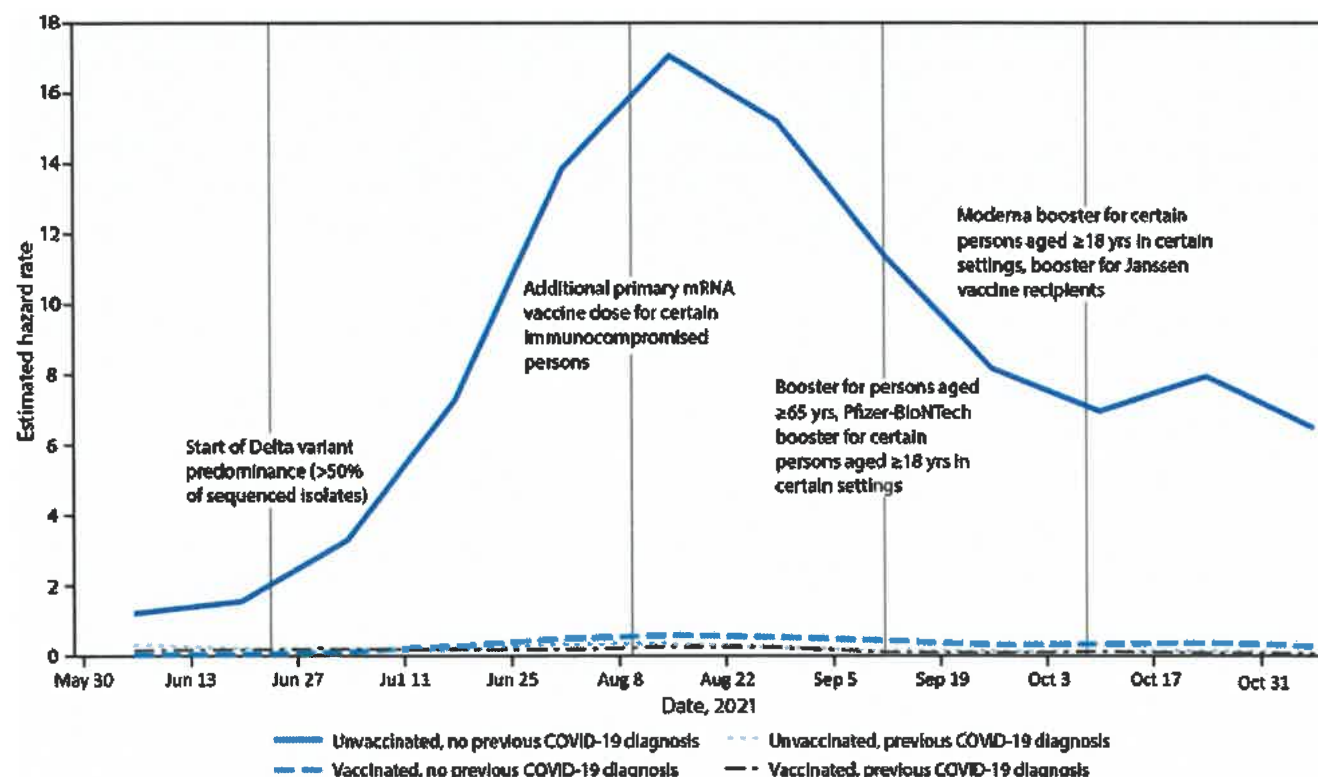
State and date range	Hazard ratio (95% CI) [†]				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Oct 17–30	21.5 (19.9–23.0)	56.5 (31.5–81.5)	92.1 (39.1–145.1)	2.6 (1.5–3.8)	4.3 (1.8–6.8)
Oct 31–Nov 13	22.7 (20.8–24.6)	70.7 (32.0–109.4)	86.1 (34.2–138.1)	3.1 (1.4–4.8)	3.8 (1.5–6.1)

* Life tables estimated at 7-day intervals for cases and 14-day intervals for hospitalizations.

† Hazard ratios and 95% CIs reported in this table differ numerically from presentation of corresponding results in the text as “X-fold lower” rates (i.e., a hazard rate of 1.0 is zero-fold lower). For example, a hazard ratio of 20.9 (95% CI = 18.9–22.9) for those “Unvaccinated–no previous COVID-19 diagnosis” versus “Vaccinated, no previous COVID-19 diagnosis” is equivalent to a 19.9-fold lower (95% CI = 17.9–21.9) rate for those “Vaccinated, no previous COVID-19 diagnosis” relative to those “Unvaccinated, no previous COVID-19 diagnosis.”

FIGURE. Incident laboratory-confirmed COVID-19-associated hospitalizations among immunologic cohorts defined by vaccination and previous diagnosis histories — California, May 30–November 13, 2021^{*,†}


Top
Return



* The SARS-CoV-2 Delta variant exceeded 50% of sequences in U.S. Department of Health and Human Services Region 9 (containing California) during the week of June 26. <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

† Estimated hazard rate is laboratory-confirmed COVID-19-associated hospitalizations per 100,000 person-days visualized at midpoint of each reporting interval.

Top

Suggested citation for this article: León TM, Dorabawila V, Nelson L, et al. COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:125–131. DOI: <http://dx.doi.org/10.15585/mmwr.mm7104e1> .

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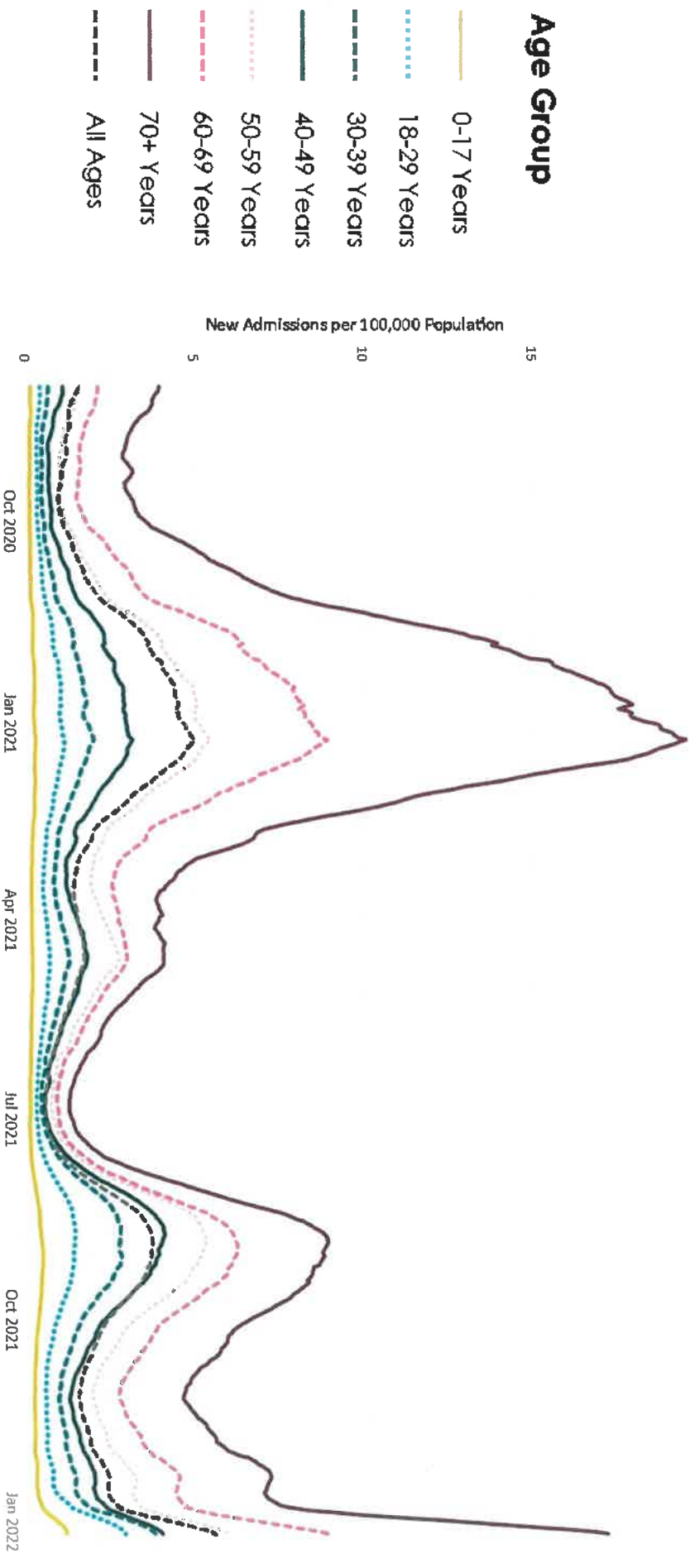
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Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.

Page last reviewed: January 27, 2022

U.S. hospitalization trends



Source: Centers for Disease Control and Prevention <https://covid.cdc.gov/covid-data-tracker/#new-hospital-admissions> (1/7/2022)

From: Jamie Goodwin
Sent: 1/31/2022 5:49:26 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dana Demonte
Sent: 2/8/2022 7:06:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sandy Cunningham
Sent: 2/7/2022 3:06:58 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Chris Apol
Sent: 1/27/2022 4:37:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: monicazone
Sent: 1/26/2022 3:03:58 PM
To: DOH WSBOH
Cc:
Subject: Covid Vax

External Email

Hello, Washington State Board of Health,

I am writing to you to request you not to put the Covid-19 Vaccination as a requirement for children to go to school in Washington State. You know that what you are requiring is against the constitution and against science. You know you are pushing this is against people's will. You know the Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. And you know that you are still pushing it is for your own benefit!!!! The blood will be on your hands if you continue participating in this evil.

Sent from my Galaxy

From: Candy Hulse
Sent: 1/27/2022 3:43:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ricky Tjoelker
Sent: 2/8/2022 3:23:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Aho
Sent: 1/27/2022 7:34:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Davis, Michelle (SBOH)
Sent: 1/24/2022 12:59:17 PM
To: DOH WSBOH
Cc:
Subject: FW: End of Covid pandemic 'plausible,' WHO claims — RT World News

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website| Facebook |Twitter

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

From: Monica Huckleberry <ronron.34@icloud.com>
Sent: Monday, January 24, 2022 9:40 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: End of Covid pandemic 'plausible,' WHO claims — RT World News

External Email

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rt.com%2Fnews%2F546895-europe-covid-pandemic-omicron%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C668f0843838e4ed217a808d9df7c62>

Monica Campbell
Citizen of WA state and USA
P.O. Box 174
Malden WA 99149
Sent from my iPhone

From: Pam Soliday
Sent: 2/7/2022 5:30:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 2/6/2022 6:07:22 PM
To: DOH WSOH
Cc:
Subject: FW: Oath

From: Me Zee <mzee636@gmail.com>
Sent: Friday, February 4, 2022 10:51 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Oath

External Email

The Right to Informed Consent is Meaningless Without the Right to Refuse Any Medical Intervention, Including Mandated Vaccination. Government Agents and those Acting Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Vaccination. Furthermore, this includes mask mandates and PCR testing. Children under the age of eighteen years of age need a parent's signature on any and all documents that deal with medical testing and this includes PCR testing in school.

On Tue, Jan 25, 2022 at 9:34 AM Me Zee <mzee636@gmail.com>
<mailto:mzee636@gmail.com> > wrote:

The oath you took to uphold the laws includes these laws.

Requirements for vaccinations should never include an experimental gene altering injection.

We now know that these COVID injections do a great deal of harm to children.
Can you live with that on your conscience?

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: Erik Novak
Sent: 2/2/2022 9:27:55 PM
To: DOH WSBOH
Cc:
Subject: School Covid vaccine survey

External Email

The vaccine survey was full - all of the links on your website. I would like to provide my input. Please send a new link if possible.

Thank you.

Erik Novak

Sent from my iPhone

From: Andrew Richter
Sent: 1/27/2022 8:21:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Zana Carver
Sent: 1/25/2022 12:39:04 PM
To: DOH WSBOH
Cc:
Subject: Missing Safety Data-TAG-Urgent



attachments\600412B4E2684E41_covid-19-vaccines-safety-update-20-january-2022_en.pdf



attachments\F77F333F1B3541C3_Nonclinical evaluation report.pdf



attachments\DE2C34C0604C4EA5_5.3.6-postmarketing-experience.pdf



attachments\CD1DD66D2FE54013_8B3F6D8791F24C6FA6662390E1EA3B6B.png

External Email

https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ema.europa.eu%2Fen%2Fdocuments/rmp-summary%2Fcomirnaty-epar-risk-management-plan_en.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7fe5b763b6544074bed008d9e042627e%7C1>

From the attached Nonclinical Evaluation Report:

“Parturition: One ~ in the BNT162b3 group was euthanised on LDI showing hunched posture, pale, marked piloerection,

bleeding at the vulva, distended/purple abdomen. One ~ each in the BNT162bl and BNT162b3 groups were

euthanised due to all stillborn pups or total litter death. No macroscopic findings were noted in maternal necropsy.”

Fetal malformations/variations were found in the pups of dams in the treatment groups.

Also of concern:

Genotoxicity

No genotoxicity studies were conducted for the vaccine

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%
for Windows

From: Belzak Babies and Farm
Sent: 1/31/2022 10:43:51 PM
To: DOH WSBOH
Cc:
Subject: Please stop taking away our freedom

External Email

Stop trying to hurt the children by mandating something that has not had enough time to know the full health risks on our children.

If you really care, then research the people who have been injured by this covid shot!

<https://youtu.be/9jMONZMuS2U>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F9jMONZMuS2U&data>

Sent from my iPhone

From: David Demaree
Sent: 2/8/2022 9:20:50 PM
To: DOH WSBOH
Cc:
Subject: COVID related restrictions and requirements for public school students

External Email

Hello,

I am writing to you not as a parent or a student in the Washington state public schools, but as someone who recently-ish (5 years ago) graduated from Interlake high school in Bellevue. I find the notion of requiring COVID vaccinations to participate in the public school system in Washington state deeply disturbing for the following reasons:

1. Students in the public school system are at the lowest risk of suffering due to COVID related symptoms. Rather, the greatest risk they face is an epidemic of mental health concerns, isolation, and suicide. Requiring a vaccination that is ineffective in preventing the transmission or contraction of COVID will only further isolate many students already at risk of the aforementioned health concerns.
2. The COVID vaccination is ineffective in preventing the transmission or contraction of COVID. While some symptoms may be reduced due to the vaccination, the vaccine does not serve to prevent the virus from spreading. As such, it is irresponsible to mandate a vaccine on students when the long term impacts of said vaccine are unknown. This is particularly true considering that students in the public schools are among the least at risk of serious complications due to COVID.

I hope that you will consider the views of concerned citizens (whom you govern with the consent of) as you discuss and strategize in how to move forward with public health in Washington State.

Cheers,

David

From: Timothy Danhof
Sent: 2/7/2022 11:11:11 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Eryn Kesler
Sent: 1/29/2022 12:30:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Leslie Fleming
Sent: 1/31/2022 8:35:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stephen Thompson
Sent: 2/8/2022 7:52:01 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Katrina Gagner
Sent: 1/31/2022 4:59:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:18:21 AM
To: DOH WSBOH
Cc:
Subject: FW: TAG and SBOH MEETING Jan 12, and subsequent meetings

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

From: Twinkle Kitty <tkitty187@gmail.com>
Sent: Tuesday, January 11, 2022 12:23 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: TAG and SBOH MEETING Jan 12, and subsequent meetings

External Email

In response to your clarification for the meeting tomorrow, January 12, 2021 and subsequent meetings regarding vaccines for children:

There is no justification to mandate the covid vaccine for children age 5 and older. Nor is there a justification or need to require parents to file for an exemption. A parents' simple "no" to having their child be given the covid vaccine should close the matter. The decision and parental right to make the decision does not require your approval of an exemption. Nor does the risk to society outweigh the risk of the adverse effects of the vaccine.

I would ask the board to again review the under-reported VAERS data, increased cases of myocarditis, lack of definitive clinical trials, hidden vaccine contents, and future data. I would also remind the board this is not a "true" vaccine and only has EUA authorization which was inappropriate to begin with. Sincerely, Mary Sizer

Sent from my iPhone

From: Haag, Hannah R (SBOH)
Sent: 2/8/2022 7:47:29 AM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:07 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Haag,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Shelley Weber
Sent: 2/7/2022 3:50:12 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Duane Johnson
Sent: 2/7/2022 4:16:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Thomas Holden
Sent: 2/7/2022 3:46:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:18:34 AM
To: DOH WSOH
Cc:
Subject: FW: It's critical to preserve the personal/philosophical exemption

From: David Rubino <tigger@live.com>
Sent: Tuesday, January 11, 2022 11:13 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: It's critical to preserve the personal/philosophical exemption

External Email

Kaitlyn,

I believe the covid-19 vaccines are more harmful to children than they are helpful and should never have been approved for kids. As a medical professional, you probably know or suspect this is true. At the very least, you know the trials did not have the statistical power needed to prove the vaccine is safe when compared to the miniscule risk to children from covid.

At the same time, the pressure to require the covid-19 vaccine in school is enormous, because not doing so appears to align yourself with people who are "anti-vax" and more generally with Republicans, which you may not be or may not wish to be known for. Requiring the vaccine for school children seems inevitable in a "blue state" and taking a stand will cause damage to your reputation and career, and maybe your income and family well-being... and it won't change anything. The governor will remove you from the Board if needed to ensure this policy is put into place.

It seems likely that you will approve the school vaccine mandate knowing it will kill a few children, and hurt a few more... and I understand why.

What I ask of you, therefore, is that you insist on keeping the personal/philosophical exemption in place for the covid-19 childhood vaccine. This will allow parents who wish to protect their children from harm to do so, without forcing us to withdraw them from school.

And make no mistake... hundreds of thousands of kids will vanish from school if you do not allow the personal/philosophical exemption. No manner of pressure or threat of punishment will force us to harm our kids knowingly, and the damage to schools,

families, and communities will be incalculable.

Please, do the less wrong thing that protects my kids, keeps them in school, and preserves your career as well. It's all I ask in these difficult times.

Thanks,

-David Rubino

Renton, WA

From: Robert Crisp
Sent: 1/28/2022 7:16:40 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steven Duenkel
Sent: 2/1/2022 12:51:19 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lord Garmadon
Sent: 2/3/2022 8:20:39 PM
To: DOH WSBOH
Cc:
Subject: Covid Policies

External Email

I am completely against any of the proposed Covid policies that are overreaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

From: Mary Liebsch
Sent: 1/27/2022 9:39:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:48 AM
To: DOH WSBOH
Cc:
Subject: FW: Teresa Moyer says no

From: Terimoyer <tmteacherteri@gmail.com>
Sent: Tuesday, January 11, 2022 3:25 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Teresa Moyer says no

External Email

Vancouver longtime tax payer say no on

<https://margaretannaalice.substack.com/p/letter-to-the-washington-state-board>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmargaretannaalice.substack.com%2Fp/letter-to-the-washington-state-board&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C811c03d94c0b4d8bc58608d9e4ee5db0%7C11d>>

Sent from my iPhone

From: Janna Suzette Youngblood
Sent: 2/7/2022 4:59:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Fleming
Sent: 2/1/2022 12:15:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Joanne Gonder
Sent: 2/7/2022 5:26:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joe Mitrovich
Sent: 1/29/2022 5:14:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 1/31/2022 6:14:42 PM
To: DOH WSBOH
Cc:
Subject: Survey comment



attachments\88F84E90040849B0_image002.png

Hello,

This is intended for the Board about the survey being capped.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 5:57 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Comment on the web

2.

Please enter your comments or questions in the space provided below:

You made a questionnaire for the Kennewick School District and capped the responses. :(

3.

If you are sending feedback on one of our Web pages, please paste the URL here:

<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLOffcWsfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLOffcWsfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>

4.

Would you like a response?

Tell us how to get in touch with you.

Name:
christina caprio
Email:
caprio_lv@pocketinet.com <mailto:caprio_lv@pocketinet.com>
Telephone:
5093081262

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

caprio_lv@pocketinet.com <mailto:caprio_lv@pocketinet.com>

From: j
Sent: 2/1/2022 8:37:42 PM
To: DOH WSBOH
Cc:
Subject: This PICTURE tells it all!

External Email

<https://cdn.substack.com/image/fetch/f_auto,q_auto:good,fl_progressive:steep/https%3A%2F%2Fbucket05bbc84-baa3-437e-9518-adb32be77984.s3.amazonaws.com%2Fpublic%2Fimages%2F259ee3e7-f731-4650-8e88-3475e6f5d8fc_873x1280.jpeg>

From: Nathaniel Terpstra
Sent: 1/28/2022 5:24:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/5/2022 3:24:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brendon Cromwell
Sent: 1/30/2022 5:59:28 PM
To: DOH WSBOH
Cc:
Subject: Re: What's going on with vaccines?

External Email

I have yet to hear a response... 2 weeks seems like a reasonable timeframe for a response.

-Brendon

On 12Jan 2022, at 12:45 PM, Brendon Cromwell <bacromwell@gmail.com> wrote:

If COVID-19 is a "vaccine preventable disease" what is going on in countries with exceptionally high vaccination rates (e.g., Israel, etc.)? I posit that COVID-19 doesn't qualify as a "vaccine preventable disease".

-Brendon

From: Nancy Tvedt
Sent: 2/7/2022 11:07:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: CHRISTINA CHAPPELL
Sent: 2/8/2022 1:44:54 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Comments for the Immunizations Technical Advisory Group

External Email

----- Forwarded message -----

From: Jerry Bakken <bakkenjr7@gmail.com <mailto:bakkenjr7@gmail.com> >
Date: Tue, Feb 8, 2022 at 11:05 AM
Subject: Re: Comments for the Immunizations Technical Advisory Group
To: CHRISTINA CHAPPELL <chappellcm67@gmail.com
<mailto:chappellcm67@gmail.com> >

Right On!! We are SICK of it all. Liers.

On Tue, Feb 8, 2022 at 10:39 AM CHRISTINA CHAPPELL <chappellcm67@gmail.com
<mailto:chappellcm67@gmail.com> > wrote:

----- Forwarded message -----
From: CHRISTINA CHAPPELL <chappellcm67@gmail.com
<mailto:chappellcm67@gmail.com> >
Date: Tue, Feb 8, 2022 at 10:26 AM
Subject: Comments for the Immunizations Technical Advisory Group
To: <wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> >

DROP THE COVID-19 ISSUE AND LAY OFF RESTRICTIONS!!!
(We are going on three years of this nonsense and I do believe that IF this was such a safety concern, the SUPER BOWL would even be still considered in your damn restrictions!)

The face masks are a joke!
The lab technicians in Wuhaun, China wore HAZMAT suits from head-to-toe.
The 6 ft social distancing is a joke!
This whole damn thing is a joke! Ha! Ha!
It's time you people STOP with your BULLSHIT and leave people ALONE!
If citizens wanted the 'jab', they would be seeking it out.
STOP! FORCING PEOPLE TO DO WHAT POWER-TRIP YOU'RE ON!!!!

Signed,
Christina M Chappell

From: Pskowski, Samantha L (SBOH)
Sent: 2/8/2022 5:23:11 PM
To: DOH WSBOH
Cc:
Subject: FW: Proposed Covid Vaccination Mandates

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Patrick Milewski <patmilewski@q.com>
Sent: Thursday, January 27, 2022 12:38 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Febach, Hannah M (DOH) <hannah.febach@doh.wa.gov>; londeck@nwesd.org; Annie Hetzel <annie.hetzel@k12.wa.us>
Subject: Proposed Covid Vaccination Mandates

External Email

I urge you to please refrain from mandating covid vaccination in WA students. Please consider the legal and ethical consequences related to mandating an experimental vaccination and the significant damage that may result from forcing children to receive an experimental drug that lacks long-term safety data and has not been extensively studied in children. I urge you to please consider the fact that Covid vaccination does not prevent infection nor prevent one from spreading the virus to others. Please consider that the record high numbers of Covid cases currently happening in our schools is clear evidence that increasing Covid vaccination rates in school age children is showing a direct positive correlation with increased covid cases in our schools.

Finally, please be cognizant of a parent's legal and ethical right to informed consent and individual autonomy regarding their child's health care. Parents should be able to choose for themselves what they feel is best for their child and should never be coerced and forced into giving their child an experimental therapeutic that lacks safety data in children and is proving to be ineffective in reducing rates of Covid-19 in our schools.

Please do not mandate Covid vaccination for children to attend school. Please refrain from making unethical, and immoral decisions to force this experimental vaccine on students.

Thank you for your consideration.

Pat Milewski

From: Gavin Elster
Sent: 1/28/2022 9:52:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kelly Nicholson
Sent: 1/30/2022 9:28:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Anthony Karuza

Sent: 1/12/2022 6:11:24 PM

To:

Cc:

Subject: Explosive: secret military documents reveal 1. ivermectin works on ALL PHASES OF INFECTION 2. fauci knew funding Wuhan would lead to enhanced functioned viruses.

External Email

Ivermectin 'Works Throughout All Phases' Of COVID According To Leaked Military Documents | ZeroHedge

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zerohedge.com%2F covid-19%2Fhidden-military-documents-reveal-nih-intent-create-sars-cov-2-using-gain-function-research%3Futm_source%3D%26utm_medium%3Demail%26utm_campaign%3D411&data=04%7C01%70>

From: Robert Holte
Sent: 1/29/2022 10:29:30 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sandra Kord
Sent: 2/8/2022 3:13:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jennifer Garcia
Sent: 2/8/2022 8:28:38 PM
To: DOH WSBOH
Cc:
Subject: No mandatory Covid shots for kids!



attachments\70EABC17A50F49F1_image0.png

External Email

This screenshot (below) says it all! Kids do NOT need this shot. Many parents who are pro vaccinations (as am I) are preparing to remove their kids from the public school system should you decide to force this on our children. This needs to end now.

From: James Spies
Sent: 1/23/2022 11:43:52 AM
To: DOH WSBOH
Subject: 391F97C6-E83B-480B-A43D-E31D44BA41E2

External Email

<https://rumble.com/vt386q--watch-live-patriot-news-outlet-defeat-the-mandates-washington-d.c.-1130am-.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt386q--watch-live-patriot-news-outlet-defeat-the-mandates-washington-d.c.-1130am-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C61bd113987bc45c5a01508d9dea8a459%7C11d0e2>>

Dear WA State BOH,

Please watch the attached event & important information.

Sincerely,

#WeThePeople

□□□□□□□□□□□□□□□□

From: Lacey Rasmussen
Sent: 2/9/2022 8:32:52 AM
To: DOH WSBOH
Cc:
Subject: Technical Advisory Group: covid -19 Inclusion in Chapter 246-105WAC

External Email

To whom it may concern,

I am a concerned parent in the state of WA. I have three children and pay taxes to the state for their education. I do not in any way approve of mandating the covid-19 vaccine in schools. My children are not in danger of dying from covid-19. They have a less than 1% chance of doing so. They have been exposed to covid on multiple occasions and have no more than a sniffle. Injecting them with a vaccine that does more harm than good to their system to fight against something that isn't a danger to them is irresponsible and dangerous. Please say no to this mandate and give the parents of this state the ultimate say in what goes into their children's bodies. We should not have to sacrifice their health for their education.

Thank you,

Lacey B.

From: Carlos Quintanilla
Sent: 2/8/2022 8:33:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ellen
Sent: 2/9/2022 6:03:16 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please vote against Covid shots for kids! They are not at risk for COVID but are more at risk for the side affects of the shot. Please vote against this!

Sent from my iPad

From: Shirley Cummings
Sent: 2/8/2022 10:47:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karen Barnes
Sent: 1/29/2022 1:43:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Amy Aguigui
Sent: 1/27/2022 4:05:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/8/2022 3:28:23 PM
To: DOH WSBOH
Cc:
Subject: Vaccine survey



attachments\BEDD4F6A1E694116_image002.png

Hello,

This is intended for the Board regarding the survey and their responses when the first survey had reached maximum participants, 1/28/22.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 4:32 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

Ref: Parent and Caregiver Survey. My school district, Lynden, sent out your survey to all guardians of students. I tried to submit my form response but it failed saying that the max participants had already responded. I have no doubt that my politically charged community responded with break neck speed. But I also wanted to share my perspective with your admin from someone who lives in the Lynden School District, loves my community, and votes in the minority. My household is fully vaccinated and boosted. Your survey asked why-my answer is that I believe in healthcare and prevention and reducing the likelihood of a fatal outcome and spreading it to others. Your survey asked about a vaccine requirement- my answer is no, because I still believe in the power of choice and freedom from forced vaccinations. I highly support recommendations from the experts but reject the idea of forced vaccinations in exchange for an education. I personally feel that it's irresponsible to not protect your children medically but I would not force my opinion on another family. Parents and students should be allowed to form their own decisions, while the government can offer alternative learning modules and methods-even if it's shifting to online or magnet /charter school type instruction. It's ridiculous that public education is so far behind in offering alternative methods that meet the needs of all students especially special education. LIVE streaming should be automatic and in every classroom so that students who are ill, traveling, chronically ill have equal opportunity and access to learning. I am very happy to chat with anyone about suggestions or concerns. Thank you for your time.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Krista Gottschalk

Email:

qkrinkle@gmail.com <mailto:qkrinkle@gmail.com>

Telephone:

3604106427

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

qkrinkle@gmail.com <mailto:qkrinkle@gmail.com>

From: Georgia Tourikis
Sent: 2/3/2022 8:02:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: John Ogorsolka
Sent: 1/25/2022 8:43:31 AM
To: DOH WSB OH
Cc:
Subject: Another athlete death

External Email

<https://www.msn.com/en-us/sports/olympics/olympic-gold-medallist-csollany-dies-from-covid-aged-51/ar-AAT64PB?ocid=winp1taskbar&fullscreen=true#image=1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fsports%2Folympics%2Folympic-gold-medallist-csollany-dies-from-covid-aged-51%2Far-AAT64PB%3Focid%3Dwinp1taskbar%26fullscreen%3Dtrue%23image%3D1&data=04%7C01%7Cwsboh%4>>

While Csollany had shared several 'anti-vax' posts on his Facebook page, he had been vaccinated in order to work as a gymnastics coach, the newspaper Blikk reported at the start of January.

From: Dana Ames
Sent: 1/27/2022 5:33:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lynn Bergeron
Sent: 2/8/2022 12:11:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for 2/10/22 TAG meeting



attachments\FC40EDD6870B436C_letter to WA BoH.docx

External Email

Message was attached to: Public Comment for 2/10/22 TAG meeting

From: Lynn Bergeron
Sent: 2/8/2022 12:11:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for 2/10/22 TAG meeting

From: Dean Bass
Sent: 1/28/2022 9:20:03 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joe Brouwer
Sent: 2/9/2022 6:16:35 AM
To: DOH WSB OH
Cc:
Subject: WSDOH is lying to you!

External Email

Before you mandate vaccines you should get a true report on the breakthrough cases.

The Washington State Department of Health is Lying to You!
Here is the Smoking Gun!

This is a somewhat detailed report. Actually it wasn't that hard to expose their lies.

They are deciding on "Vaccine Mandates" on false information and now it is criminal!

<https://jetero.wixsite.com/kitsapcountyreport/the-wsdoh-is-lying-to-you-yes-here-is>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjetero.wixsite.com%2Fkitsapcountyreport/the-wsdoh-is-lying-to-you-yes-here-is&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8890611dc6194ba9473508d9ebd68f77%7C11d0e2172>>

You can see that King County gives the actual breakthrough numbers.

99.7% of the cases recover and are naturally immune and don't need a booster! Who does that hurt? Gov and big pharma! Where do you think those billions go? Right into the pockets of big pharma and the health departments.

The vaccine does not work!

WSDOH has finally issued a report after 3 weeks and sadly it is a complete mess. They are lying on the report, and it cannot be trusted. I assume the trends of King County are representative of the state.

King County COVID Breakthrough Report!

As you can see the cases are equal with both the vaccinated and unvaccinated which makes you wonder why King County has a vaccine mandate.

Breakthrough Cases: The Fully Vaccinated that Get COVID!

King County somewhat honestly presents the breakthrough data by including the actual numbers. They still present it as comparison to the unvaccinated which gives a biased view. WSDOH data is on a different report and is marginally useful. KPHD actually manipulates the data to favor the vaccine.

You will not see this type of analysis anywhere else. It should be everywhere.
You can see the vaccine is marginally effective.

This is important information when they are mandating all be vaccinated. Do these statistics warrant a vaccine mandate?

The vaccinated are spreading and getting the virus, going to the hospital and dying at a significant rate.

The only people that are truly safe from the virus are the naturally immune and those that have been tested in the last 72 hours.

Those with one Pfizer or Moderna injection or have not waited the two weeks are not included in the fully vaccinated, yet they are included in the unvaccinated.

If someone dies of the vaccine there is no record. We need three categories for the deaths!

Week Ending 1-27-22 – 12,054 Cases 54% of the Cases

Week Ending 1-27-22 – 161 Hospitalization 43% of the Hospitalizations

2 Weeks Ending 1-27-22 – 39 Deaths 49% of the Deaths

They update it weekly!

<https://kingcounty.gov/depts/health/covid-19/data/vaccination-outcomes.aspx>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkingcounty.gov%2Fdepts%2Fhealth%2Fdata%2Fvaccination-outcomes.aspx&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8890611dc6194ba9473508d9ebd68f77%7>

Kitsap county has decided to revamp their breakthrough reports on the last week of the year when the breakthroughs are soaring. How convenient!

Kitsap County 52% of the cases are vaccinated.

Nov -Dec

Fully Vaccinated 1207

Unvaccinated 1116

These come from the Washington State Report Jan 5 and Jan 12 Report.

You can get the Jan 12 report here. I will send you the Jan 5 report

Both are PDFS!

[https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/421-010-](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/421-010-CasesInNotFullyVaccinated.pdf?fbclid=IwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

[CasesInNotFullyVaccinated.pdf?fbclid=IwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/421-010-CasesInNotFullyVaccinated.pdf?fbclid=IwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2Fdata-tables%2F421-010-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2Fdata-tables%2F421-010-CasesInNotFullyVaccinated.pdf%3Ffbclid%3DIwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

[CasesInNotFullyVaccinated.pdf%3Ffbclid%3DIwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2Fdata-tables%2F421-010-CasesInNotFullyVaccinated.pdf%3Ffbclid%3DIwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

From: Karen J Barnes
Sent: 2/9/2022 8:48:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: phoenixrisingslam@tutanota.com
Sent: 2/1/2022 12:01:27 PM
To: DOH WSBOH
Cc:
Subject: Why can't I contact board members?

External Email

I would have liked to send a group email to all ten members of the board with this link. As that apparently is not possible, in true non transparency spirit of government, I guess I have to send it to this generic email so it can be memory holed and never read by anyone. How ridiculous.

<https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2022%2F1%2Fvideo-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf477c3fce5ff4027a8b308d9e5bd72b7%7C11d0e217>>

--

Sent with Tutanota, the secure & ad-free mailbox.

From: Humbal1
Sent: 2/2/2022 11:09:00 PM
To: DOH WSBOH
Cc:
Subject: Attorney Thomas Renz'



attachments\8D64BF797361427A_Thomas Renz atty.docx

External Email

To The Washington State Board of Health and the Public It Serves:(Please Post)

We the free and united people of America and the world are writing in regards to the unlawful and corrupt actions taken by the healthcare industry, bureaucrats, and media regarding COVID-19. The actions taken for nearly two years have stripped people of their rights, decimated the US Constitution, violated the principles of international law embodied in the Nuremburg Code and ignored basic and inalienable human rights. The people behind this have leveraged their privileged positions to make billions of dollars at the expense of humanity, and we are unwilling to allow this to continue.

For decades, the field of public health has researched the use of fear as a tool to manipulate people into action. The use of that tool has now been perfected and implemented against the people of the world with COVID-19. Evidence of this knowledge can be found in a CDC presentation, other DHHS materials, and in numerous academic journals. The intentional use of fear to sow hate, division, and discord is unethical, unacceptable, and must stop immediately. The reality is that COVID-19 has a 99%+ recovery rate in most of the population and approximately a 94% recovery rate in the most vulnerable. Compare this to the original SARS which had approximately a 9% case fatality rate and the original MERS which had over a 30% case fatality rate. We did not lockdown, mask, or even widely acknowledge these diseases when they were prevalent despite the fact that they had similar rates of spread to COVID-19. This fear has been used as a marketing tool to attempt to justify previously unthinkable actions by bureaucrats and public health figures around the world; the most egregious of which is the forced injection of gene therapy drugs into healthy people. Gene therapy literally alters the 1 genetic makeup of a human being and simply cannot legally, morally, or ethically be forced on anyone, ever. If the decision to alter one's own genetic makeup does not rest with the individual, then, there can be no argument that freedom is lost. Not only are the COVID "vaccines" admittedly a gene therapy, they are inarguably unsafe.

The swine flu vaccine was pulled from after just over 20 deaths, and the Chevy Volt was recently recalled over the potential for battery fires; but the Pfizer shot was given expanded authorization despite the high recovery rate from COVID-19 and the fact that Pfizer's own documents, submitted to the DHHS show that over 1200 people died in less than the first 3 months of authorization. This is nothing more than corruption. The COVID shots are also ineffective. A recent Department of Defense document stated that 71% of new cases of COVID-19 in the Medicare population are in fully vaccinated individuals and 60% of hospitalizations are in the fully vaccinated. This same document also stated that the injections are even less effective in North American Natives, Hispanics, and "Blacks" (the document apparently was unconcerned with political correctness).

If the 1 Moderna acknowledged in SEC filings that mRNA technology is a gene therapy. This has also been acknowledged in documents from Pfizer and by numerous scientists. If “vaccines” do not stop the spread, do not stop hospitalization, alter our genes, and have not even existed long enough for long term testing, why are we attempting to violate people’s inalienable rights by forcing them? The fact is that facets of our government are now moving ahead as quickly as possible with these COVID shots. We are even authorizing them in children despite the fact that people under 30 are at ZERO statistical risk of death from COVID-19. and the shots appear far more dangerous to children than the disease. Further, we are doing this with no transparency. The DHHS has done everything possible to cover up the side effects and dangers of these injections, even going so far as to request 55 years to release the documents they relied upon to authorize/approve these deadly injections.

How can informed consent be given without a true understanding of the risk? This situation is untenable and we demand that it be remedied. We the free people of this nation and world will no longer comply with mandates that fail to consider our inalienable rights. In the spirit of Martin Luther King, Gandhi, and Jesus Christ we will spread our message through peace and we will resist peacefully, but make no mistake, we WILL resist.

The accompanying presentation found at www.renz-law.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.renz-law.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce4665561f7e04623c4ee08d9e6e3be3b%7C>>
supplies you with additional data to demonstrate everything stated here. We now demand the following from our elected leaders, and vow to remember your actions or inaction when it comes time to vote and donate:

1. The resignation/termination of Anthony Fauci and civil/criminal investigation of his actions by a truly INDEPENDENT prosecutor;
2. The criminal and civil investigation of those involved with any gain of function research that may have been responsible for the creation of SARs-COV2;
3. Investigations – criminal and civil – into the deceptive and misleading push for the gene therapy injections that have been falsely labeled as vaccines (only after the definition of “vaccine” was changed); a. This should include RICO and fraud claims (as is appropriate) involving the “Trusted News Initiative”, the drug companies, hospital systems, and some government actors;
4. Transparency legislation that gives the public immediate access to the raw data and submitted documents related to the shots and COVID “pandemic” – If there is nothing to hide, NO ONE should oppose transparency; a. This should be passed on the state level as well;
5. Liability for injury from vaccines under the same rules as any other product – if they are safe, there should be no opposition to liability to help those that have been injured;
6. Legislation that recognizes the absolute right to reject medical treatment or vaccination of any type for ANY reason;

7. NO funding for state/federal contracts with ANY organization that discriminates based on vaccination or health status;

8. Funding for the hundreds of thousands of individuals injured by job loss and "vaccine" injury;

9. NO on vaccination status tracking legislation; and

10. Our local law enforcement to uphold their oaths to uphold the Constitution and refuse to enforce unconstitutional mandates and rules.

Submitted by: Linda Jeanne Hagan. The preceding is submitted on behalf of the free people of the world and with the support of: author, Thomas Renz, Esq Renz Law Renz-law.com

Joey Gilbert, Esq Joey Gilbert Law joeygilbertlaw.com

Pam Popper Make Americans Free Again makeamericansfreeagain.com

American Frontline Doctors americasfrontlinedoctors.org

Truth for Health Foundation www.truthforhealth.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.truthforhealth.org%2F&data=>

Christian Revolution Christianrevolution.net

Kevin Jenkins

Susan Sweetin Urban Global Health www.urbanglobalhealthalliance.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.urbanglobalhealthalliance.com>

Jeff Witzeman President Health Freedom for Humanity
www.healthfreedomforhumanity.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.healthfreedomforhumanity.org>

Leslie Manookian President, Health Freedom Defense Fund HealthFreedomDefense.org

Christiane Northrup, MD MaineStandsup.org New Mexico Stands Up Nmstandsup.org

Leigh Dundas, Esq President, Advocates for Citizens Rights www.citizens-rights.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.citizens-rights.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce4665561f7e04623c4ee08d9e6e3be3b%70>>

Michael A. Hamilton Cornerstone Law, PSC www.cornerstoneattorney.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cornerstoneattorney.com%2F>>

Ron Jenkins, Esq Meridian 361 International Law meridian361.com

Robert J. Gargas, Esq Jonathan Diener, Esq N. Ana Garner. Esq

Garner Law Firm Patricia Finn, Esq

Reiner Fuellmich, Esq

Dr. David Martin www.davidmartin.world
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.davidmartin.world%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce4665561f7e04623c4ee08d9e6e3be3b%70>>

Mary Holland President, Children's Health Defense

Peter Glidden ND 2ND Opinion Health Solutions Inc

RiseUpIntoHealth.com Jane Ruby, PhD, EdD, MS Medical Professional and former
Pharmaceutical Drug Development Expert t.me/drjaneruby
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ft.me%2Fdrjaneruby&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce4665561f7e04623c4ee08d9e6e3be3b%70>>
drjaneruby.com

Peter A McCullough, MD CJ Wheeler-CEO Book It CJ BookItCJ.com

Dr. Bryan Ardis www.theardisshow.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.theardisshow.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce4665561f7e04623c4ee08d9e6e3be3b%70>>

Mary Fanning Alan Jones The American Report TheAmericanReport.org

General Thomas McInerney

General Paul Vallely

Col Lawrence Sellin The Fortnight Intelligence Briefing

John B Wells Ark to Midnight on Salem radio caravantomidnight.com

Mike Adams, Founder of Brighteon Brighteon.com Brighteontv.com

Naturalnews.com

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

Secure Email.

From: Cori Goodmansen
Sent: 2/9/2022 6:10:28 AM
To: DOH WSBOH
Cc:
Subject: mandate

External Email

I am emailing you in reference to the voting that is taking place today on the Covid 19 mandate for children to enter schools.

I strongly oppose this mandate. I will be home schooling if this takes place in our state- which will pull me away from my full-time Clinical Practice.

The risk for children is low for Covid-19 but the risk they are taking with the vaccination runs high (we now know there is a high risk of myocarditis).

If teachers feel unsafe they should mask and vaccinate.

Please consider all facts before voting today.

Thank you for your time.

Dr. Corene Bodily-Goodmansen

From: Monica Huckleberry
Sent: 1/22/2022 1:10:20 PM
To: Davis, Michelle (SBOH)
Cc:
Subject: rEALy

External Email

<https://bc.ctvnews.ca/b-c-hospitals-can-put-covid-positive-and-negative-patients-in-same-rooms-top-doctor-1.5750555>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbc.ctvnews.ca%2Fb-c-hospitals-can-put-covid-positive-and-negative-patients-in-same-rooms-top-doctor-1.5750555&data=04%7C01%7Cmichelle.davis%40sboh.wa.gov%7Cd2743c13b3354a1ae67408d9ddeb8ee>>

If an entire nation is NOT going to isolate there + & - Covid-19 w other health issues in hospital!

Then why should there be forced quarantine and isolation camps ect. In our state of WA that is neighbors with Canada? Get rid of all WAC pertaining to forced quarantine and isolation.

Sincerely
Monica Campbell
Citizen and resident of WA state and USA
P.O. Box 174
Malden WA 99149

Sent from my iPhone

From: Allison Camm
Sent: 1/31/2022 5:23:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Krissy Wescott
Sent: 2/1/2022 10:14:12 AM
To: DOH WSBOH
Cc:
Subject: No on Covid Vaccine Mandates for Children

External Email

To warrant adding Covid Vaccines to the schedule of vaccinations for school enrollment one fundamental question must be asked and verified: Is there a risk of this disease causing death to the child? The CDC has answered this question in their own data - school-aged children have a 0% mortality rate to Covid. The data is clear and unquestionable - vote NO to adding Covid vaccines to the regular schedule.

FYI: VAERS Death Count 22,000+
Injuries 1M+
Krissy Wescott

From: Wanda Haarstad
Sent: 2/7/2022 4:48:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darlene Martin
Sent: 2/7/2022 3:25:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathleen Metzger
Sent: 1/27/2022 5:27:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: theresalane@comcast.net
Sent: 2/5/2022 4:04:50 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG K-12 Covid shot Mandate- Teachers Union prime driver of vaccine mandates

External Email

Dear TAG,

Did you know the Teachers Union donates millions of dollars to political campaigns and is a prime driver in the vaccine mandates for school aged children? Teachers Unions are not qualified to and should not be making this decision for our children.

According to the CDC children are at a statistically 0% risk of serious illness or death from Covid. The CDC also acknowledges, the vaccines do not prevent infection or transmission of the virus. Vaccine efficacy against Omicron is down to 27%, far below the 50% threshold required for FDA approval. Therefore, there is no need to vaccinate children against Covid.

On the other hand, there have been 41 reported deaths after COVID-19 vaccine among children aged 0 to 17. There have also been 602 reports of myocarditis and pericarditis and 51 reported cases of blood clotting disorders among children. It is evident that these vaccines carry serious risks for children.

Vaccine mandates override the right to provide informed consent for this medical intervention by not allowing patients or parents to make their own decisions. Considering the low Covid-related risks for healthy children, the risks associated with the vaccine, declining vaccine efficacy against new variants, the protection from any liability for vaccine manufacturers, it should absolutely be the right of every parent to decide whether to vaccinate their child.

Please do the right thing and let there be Choice with Covid vaccines.

Sincerely,

Theresa Lane

From: Scott Hashimoto
Sent: 2/8/2022 10:36:25 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To Whom It May Concern:

We are very concerned about children having to be vaccinated. We adopted our son when he was 7 years old and knew nothing about his medical history. He seemed to be a fine healthy boy. When we got him he was all caught up with his vaccinations and didn't think much about it. Well, when he was 12 years old we had him take the flu vaccination and the Meningococcal and Td/Tdap booster. A few months later he got really sick from the flu. He had never been sick since we had him other than just sometimes a runny nose but never a temperature or throwing up or really sick. He was sick for 7-8 days and missed school for a week. He ended up having a temperature for 3 days and throwing up and just not feeling well for a while. After that about a month later, he slowly ended up with ticks and jerks and slowly got worse and worse. We were really concerned but didn't know what could be done about it. Fortunately, the ticks and jerks slowly went away but it took about 3 months for the symptoms to go away. We had no idea if this was going to be a permanent thing or not. I looked back in his records to see if anything like this had happened to him and found that he also ended up with ticks and jerks also the year he had 8 shots injected that year as well and this was a couple of years before we adopted him. Both times he ended up with the ticks/jerks, he had vaccinations.

Just recently a life insurance company also found out that there was an increase of deaths by 40% with people between 18-64 years old. Now, remember an insurance company does not want this to happen since they have to pay out and this was last year. There is such concern for the vaccinations that if you force parents for the kids to have them, you don't realize the medical issues or deaths and the heartache you are creating for the parents and especially for the children. If you truly care about the children, you will not force these vaccinations on the children to go to school.

If they had mandated these vaccines on our kids last year, I would have definitely pulled my child out of school and homeschooled him or sent him to a private school. Once you have a vaccine injury, you can't undo the damage and we all know Covid isn't killing kids like the media wants to portray it is. Please have some humanity and dignity for the people you say you care about. If you mandate the vaccines and give the parents no choice then the death and injuries are on you but if you give the parents the choice then that guilt is on the parents.

Thank you for taking the time to listen.

Lori & Scott

From: Katy Radelich
Sent: 2/8/2022 9:12:29 PM
To: DOH WSBOH
Cc:
Subject: No to COVID Vaccine Mandates for Public Schools

External Email

To the Washington State Board of Health,
I am writing to you to ask that you do not make the COVID vaccine a mandate in order for children to attend public school and here is why:

- * The vaccine has only been approved for emergency use only at this point.
- * There are no long-term studies on the side effects of the vaccine and we don't know what kind of harm it could cause our children in the future.
- * We know that there is a risk for teens and young adults to get myocarditis and pericarditis from the vaccine.
- * Kids are not dying from COVID.
- * The vaccine does not stop the spread of COVID nor does it prevent someone from getting COVID.
- * This is not a vaccine like the Measles, Mumps, Polio, Chicken Pox and it shouldn't be required just like the flu shot is not required.
- * This should be a parent decision on whether or not a child should take have the vaccine.
- * There has already been about 40K children removed from public schools within the last year, if you make the vaccine a requirement you are going to see thousands more.

Thank you for taking the time to hear my concerns and the concerns of many other Washington parents.

Regards,
Katy Radelich

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Rebecca Sapp
Sent: 2/8/2022 8:28:44 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kimberly Nordstrom
Sent: 2/1/2022 12:43:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pookie Snackenburg
Sent: 2/7/2022 4:40:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mary Hall
Sent: 1/29/2022 1:11:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Twinkle Kitty
Sent: 2/8/2022 12:59:36 PM
To: DOH WSBOH
Cc:
Subject: Public Comment regarding vaccine for children and TAG committee

External Email

Dear BOH:

Please share with your TAG committee:

Response to # 5-6 on your criteria:

The sub set that has significant morbidity is 80+ year old people in nursing homes! All other age groups DO NOT have significant morbidity, especially school age children.

We could just as well extend your logic to protect the elderly by murdering all the children so there would be ZERO transmissions by children.

Again I ask, how much money is the health care industry receiving from the government to encourage you to sacrifice children for a EUA so-called vaccine with significant adverse reactions and NO ACCOUNTABILITY for vaccine makers, and NO TRANSPARENCY in their clinical trial data.

Stop this attempt to get children on a vaccine schedule that will insure no liability.

Sincerely,
Mary Sizer
WA State Resident, voter, and parent/grandparent

From: Jennine Marth
Sent: 1/30/2022 11:22:07 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Hammer
Sent: 2/1/2022 8:44:14 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: halanddebbie
Sent: 2/8/2022 9:53:22 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members- Covid Vaccine for Children

External Email

To whom it may concern,
I am reaching out to you today in regards to the consideration of covid vaccines for school children. I deeply understand the need for the safety of children and teachers however, this vaccine does not stop transmission or prevent sickness. I cannot understand and just cannot wrap my mind around why we would even consider this type of vaccine for our children without the true test of time. The damage that could be done is irreversible. Choosing to vaccinate your child based on your own families health and circumstances is one thing, considering it a vaccine (which it is NOT) needed for school is quite another. The risks deeply out weigh the benefit and it is my hope and prayer that you will NOT consider a covid vaccine for any school children. Thank you.

Sincerely,
Debbie Stokes

From: Cafferty, Jessica
Sent: 1/28/2022 10:47:44 AM
To: DOH WSBOH
Cc:
Subject: Concerns with parent/caregiver survey

External Email

Good morning!

This morning, someone shared the TAG survey to assess and evaluate the COVID-19 vaccine as a requirement for entry to schools and child care. I understand the survey closes today, and wanted to share two concerns.

First, many of us weren't aware that this survey existed. We would have been happy to support outreach in our own communities, which include parents, families, child care providers, community based organizations, school administrators, and other caregivers.

Second, it appears that the survey is only offered in English. The disparities in health and other outcomes as a result of the pandemic are extensive and well documented. Offering this survey only in English effectively means you will not hear the voices of families who aren't native English speakers – a significant and important portion of our communities.

I hope you'll consider re-issuing this survey, and working to ensure it is accessible and shared with a diverse range of families and caregivers. If you'd like to talk more, please let me know.

Best,

Jessica Tollenaar Cafferty

pronouns: she/her

Child Care Policy Lead

206-263-6905 – direct

206-290-6646 – cell

From: Barb Leder
Sent: 2/8/2022 11:25:09 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Re: February 10, 2022 agenda item - adding Covid 19 vaccinations to required list for students.

The prudent thing to do would be waiting to see study results regarding natural immunity and some longer term studies regarding vaccine adverse reactions. These are our children, tomorrows leaders. Let us safeguard them until we have more information. Does anyone know how many children were in the test group before the emergency use authorization was granted?

Sent from my iPhone

From: Tommy Hunt
Sent: 2/2/2022 11:30:11 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. I am not taking issue with the vaccine itself, and in fact continue to encourage vaccination in my community. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

- It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority.

- Under 51% of Spokane County residents are vaccinated. (srdc.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>
>)
- Less than 40% of kids 12-17 are vaccinated. (srdc.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>
>)
- Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>
>)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

- As stated in the above vaccination statistics, parents are choosing not to vaccinate their children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

From: Sue Kimpton
Sent: 2/8/2022 8:27:54 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Do not inject our children with this poison. Do you understand Devolution? If you do this, you will be tried for Crimes Against Humanity. If you have a family, think about your Actions.

.

You will be held accountable.

From: JACKIE PURVIS
Sent: 2/8/2022 10:12:04 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello,

As a parent I do not feel comfortable allowing my children to get an injection of a new vaccine or medication that has not had any long term studies done on it. The Covid vaccine has not been used long enough to properly know what if any long term side effects it may cause. I do not want to find out years from now that there are side effects that are serious and we shouldn't have given this to our children. It is just too new to know! We must not mandate this vaccine for children who have a much greater risk of death from suicide than Covid! Please do not let this vaccine become part of the required immunization schedule, it is just too new and frankly not necessary!

Sincerely,
Jackie Purvis

From: Kimberly Taylor
Sent: 2/1/2022 1:18:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Garry Blankenship
Sent: 2/9/2022 6:55:40 AM
To: DOH WSBOH
Cc:
Subject: mRNA Drugs

External Email

Good Day,

I trust you are all aware that a suit has been brought in the World Court against the primary promoters of these dangerous gene therapy drugs. The plaintiffs, promoters and participants in this suit are world class professionals with incomparable credentials. There is no fake news, misinformation or radicalism involved. The promotion and advancement of these drugs is shameful at any level. Fully mRNA "vaccinated" people contract, spread and die from the COVID virus. Our health system denies early treatment until a COVID patient can be given more dangerous, ineffective and expensive drugs just before they become a death statistic. This blind push for all to receive as many patented drugs as possible must stop. Health and healthy living does not and will not come from a needle. Can you for a moment please consider how a country, indeed world, can go all in on a drug with unknown efficacy and side effects and deny the use of known safe and effective drugs. mRNA drugged people are suffering horrible adverse reactions and the full extent of this carnage is not yet known. Post mRNA introduction all cause deaths are up dramatically. It truly is insanity. That anyone would even consider giving these drugs to children is criminal. A human under 70 years of age is far more likely to die from the drugs than the virus. Please stop the poisoning.

Sincerely,

Garry Blankenship
Sequim, WA

From: Tracey Donovan
Sent: 2/8/2022 5:39:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Terri Camp
Sent: 1/27/2022 3:55:12 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Olga Motornaya
Sent: 2/4/2022 3:14:43 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sue Stevenson
Sent: 1/28/2022 3:48:09 PM
To: DOH WSBOH
Cc:
Subject: Stop the poison

External Email

I really wish that all of you who are working for the people would really work for the people. You are being given in accurate information and this vaccine is killing people on a massive level. Please learn something!

Sue Stevenson

Sent from my iPhone

From: Julie Mayer
Sent: 2/9/2022 7:28:25 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am emailing you today to let you know that my family believes that the COVID-19 shot should be a choice not mandatory for children to go to school. I would appreciate a strong hard no for mandating an experimental gene therapy on anyone let alone our most vulnerable. Can you guarantee that the long term side effects won't be damaging to them in the future? You are playing Russian roulette with these children's lives. I will pray for you to find it in yourselves to make the choice not to mandate these on our children. This will ultimately be on your hands if things go extremely bad. Are you able to live with that responsibility?

Thank you

Julie

From: Kahler, Kelie (SBOH)
Sent: 1/26/2022 7:53:30 AM
To: DOH WSBOH
Cc:
Subject: FW: Tracking users

From: klfleishman <klfleishman@yahoo.com>
Sent: Wednesday, January 26, 2022 7:15 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Tracking users

External Email

WA State Board of Health information should be available with e-mail tracking.

Sent from my Verizon, Samsung Galaxy smartphone

From: CHRISTINA CHAPPELL
Sent: 2/8/2022 10:26:44 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

DROP THE COVID-19 ISSUE AND LAY OFF RESTRICTIONS!!!
(We are going on three years of this nonsense and I do believe that IF this was such a safety concern, the SUPER BOWL would even be still considered in your damn restrictions!)

The face masks are a joke!
The lab technicians in Wuhaun, China wore HAZMAT suits from head-to-toe.
The 6 ft social distancing is a joke!
This whole damn thing is a joke! Ha! Ha!
It's time you people STOP with your BULLSHIT and leave people ALONE!
If citizens wanted the 'jab', they would be seeking it out.
STOP! FORCING PEOPLE TO DO WHAT POWER-TRIP YOU'RE ON!!!!

Signed,
Christina M Chappell

From: Beverly Maloy
Sent: 2/7/2022 8:22:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sally Ormond
Sent: 2/7/2022 5:00:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bill Osmunson
Sent: 2/2/2022 9:59:55 AM
To: DOH WSBOH
Cc:
Subject: HB 1684 Fluoridation



attachments\E59884BAE715484F_HB 1684 Fluoridation 2 1 22 Osmunson (1).pdf

External Email

Dear Washington State Board of Health, Keith Grellener, Tom Pendergrass, Elisabeth Crawford, Temple Lentz, Vazaskia Crockerell, Fran Bessermin, Bob Lutz, and Umair Shah,

The Legislature has asked the Board of Health for advice on HB 1684 Fluoridation to be provided within 10 days. Ten days is not enough time for the smartest person in the world to carefully review all streams of evidence on all sides. Tradition supports fluoridation. Please consider science rather than endorsements.

The US Food and Drug Administration and the Washington State Board of Pharmacy, all Pharmacopeias and most developed countries have determined fluoride when marketed for ingestion with the intent to prevent dental caries is a legend (prescription) drug.

The research is clearly showing too many (70%) of children have dental fluorosis, a biomarker of excess fluoride exposure.

The research is clearly showing mothers on fluoridated water and infants ingesting fluoridated water used to make their formula result in developmental neurotoxicity (lower IQ). In the last 4 years, 22 human studies report lower IQ. Grandjean et al 2021 reported 5 IQ loss with mother's urinary fluoride concentration at 0.7 ppm. Urine fluoride concentration mirrors the fluoride concentration of water the mothers and infants are ingesting and a Benchmark Dose for only 1 IQ loss is 0.2 ppm.

HB 1684 is built on historic tradition without looking at the current science. Dental caries are not highly contagious or lethal like COVID and fluoride ingestion should not be mandated when so many are showing signs of excess fluoride. Makes no sense to give those with too much fluoride even more.

Fluoride is now considered as lethal to the developing brain as lead. Although HB 1684 does not mandate fluoridation, it pressures more water purveyors to fluoridate their water.

Proponents have never answered the most fundamental question of how the fluoride gets from the blood in the tooth to the surface of the tooth where caries start or have started. No known mechanism for fluoride transfer through the tooth is known. Researchers are now reporting swallowing fluoride has little chance of reducing dental caries. No metabolic function requires fluoride. Fluoride is not a nutrient.

Proponents rely on endorsements, tradition and one side of the science. Please review the attached for more evidence. The Board has a great deal of historical evidence from previous submissions.

Please advise the Legislature to not pass HB 1684 until a more thorough and careful review of the science can be achieved.

Sincerely,

Bill Osmunson DDS MPH

Comments Regarding HB 1684 and Water Fluoridation

Bill Osmunson DDS MPH
American Environmental Health Studies Project, Board Chair
billosmunson@gmail.com

HB 1684 is a public health danger and very expensive.

Comments are presented below in summary form, followed by a more detailed review of some serious errors with HB 1684. Finally, the need for notifications to water users regarding the potential for fluoride overexposure and risks is presented.

Summary: See also [Fifty](#) reasons HB 1684 will harm the public

The lack of individual freedom of choice, excess exposure, serious risks and lack of FDA approval make HB 1684 harmful to public health. Hundreds of published research studies reporting fluoride's danger have been published since the 2006 [NRC report](#) for the EPA on fluoride in water. The 12 members were unanimous the Maximum Contaminant Level Goal as set by the EPA is not protective.

Yes indeed, the EPA classifies fluoride as a **contaminant** and HB1684 pushes water purveyors to contaminate their water. The legislature should not promote the contamination of water. The risks raised in 2006 included risks to [teeth](#),¹ [musculoskeletal](#), [reproductive](#), [neurotoxic](#) and neurobehavioral, [endocrine](#), [GI](#), [renal](#), [hepatic](#), [immune](#), [genotoxicity](#), and [carcinogenicity](#). Those links are for about 10,000 published studies reporting harm from fluoride. Each one of those links provide ample evidence to stop fluoridation rather than further overdosing the public.

Of urgent concern is fluoride's effect on the developing brain. Below are listed 22 human studies published from 2017 through 2021. Fluoride is presumed to be a developmental neurotoxin, more toxic than lead, lowering IQ. Lower IQ is known to increase special education in schools and drop outs, increase incarceration rates, increase crime, increase divorce and increase job loss. HB 1684 increases human suffering and significant monetary costs to society.

Grandjean et al,² 2021 "[A Benchmark Dose Analysis for Maternal Pregnancy Urine-Fluoride and IQ in Children](#)" reporting 1 IQ loss at 0.2 mg/L mothers urine fluoride concentration must be carefully reviewed by the legislature and Washington Board and Department of Health. Note, urine fluoride and water fluoride concentrations are similar. At fluoridation concentrations of 0.7 ppm (same as mg/L), 5 IQ points are lost. The highly respected international authors have more than a thousand published studies, many in the area of toxins on the developing brain. Their expertise has been accepted by research publications, courts and universities.

¹ All 12 members of the NRC committee agreed the MCLG should prevent dental fluorosis. See page 23

² Phillippe Grandjean is Professor at the T.H Chan Harvard School of Public Health and University of Southern Denmark. Howard Hu and Morteza Bashash are at the Department of Preventive Medicine, Keck School of Medicine USC. Christine Till and Rivka Green and David Flora, Faculty of Health, York University, Martha Tellez-Rojo, Mexico, Peter Song Department of Biostatistics, School of Public Health, University of Michigan, Bruce Lanphear Faculty of Health Sciences, Simon Fraser University, British Columbia,, Esben Budtz-Jorgensen Department of Biostatistics, University of Copenhagen, Denmark.

A careful scientific review inclusive of all stakeholders (including vulnerable members of the public) rather than blind trust in historic flawed policies and laws, needs to be a top priority.

HB 1684 is NOT supported by a careful review of current science. Topical fluoride has benefit, swallowing does not. Studies supporting fluoridation are mostly historic and have serious flaws. Water fluoridation as promoted by HB 1684 will cause harm in many ways, which constitutes negligence³ on the part of those promoting this bill, advocating for it, and voting for it. Some harms are outlined below in the remainder of the summary, and are described in further detail with citations following the summary.

HB 1684 will most seriously harm the unborn, infants, and children, and fails to warn pregnant mothers and caregivers of known risks. Fluoridation has similar if not greater risk to the brain than lead.

HB 1684 is built on historical policies and assumptions, marketing and trust rather than current science. Many studies have been published and more than 50 streams of evidence must be considered which have significant impact on HB 1684. A careful review of the science takes a great deal of time.

HB 1684 will harm the developing brain and teeth and will increase the burden to schools, businesses, parents, and society while having no FDA approved health benefit.

HB 1684 fails to provide individual recommended fluoride dosages for benefits and risks. Although water systems regulate the concentration of fluoride in water, they do not regulate the amount of water each person drinks. Therefore, individual dosage is unregulated and of most concern to the unborn and infants.

HB 1684 fails to notify water purveyors that the Washington State Board of Pharmacy determined that the ingestion of fluoride with intent to prevent dental caries makes fluoride a **prescription drug**. The US Food and Drug Administration has determined that fluoride for ingestion is an **unapproved drug** and the evidence for its efficacy is incomplete. Pharmacopeias list fluoride as a drug. If not regulated as a drug, fluoride fits within the definition of poison per RCW 69.38.010 (i.e., a substance that, when introduced into the human body in quantities of sixty grains or less, causes violent sickness or death). Note: 60 grains is 3,888 mg, and fluoride can cause death at 5 mg/kg body weight, or around 250-500 mg for an adult, less for a child. Fluoride is a poison under this RCW definition, however, it is exempt from poison laws in Washington State when regulated as an approved legend drug or exempted by law.⁴ Fluoride is not FDA approved, has no approved label, and no NDA number.

The World Health Organization's Technical Report Series 846, *"Dental and Public Health administrators should be aware of the total fluoride exposure in the population before introducing any additional fluoride program for caries prevention."* Many in Washington State are ingesting too much fluoride even without fluoridated water.

WHO's 1992 recommendation, *"Estimation of the amount of fluoride ingested from all environmental and dietary sources is important so that rational and scientifically sound decisions can be made when guidelines for the use of fluorides are reviewed periodically and modified."*

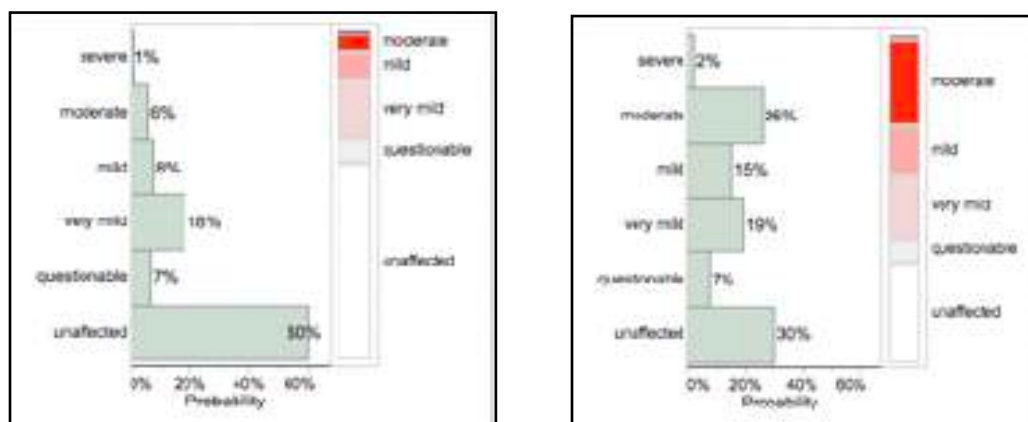
³ Negligence is defined as the failure to use the degree of care appropriate to the circumstances, resulting in an unintended injury to another.

⁴ A legend drug is a drug approved by the U.S. Food and Drug Administration that can be dispensed to the public only with a prescription from a medical doctor or other licensed practitioner.

During public testimony 1/25/2021, the Local Government Committee chairman mentioned that the legislature has asked the DOH (I believe it should be WSBOH) to advise on the safety and efficacy of fluoridation within the next 10 days. With many serious streams of evidence needing to be considered, and Federal reviews of just one of those streams of evidence has taken decades, the WSBOH will not be able to provide a complete literature review and reasoned studied advice. A cut and paste of historical policy and unscientific marketing opinions is inadequate and will result in harm to the public. As stated earlier, an unscientific review would constitute willful negligence on the part of the legislators promoting this bill and those voting for it.

Fluoride's mechanism of action is topical, not via ingestion. Fluoride works by interacting topically after teeth erupt. The evidence for its effectiveness when applied to erupted teeth is well supported. Fluoride incorporation into developing teeth is very minor and does not contribute to caries prevention. Fluoride is not a nutrient nor essential for any bodily function. A very small amount of ingested fluoride makes its way to saliva to provide some topical fluoride after tooth eruption, but this amount is 50 to 100 fold less than what is obtained from fluoride that is present in food and beverages. Enamel and dentin demonstrate significant transport hindrance. The effective pore radii of the transport pathways in the enamel are approximately 0.7-0.9 nm.

Many are ingesting too much fluoride and are overexposed. The two charts below, [Neurath et al, \(2019\)](#) compare dental fluorosis rates as reported by the National Health and Nutrition Survey, in the 1999-2004 and 2011 to 2012 survey periods. Moderate and severe dental fluorosis has significantly increased in the roughly 10 years between these two surveys.



[Dong et al \(2021\)](#) looked at the NHANES 2015-2016 and reported 70% of children and adolescents in the survey have dental fluorosis. [\(NIDCR\) Oral Health in America](#) is a sobering admission Oral Health in the United States needs to improve but even more fluoride is not the answer.

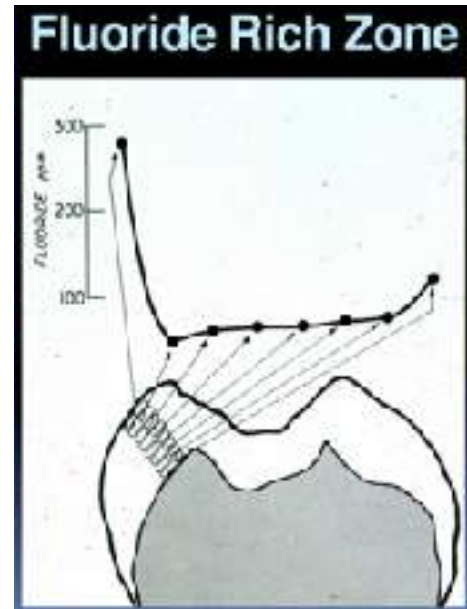
HB 1684 puts more emphasis and money on a failed public health policy rather than taking a fresh look at alternatives to better address oral health. Using a toxic chemical, a legend drug with an uncontrolled dose, to try to prevent dental caries, not only fails because it can't prevent caries but the policy is flawed because the policy fails to help those children develop good oral health habits which prevent other diseases such as periodontal disease, oral cancer, and good overall health.

Studies typically cited to support water fluoridation are of low quality, need to be carefully evaluated and understood, and need to be considered with all of the more recent streams of evidence.

Studies concluding fluoridation is effective, have problems, which include but are not limited to: not one study corrects for unknown confounding factors which is most important, not one prospective randomized controlled trial (RCT),⁵ socioeconomic status usually not controlled, inadequate size, difficulty in diagnosing decay, delay in tooth eruption not controlled, diet (Vitamin D, calcium, strontium, sugar, fresh and frozen year round vegetables and fruit consumption) not controlled, total exposure of fluoride not determined, oral hygiene not determined, not evaluating life time benefit, estimating or assuming subject actually drinks the water, dental treatment expenses not considered, mother's fluoride exposure not measured, breast feeding and infant formula excluded, fraud, gross errors, and bias not corrected, and genetics not considered. The FDA is correct, the evidence for efficacy is incomplete.

Note the "Fluoride Rich Zone" figure to the right. When the tooth is sectioned like slices of bread and the fluoride concentration measured in each slice, the fluoride concentration in each slice is similar regardless of fluoride intake except on the outside layer from topical fluoride. Fluoride does not migrate through the tooth as we were taught in dental school.

No agency accepts jurisdiction for determine the safety, dosage, label and benefit of fluoridation. In a letter from the Washington State Department of Health (WSDH) I was informed the WSDH *"will rely on known national entities like the CDC and EPA to assess the science"* on fluoridation.



The Washington State Legislature relies on the WSDH who rely on agencies not responsible for determining the safety, efficacy, dosage and label of the fluoride drug. Neither the CDC nor the EPA⁶ are charged by Congress to regulate the addition of fluoride in water with the intent to prevent disease. The EPA is prohibited from adding anything to water for the treatment of humans, EPA treats water. EPA relies on the FDA. The FDA does not regulate public water systems. When the CDC warned care givers to avoid using fluoridated water to make infant formula, the WSDH disagreed and protected policy rather than infants.

Jurisdiction of fluoride is like a hot potato tossed to "someone else" and no one has jurisdiction. HB1684 should be amended to designate an agency(s) to have jurisdiction. Congress has charged the FDA with jurisdiction and the Washington legislature should do the same. Once fluoride is FDA approved, the dispensing of fluoride in water needs to have WSDH jurisdiction.

⁵ A prospective study is an epidemiologic study in which the groups of individuals (cohorts) are selected on the bases of factors that are to be examined for possible effects on some outcome. For example, the effect of exposure to a specific risk factor on the eventual development of a particular disease can be studied. The cohorts are then followed over a period of time to determine the incidence rates of the outcomes being studied as they relate to the original factors in question. Also called a cohort study. Examples include concurrent cohort studies and randomized controlled trials.

⁶ Safe Drinking Water Act Section 1412 (b)(II)

I. REVIEW of HB 1684 Flaws

Sec. 1 (1) claims fluoride is a proven mechanism for reducing health disparities affecting people of all stages of life.

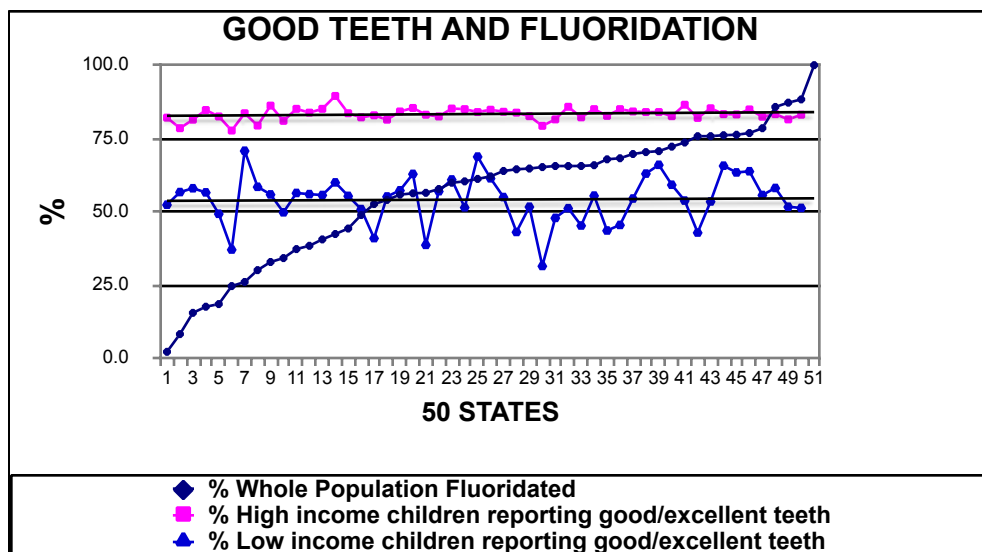
Consistent and undisputed evidence demonstrates there are disparities in health and oral health. However, fluoridation has not and does not close those disparities (e.g., see [\(NIDCR\) Oral Health in America](#)). The science is robust, HB1684 will make disparities worse by causing harm to many.

A Cochrane analysis (2015) of fluoridation research lacked a single RCT, reported studies to be mostly historic, mostly of naturally occurring fluoride with high mineral content, before much toothpaste was used, no life-time benefit, no benefit for social disparities, but studies available did find relative benefit from tooth decay. We will show how those studies of benefit have serious flaws.

Studies reporting increases in dental caries in low socioeconomic cohorts are low quality with many flaws (see [Neurath et al \(2017\)](#))

Sec 1 (2) “The legislature further finds . . . fluoridated water promotes community oral health. . . ”

Fluoridation does not promote health or reduce disparities. The graph below is from data of the National Survey of Children’s Health, US HHS, 2005. Note the 50 states of the USA and reported “good to excellent teeth.” About 80% of the wealthy have good teeth and about 52% of the poor report “good to excellent teeth.” However, fluoridation has no common cause. Oral health and health equities would be better with fluoridation money spent on improving income and health education rather than imposing a highly toxic chemical with serious side effects.



Sec 1(3) “The legislature further finds . . . bridge social inequities” See comments on Sec. 1(1). No quality research demonstrates fluoridation bridges social inequities.

Sec 1(5) “The legislature further finds . . . fluoridation is cost-effective. . . ” The legislature relies on assumption of benefit and estimates the cost savings based on that flawed assumption.

[Ko \(2015\)](#) estimates a savings of “\$3 per person per year for best-case scenario, but this savings is eliminated by the estimated cost of treating dental fluorosis.”

[Maupome \(2007\)](#) compared cost of dental treatment for children in health maintenance organization (HMO) members in fluoridated Vancouver, WA ((\$186/year) with unfluoridated in Portland, OR (\$180/year) and found enough savings to pay for equipment repairs, but not for the costs of installing the equipment, introducing the chemicals, or the costs of treating dental fluorosis. About 2% difference is within the differences in diagnosis and treatment skills of the dentists.

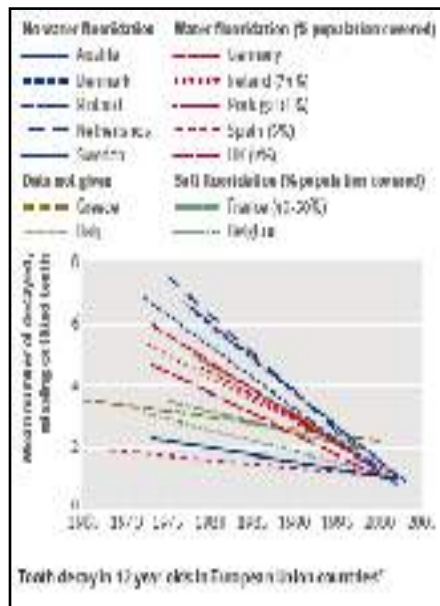
Estimates usually do NOT include the cost of: 1) other chemicals added (e.g., pH balancing chemicals to reduce damage to water system infrastructure) because hydrofluorosilicic acid (HFSA) is used, 2) fluoride testing, 3) record keeping and reporting, 4) extra hazmat precautions and training, 5) fluoride equipment maintenance, upgrades & replacement, 6) fluoridation promotion such as HB 1684, 7) added liability insurance and legal fees, 8) holding fluoridation plebiscites, 9) HFSA spills and fluoridation overfeeds, 10) avoiding fluoride in families sensitive to fluoride, 11) treating objectionable fluorosis, or 12) treating other fluoride-related health problems.

Frequently proponents suggest they are only adjusting the natural fluoride concentration in the water. If the natural concentration of arsenic, lead, or other toxins were “adjusted” higher, we would also object. “Natural” fluoride is generally found in the form of calcium fluoride, a less toxic form of fluoride than the industrial waste product HFSA. In addition, the bioavailability of added fluoride chemicals like HFSA varies depending on the hardness of the receiving water. Washington State for the most part has relatively soft water, and thus the bioavailability and potential intake of fluoride into body tissues is greater than locations where the water is harder. Generic policies regarding target concentrations of fluoride fail to account for these types of important factors determining exposure.

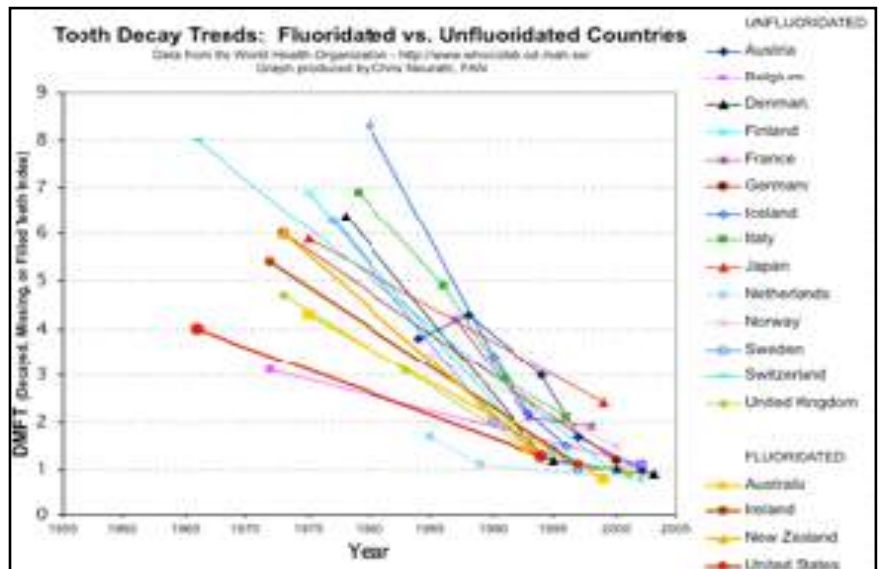
Sec 1 (6) “The legislature further finds. . . fluoridation. . . is essential”

Fluoride is not an essential nutrient. Dental caries are not due to inadequate fluoride ingestion. For example, scurvy is the result of inadequate vitamin C, dental caries are not the result of inadequate fluoride ingestion. British Columbia has lower dental caries rates without fluoridation than Washington State. Oregon with about 19% fluoridated has slightly lower caries than Washington with about 44% of the population fluoridated. Some areas of Europe have lower caries rates and no fluoridation. Fluoride is not an essential mineral for the body, it is a toxin.

Two studies published using WHO data graphically demonstrate dental caries decline regardless of fluoridation. Fluoridation is not essential for good oral health.

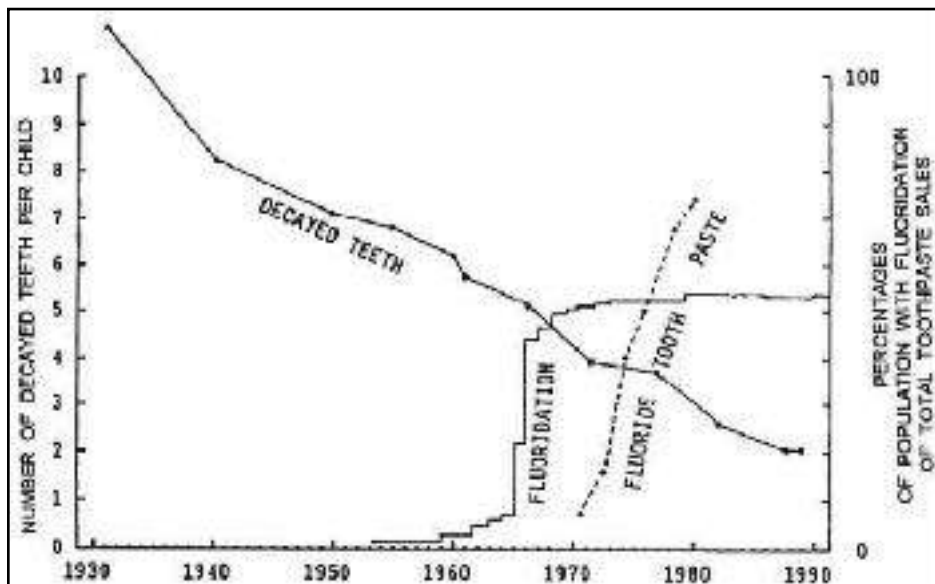


Chen et al, BMJ 5 October



Neurath: Fluoride Research 2006

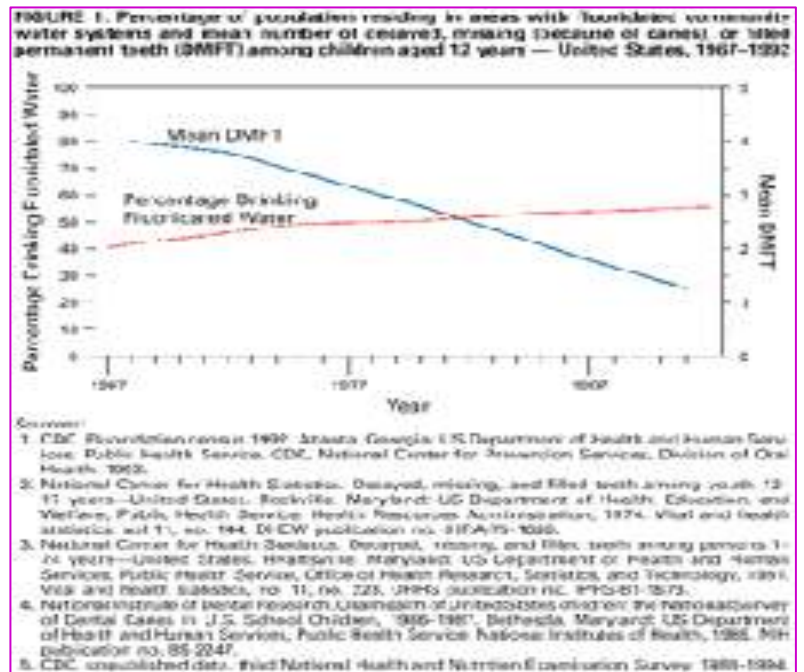
Colquhoun 1997 ISFR published the following graph illustrating the decline of dental caries prior to fluoridation. No studies on fluoridation address the factors causing a dramatic reduction in dental caries prior to fluoridation. As can be seen above, other countries continued the decline regardless of fluoridation status. The FDA is correct when finding the evidence for benefit from fluoride ingestion is incomplete.⁷ The recent PPTOX keynote speaker, former director of the US NTP and OHAT confirmed ingested fluoride would not reduce dental caries.⁸



⁷Published in Drug Digest 1975

⁸ Prenatal Programming Toxicity Conference, January 2022, Del Linda Birnbaum retired from National Toxicology Program and Office of Health Assessment and Translation 771717

In contrast, the CDC presents Figure 1 of support for fluoridation. At first glance it appears an increase in fluoridation reduces dental caries. However, the CDC cherry picked the years. Indeed, caries declined and percentage of the population fluoridated increased but the two events are unrelated. Caries rates were declining regardless of fluoridation. And consider perhaps more of the public were randomly fluoridated in cities and CDC would have us believe that resulted in an implausible 70% decline in dental caries. The fluoride was not targeted to high risk individuals.



The legislature has failed to provide current scientific support for the marketing claim that fluoridation is essential. Most dental caries decline took place prior to fluoridation. No one knows what factors were most significant in causing the decline, and no studies have corrected for those highly significant unknown factors.

Consider these countries response to fluoridation:

Austria	REJECTED: "toxic fluorides" NOT added
Belgium	REJECTED: encourages self-determination – those who want fluoride should get it themselves.
Finland	STOPPED: "...do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride our teeth need." A recent study of Finnish data found "...no indication of an increasing trend ...of caries."
Germany	STOPPED: A recent study of German data found no evidence of an increasing trend of caries.
Denmark	REJECTED: "...toxic fluorides have never been added to the public water supplies in Denmark."
Norway	REJECTED: "...drinking water should not be fluoridated"
Sweden	BANNED: "not allowed". No safety data available!
Netherlands	REJECTED: "...at present the addition of chemicals to drinking water is prohibited by law in the Netherlands. This law came into effect because it was widely perceived that drinking water should not be used as a vehicle for pharmaceuticals. Furthermore, fluoridation of drinking water would conflict with the freedom to choose for natural drinking water. This principle of freedom of choice is considered as an important basic principle in the

Netherlands.” [SOURCE](#): 2007 – RIVM report 270091004/2007 for the Dutch Ministry of Health, Welfare and Sports.

Hungary STOPPED: for technical reasons in the '60s. However, despite technological advances, remains unfluoridated.

Japan REJECTED: "...may cause health problems...." The 0.8 -1.5 mg regulated level is for calcium-fluoride, not the hazardous waste by-product which is added with artificial fluoridation.

Israel SUSPENDED mandatory fluoridation until the issue is reexamined from all aspects.: June 21, 2006 “The labor, welfare and health Knesset committee”

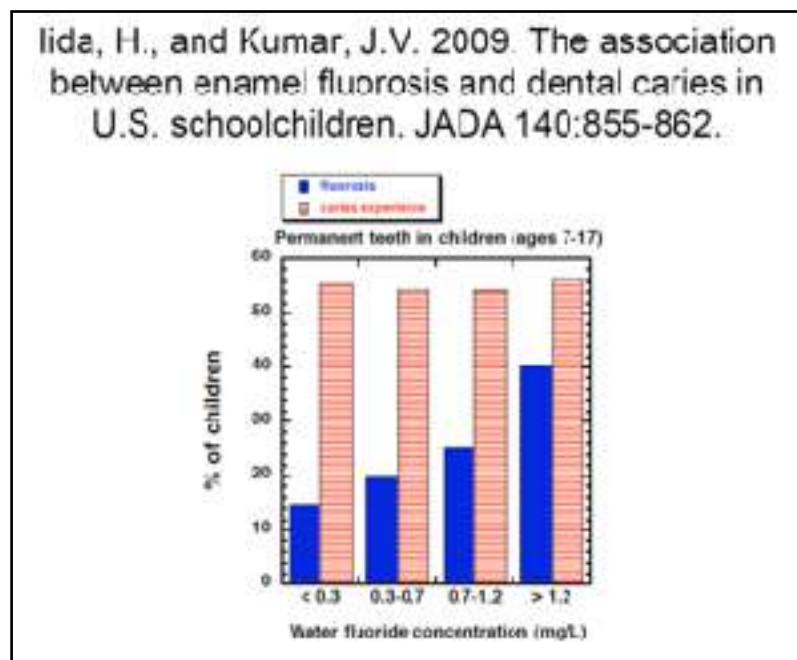
China BANNED: "not allowed“ China sells their fluoride toxic waste to the USA for us to drink in fluoridated water.

France REDUCED: Was 50% purchased fluoridated salt, decreasing to 30%.

US organizations opposed to fluoridation include the International Academy of Oral Medicine and Toxicology, International Academy of Biological Dentistry and Medicine, and the American Academy of Integrative Medicine.

Numerous USA organizations support fluoridation, but those are endorsements, not science, and those organizations do not accept jurisdiction or liability for fluoridation.

Some studies show increased dental caries with increased fluoride exposure. Note the graph below from Iida and Kumar (2009). With increased fluoride concentration, dental fluorosis increases and dental caries (red line) has very slight decrease between 0.3 and 1.2 mg/L and then caries increases with increased fluoride exposure at concentrations >1.2 mg/L.

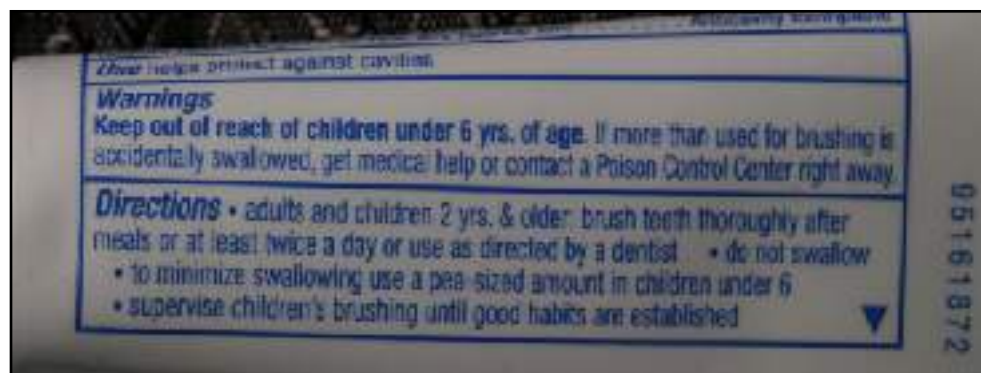


The American Dental Association provides this picture of Early Childhood Caries in its promotion of water fluoridation.



Fluoridation did not help that child. Are proponents of fluoridation suggesting that fluoridation only helps bottom teeth? No. This child has baby bottle caries, going to bed with a bottle of juice and sucking on it while sleeping. The tongue protected the bottom teeth to some extent but not the top. The damage is tragic, and health education would help, not fluoridation. Forcing water fluoridation of 100% of Washington State or the world will not help children like this, but health education can.

Fluoridated toothpaste is FDA approved. Note that the label states, "Drug Facts" because fluoride is a drug when marketed with the intent to prevent dental caries and is a drug because it is listed in the Pharmacopeias. The warnings on the label are especially intended to protect infants and children. The picture below shows a large pea size of toothpaste, which contains twice as much fluoride (about 0.5 mg) than the amount of fluoride recommended by the FDA in drinking water (about 0.25 mg per large glass of water). In other words, each large glass of fluoridated water contains about a quarter milligram of fluoride, which in the form of toothpaste, the FDA warns not to swallow.



FDA 1975 warned manufacturers of fluoridated supplements the evidence for efficacy was incomplete and maintains that position today.⁹ The FDA sent a warning to the company DS Waters of America that their fluoridated Nursery Water product is misbranded and illegal to be sold for children under the age of two. Fluoride ingestion has never gone through the FDA approval process, and fluoride is determined by both the FDA 21 USC 321 (g)(1)(B) and Washington State Board of Pharmacy to be a legend drug.

In 2013, Steve Neugeboren, Associate General Counsel of the EPA's Water Law Office [responded](#) to the question of who had jurisdiction over the fluoride added to water supplies as follows: *"The FDA, remains responsible for regulating the addition of drugs to the water supply for health care purposes."*

In 2001, the FDA testified fluoride is a drug. In 2012 FDA Donald Dobbs Consumer Safety Officer Division of Drug Information responded, *"... FDA has no authority to regulate fluoride compounds used to fluoridate public drinking water. . . is regulated by the US EPA"* SDWA.

EPA and FDA each assign jurisdiction for regulating chemicals used in water fluoridation to the other agency, and thus neither are taking responsibility for determining the safety and/or efficacy of the practice.

The EPA testified to Congress in 2001, "The EPA has no "empirical scientific data on the effects of fluosilicic acid or sodium silicofluoride on health and behavior."

The FDA warned manufacturers of fluoride supplements, *"...there is no substantial evidence of drug effectiveness as prescribed, recommended or suggested in its labeling. . . marketing is in violation of the new drug provisions of the Federal Food, Drug, and Cosmetic Act; they have, therefore, requested that marketing of these products be discontinued."* FDA Letter to 35 Companies (DRUG THERAPY 1975).

EPA scientists have expressed their concern through their union, *"In summary, **we hold that fluoridation is an unreasonable risk.** That is, the toxicity of fluoride is so great and the purported benefits associated with it are so small - if there are any at all – **that requiring every man, woman and child in America to ingest it borders on criminal behavior on the part of governments.**" Dr. J. William Hirzy, Senior Vice-President, Headquarters Union, US Environmental Protection Agency, March 26, 2001.*

Sec. 2 of HB 1684 attempts to pressure water purveyors to fluoridate their water and fails to explain the other sources of fluoride available to people, such as tea, toothpaste, and supplements. Giving people freedom of choice for treatment of a non-lethal and non-contagious disease (dental caries) is the ethical approach. Forced treatment without informed consent is not ethical.

The fluoride chemicals added to water are not pharmaceutical grade but have contaminants. Currently, a shortage of fluoride chemicals in the USA is forcing some suppliers to purchase fluoride from other countries (including China) and the contaminants in these sources are not monitored or known.

Sec. 4. HB 1684 appears to make discontinuing fluoridation difficult, in effect strong arming water systems with the assumption that the legislature knows best, and the assumption that fluoride ingestion has benefit

⁹ Drug Digest 1975

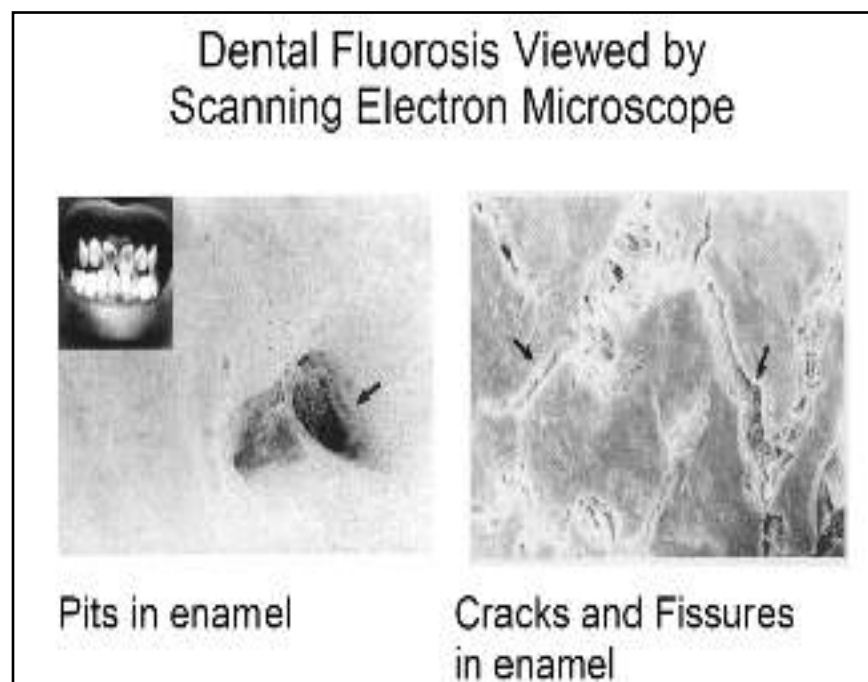
without risk. Science is dynamic and our understanding evolves. One size or dosage does not fit everyone. Variations in ages, genders, and the existence of other health problems make mass medication using an unapproved drug dangerous and illegal.

Sec. 5. HB 1684 calls for implementing assessments, but the assumption built into the bill is that fluoridation will reduce inequities. Connecticut, Detroit and Boston have fluoridated for over 60 years and report a crisis of dental caries. Kentucky (2003), fluoridated for 50 years, was awarded 100% fluoridated by the American Dental Association and yet ranked as the #1 highest state in number of edentulous residents (individuals without teeth). Fluoridation has not helped Kentucky. Giving a highly toxic substance to everyone without consent is not ethical or effective.

II. HB 1684 MUST INCLUDE A PROVISION FOR NOTIFICATION OF WATER USERS REGARDING THE RISKS AND POTENTIAL FOR OVEREXPOSURE TO FLUORIDE.

1. **Dental fluorosis** is an undisputed and known risk of fluoridation and brushed off by some as only cosmetic. Cosmetic harm is harm for some people. Damage to a person's face resulting in a scar is both harm and cosmetic. Dental fluorosis is a biomarker of excess fluoride exposure, and thus an indicator of potential harm to other tissues in the body. Fluoride promoters' assumption that the only risk of fluoride is to teeth, and the presumption that it is safe for all the other cells and functions of the body is seriously flawed. I sometimes treat dental fluorosis. Lifetime treatment for teeth damaged by fluorosis can cost over \$100,000 per person.

Below is an electron microscope look at dental fluorosis.



Below is an example of a “Fluoride Bomb.” Fluoride makes the tooth harder and more difficult to diagnose the caries, resulting in a bombed-out tooth when the caries are finally diagnosed.

Below are photographs taken before and after treatment of dental fluorosis, at a cost about \$1,000 per tooth, with an average treatment lifespan of 15 years (i.e., requiring future re-treatment). (Photo Courtesy of Dr. Markus)

Caregivers should be notified and clearly instructed not to give fluoridated water or fluoride supplements to their children, and to teach their children to spit out toothpaste before swallowing.

A 2009 review paper covering 17 studies found that *“Infant formula consumption was associated with a higher prevalence of enamel fluorosis in the permanent dentition”* Hujoel et al, JADA:2009,140:849.

The [CDC](#) states that *“Dental fluorosis only occurs when younger children consume too much fluoride, . . . when teeth are developing under the gums.”* And this is the same time during which fluoride is the most dangerous to the developing brain.

2. Development neurotoxicity from fluoride is a serious risk.

At a minimum, HB 1684 needs to require that water purveyors providing warnings regarding the adverse effects of excess fluoride exposure and the risks to vulnerable subpopulations.

For over four years the National Toxicology Program has been reviewing fluoride’s effect on the developing brain, developmental neurotoxicity. A [draft review](#) is available and is reported to be finalized later this Spring. However, the draft report does not include the most recent studies. In just a few months, the research has become more exact and specific reporting harm with ever lower fluoride concentrations.

Here are links to:

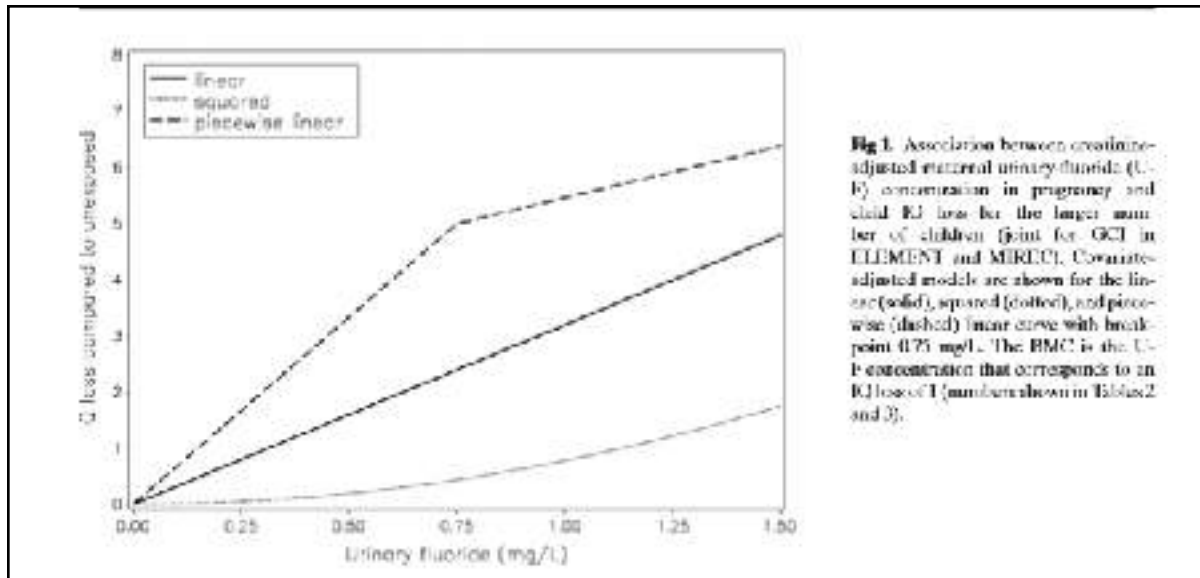
[23 human studies](#) published since 2017 on the association of fluoride exposure and reduced IQ.

[125 human studies](#) published on cognitive function and IQ score.

In 2021, Grandjean et al published [“A Benchmark Dose Analysis for Maternal Pregnancy Urine-Fluoride and IQ in Children”](#). This is the second fluoride benchmark study published that finds fluoride causing lower IQ and using measured data of urine-fluoride concentrations. The authors conclude, *“Thus, the joint data show a BMCL in terms of the adjusted U-F concentrations in the pregnant women of approximately 0.2 mg/L. These results can be used to guide decisions on preventing excess fluoride exposure in pregnant women.”*

Note that urine fluoride concentrations are similar to water fluoride concentrations, which make the measures used in these modern studies particularly valuable. Based on this study and others, water fluoridation at 0.2 ppm (mg/L) would cause loss of 1 IQ point. Fluoridation target concentration is at 0.7 ppm, and is reported to cause a loss of 5 IQ points. See Fig 1 below from Grandjean et al (2021).

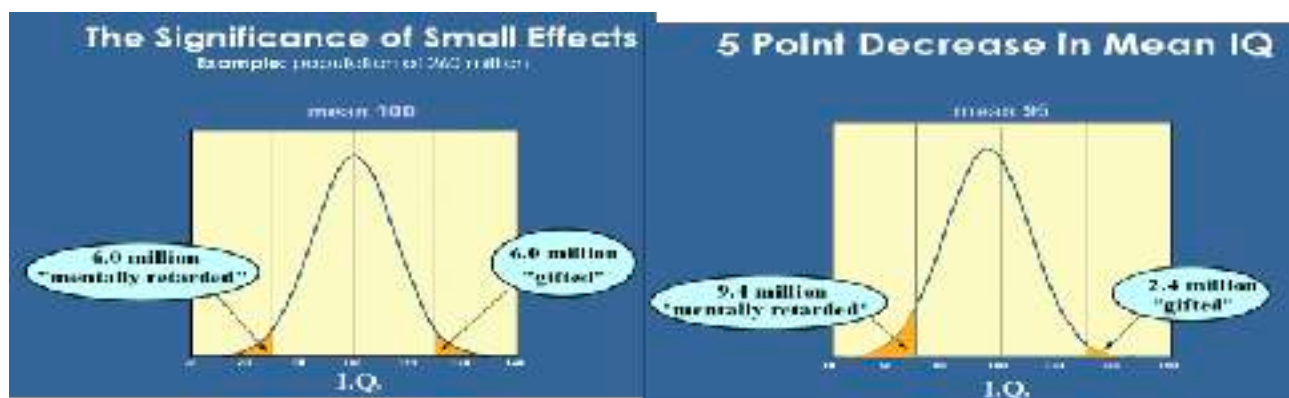
Note Fig 1 below from Grandjean shows about a 5 IQ point loss with urinary (and water) fluoride concentration of 0.7 ppm.



Mothers consuming fluoridated water are lowering their child's IQ. Scientists are starting to evaluate the effect of toxins on sperm development, where it appears that fluoride may lower sperm count, and the effects may be carried on for 2 to 4 generations. ([2022 PPTOX Conference](#)).

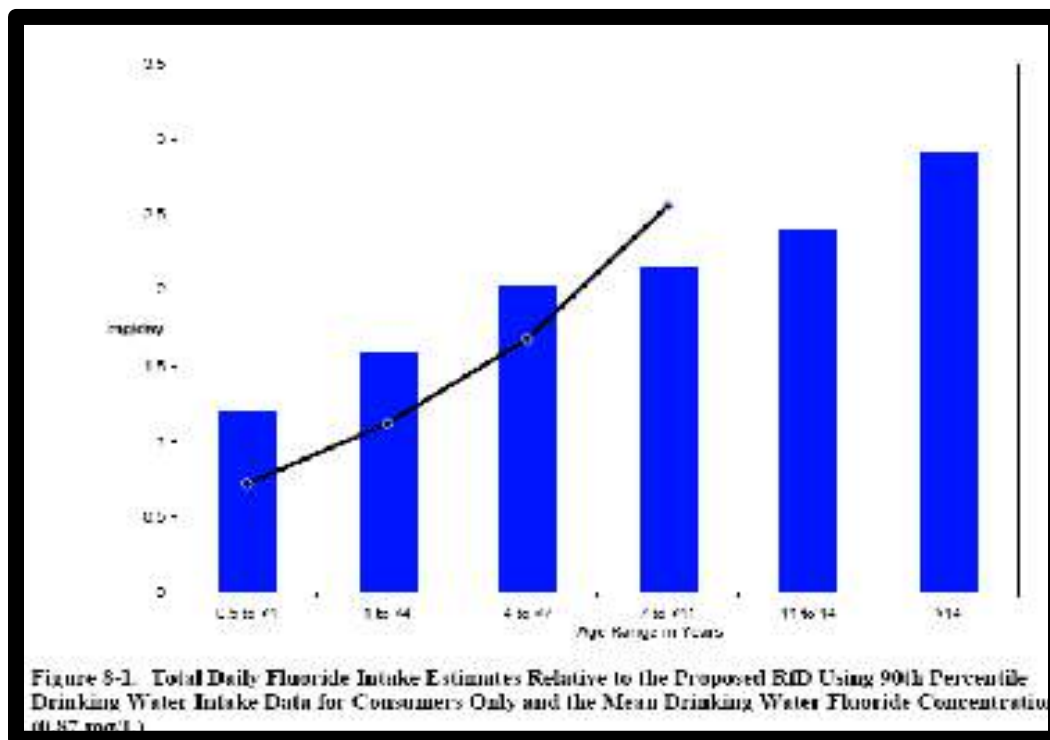
HB 1684 must require water purveyors that fluoridate to warn mothers to not drink fluoridated water and caregivers to not use fluoridated water for making infant formula.

The significance of 5 IQ point loss is illustrated in the two bell curves below. The low IQ have a disproportionate harmful effect. Our special education classes have a 57% increase. The number of gifted have a 60% reduction. How can we tell if an average child should have been gifted. "Frying" our children's brains has a serious impact on all of us.

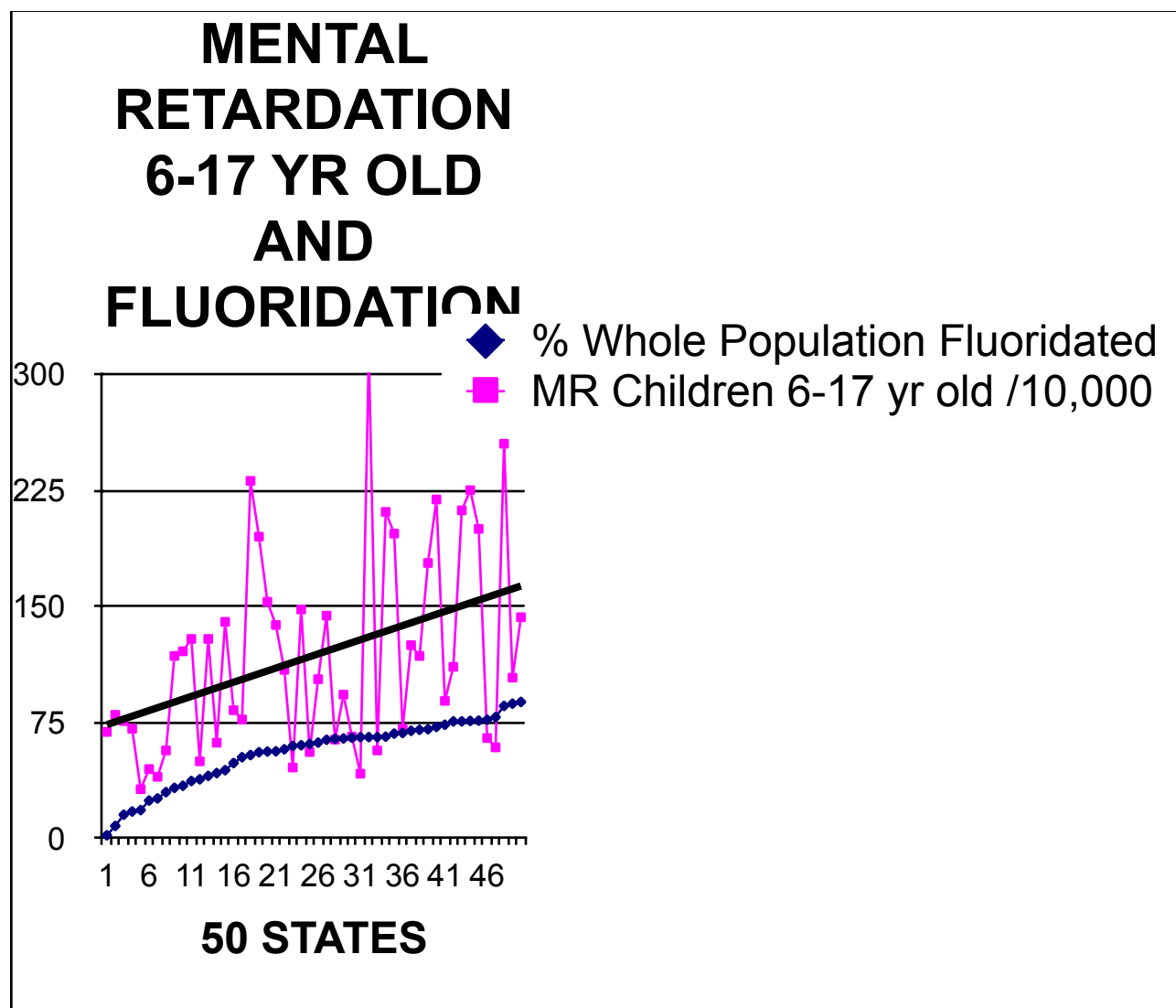


In 2006, the EPA was advised by the National Research Council to do a Dose Response Analysis and Relative Source Contribution Analysis. Their report was published in 2010, and it showed that at least a third of children under seven years of age would exceed what was then considered as a safe dose of fluoride.

EPA's Figure 8-1 (reproduced below) graphically illustrates those most at risk. Note that infants are not included, even though these are an even greater at risk population. The percentage above the black line are ingesting above "safe" dosage levels. The black line is demonstrating redefining the "safe" daily dosage up by 33%, but even with that change, children will still not be protected. In addition, this figure only addresses water intake for 90% of the public, and does not address the 10% drinking the most water and infants are ignored.



The graph below ranks the 50 USA states and the reported “mental retardation” in 6 to 17 year olds per 10,000 population of their state. Although there are many factors affecting what is reported as “mental retardation,” fluoride does appear to have a common cause.



In 2016, the EPA was taken to court to defend a claim that their Maximum Contaminant Level for fluoride is not safe and allows for lowering of IQ to occur. The case is under the Toxic Substances Control Act in the Federal Court in San Francisco (Case Number: Civ. No. 17-CV-02162-EMC). EPA hired experts because the EPA claimed they don't have anyone capable of determining the toxicity of fluoride. The EPA is not capable of protecting the public from the risks of fluoride. The judge has scheduled the next hearing in the case for June 7, 2022.

Although the focus of fluoride researchers in the last few years has been on developmental neurotoxicity, other health risks from excess fluoride exposure to teeth, musculoskeletal, reproductive, neurotoxic and neurobehavioral, endocrine, GI, renal, hepatic, immune, genotoxic, and carcinogenicity must

also be reviewed. Consider a search on www.pubmed.gov for terms such as “fluoride cancer” “fluoride thyroid” and “fluoride _____” filling in the blank with each of the risks as listed by the NRC 2006 review of fluoridation for the EPA.

Thank you for your careful consideration of HB 1684’s serious flaws and vote NO.

Bill Osmunson DDS MPH

American Environmental Health Studies Project, Board Chair

1418 112th Ave NE

Bellevue, WA 98004

425.466.0100

billosmunson@gmail.com

From: Tara Brant
Sent: 1/29/2022 6:37:02 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nancy Wachter
Sent: 1/29/2022 12:44:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Beryl Emberson-Nash
Sent: 2/8/2022 2:21:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/2/2022 2:46:52 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\C2FED787DA0042D8_image001.png

Hello,

Can someone please respond to the customer inquiry below?

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 1, 2022 6:10 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Request information about programs or services

2.

Please enter your comments or questions in the space provided below:

I can't find where you vote to include Covid vaccinations on the list of vaccines that required in public schools in Washington state. Please help me.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
URL

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Tommie Roe

Email:

Tommtan@ yahoo.com

Telephone:

3609086955

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Tommtan@yahoo.com <mailto:Tommtan@yahoo.com>

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/7/2022 5:49:25 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Local control to lift mask mandates

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:08:42 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Donahoe,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: melanie beatty
Sent: 1/31/2022 4:35:39 PM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

When is the next tag meeting ? Consideration of requirement for the Covid vaccine for kids have you guys talked to doctors about the side effects of the vaccine on kids and the long lasting effects it could have on their heart? Also has the board talked to doctors about immunity with kids and the kids that have already had Covid and kids that cannot receive the vaccine ? Has the board also taken into consideration that phase 3 testing of the childhood Covid vaccine testing will not be completed until May 20 26 I believe a lot of parents are reluctant to give the vaccine to their children for that exact reason .

Sent from my iPhone

From: Val Dimitrov
Sent: 2/2/2022 3:03:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\5D6579D8308249EB_image001.png

External Email

Hello,

The due date of the "Caregivers & Parents Survey: COVID-19 Vaccine as a School Requirement" survey was broadcasted as February 2, 2022. I filled it out by got the following message when I tried to submit it:

This leads me to believe that the its validity is being tempered with. Please exercise caution making any recommendations on the basis of the survey. This experience is also shared with many others who took it to the social media.

Best regards,

Val Dimitrov

From: Brian Lenssen
Sent: 1/27/2022 8:21:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Monica Eilertsen
Sent: 1/31/2022 9:02:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rachelle Kwiat
Sent: 1/28/2022 10:07:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bobbi Tolman
Sent: 1/30/2022 2:07:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: John Robinson
Sent: 1/27/2022 5:53:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brenda Oster
Sent: 2/8/2022 9:26:42 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To the BOH:

I strongly oppose the inclusion of the potentially gene-altering Covid shots , commonly referred to as vaccines , as part of the requirement for school enrollment.

The COVID-19 experimental biological products are touted as safe and effective, yet the FDA and Pfizer are currently fighting in court (again) to delay releasing the safety data. What is there to hide? Where is the transparency? Why can't independent scientists review the safety data?

Reproductive toxicity has not been properly evaluated. There have been NO studies for genotoxicity and NO studies for carcinogenicity. Animal studies are incomplete and inadequate.

Once these shots are included as a part of the required vaccines for entering school the drug manufacturers & government cannot be held liable for any adverse reactions , either acute or chronic . So why the rush to vaccinate considering these shots have not gone through adequate testing and for which the safety data has not yet been released ?!

Children who become infected with SARS co-v2 typically experience mild cold or flu-like symptoms. Such a presentation of mild symptoms hardly warrants the forcing of an experimental vaccination ! And children have not been proven to be super spreaders of Covid.

And since the vaccines were designed for the original strain of this virus ; and since the virus keeps mutating as we've witnessed with this newest variant - Omicron ; and since these old vaccines have not proven very efficacious against the Omicron ,as we've seen in the large numbers of fully vaccinated people contracting Omicron, it seems like a waste of time , effort ,and potentially a risk , as the shots could do damage to the current good health status of each child, in an to attempt to vaccinate against today's or tomorrow's variant using an obsolete vaccine that was designed for yesterday's strain.

Thank you ,
Brenda L Oster , active-retired RN

Sent from my iPhone

From: Michael Moseley
Sent: 1/28/2022 5:51:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ☐☐Jeff Merritt
Sent: 2/7/2022 9:39:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sheryl Stevenson
Sent: 2/7/2022 7:13:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michele Yousef
Sent: 2/9/2022 9:12:15 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Mandate for Children

External Email

Hello,

I am strongly opposed to mandating the Covid vaccine for children in order to attend school. This vaccine is unnecessary in children unless they are at high risk with immune compromising issues. The science has shown all along that children are not dying of Covid and IF they get it, symptoms are much like the flu.

We need to stop this overreach and leave it up to the parents to decide.

NO VACCINE MANDATE FOR KIDS!!!!

Sincerely,
Michele Yousef
King County

From: Tatyana Samolovov
Sent: 2/3/2022 10:17:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rita Andreeva
Sent: 2/8/2022 7:37:33 PM
To: DOH WSBOH
Cc:
Subject: Please consider my comment before voting at the Feb. 10th meeting

External Email

Regarding your Criteria #5:

The mRNA vaccines available currently do not work. You can see that in countries where the vaccination rate is the highest, such as in Australia, the rate of infection is way up, as well as deaths. <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/australia/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgraphics.reuters.com%2Fworld-coronavirus-tracker-and-maps%2Fcountries-and-territories%2Faustralia%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9d87bfd9f90b4aa7419708d9e>>

Israel is giving up, realizing that the vaccines do not work, placed an order for a vaccine called Novavax which is using old-fashioned protein technology.

Also, mRNA vaccines do nothing at all to stop spread of the virus, therefore it is completely pointless to vaccinate children, since the risk of adverse effects outweighs the danger of covid.

You could revisit this issue once the Novavax is approved in the US.

Rita Andreeva

From: Marie Loran
Sent: 1/29/2022 10:10:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Russell
Sent: 2/7/2022 8:22:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Zana Carver
Sent: 2/3/2022 2:20:24 PM
To: Wade Smith, Mark Higgins, Derek Sarley, Ruth Ladderud, kmulkerin@wwps.org, erindal@wwps.org, ttrick@wwps.org, aruff@wwps.org, DOH WSOH
Cc:
Subject: WA Lawsuit

External Email

COVID testing company faked test results, lied to patients, WA lawsuit says

Jan. 31, 2022 at 3:55 pm Updated Feb. 1, 2022 at 7:18 am

https://www.seattletimes.com/seattle-news/health/covid-testing-company-faked-test-results-lied-to-patients-wa-ag-lawsuit-says/?utm_source=twitter&utm_medium=social&utm_campaign=article_inset_1.1
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.seattletimes.com%2Fseattle-news%2Fhealth%2Fcovid-testing-company-faked-test-results-lied-to-patients-wa-ag-lawsuit-says%2F%3Futm_source%3Dtwitter%26utm_medium%3Dsocial%26utm_campaign%3Darticle_inset_1.1&>

An Illinois-based coronavirus testing company with at least 13 sites in Washington, faked or delayed test results (or provided none at all), lied to patients and failed to properly store test samples, according to a lawsuit filed Monday by Washington state Attorney General Bob Ferguson.

The lawsuit, filed in King County Superior Court, describes how the company, Center for COVID Control, expanded to about 300 U.S. locations and allegedly took advantage of residents at a time when frequent testing was in high demand as a "critical tool in the fight against COVID-19."

"Center for COVID Control contributed to the spread of COVID-19 when it provided false negative results," Ferguson said in a statement. "These sham testing centers threatened the health and safety of our communities. They must be held accountable."

The suit also alleges the Center for COVID Control stored tests in garbage bags for more than a week, rather than properly refrigerating them; backdated sample-collection dates so stale samples would still be processed; and instructed its employees to "lie to patients on a daily basis" when Washingtonians asked about delayed results.

Ferguson also named Akbar Syed, Aleya Siyaj and Doctors Clinical Laboratory in the lawsuit.

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2Ffor-Windows>

From: Norman Lilyroth
Sent: 1/28/2022 11:43:43 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cascade Climber

Sent: 1/27/2022 11:08:30 AM

To: DOH WSBOH,otp.informationdesk@icc-cpi.int,Barkis, Andrew,Bateman, Jessica,Berg, April,Bergquist, Steve,Berry, Liz,Billig, Andy,Boehnke, Matt,Braun, John,Bronoske, Dan,Brown, Sharon,Caldier, Michelle,Callan, Lisa,Carlyle, Reuven,Chambers, Kelly,Chandler, Bruce,Chase, Rob,Chopp, Frank,Cleveland, Annette,Cody, Eileen,Conway, Steve,Corry, Chris,Das, Mona,Davis, Lauren,Dent, Tom,Dhingra, Manka,Dolan, Laurie,Donaghy, Brandy,Dozier, Perry,Duerr, Davina,Dufault, Jeremie,Dye, Mary,Entenman, Debra,Ericksen, Doug,Eslick, Carolyn,Fey, Jake,Fitzgibbon, Joe,Fortunato, Phil,Frame, Noel,Frockt, David,Gilday, Greg,Abbarno, Peter,Gildon, Chris,Goehner, Keith,Goodman, Roger,Graham, Jenny,Gregerson, Mia,Griffey, Dan,Hackney, David,Hansen, Drew,Harris, Paul,Harris-Talley, Kirsten,Hasegawa, Bob,Hawkins, Brad,Hoff, Larry,Holy, Jeff,Honeyford, Jim,Hunt, Sam,Jacobsen, Cyndy,Jinkins, Laurie,Johnson, Jesse,Keiser, Karen,King, Curtis,Kirby, Steve,Klicker, Mark,Klippert, Brad,Kloba, Shelley,Kraft, Vicki,Kretz, Joel,Kuderer, Patty (LEG),Leavitt, Mari,Lekanoff, Debra,Liias, Marko,Lovelett, Liz,Lovick, John,MacEwen, Drew,Macri, Nicole,Maycumber, Jacquelin,McCaslin, Bob,McCune, Jim,McEntire, Joel,Morgan, Melanie,DOR Gina Mosbrucker,Mullet, Mark,Muzzall, Ron,Nguyen, Joe,Nobles, T'wina (LEG),Orcutt, Ed,Ormsby, Timm,Ortiz-Self, Lillian,Orwall, Tina,Padden, Mike,Paul, Dave,Pedersen, Jamie,Peterson, Strom,Pollet, Gerry,Ramel, Alex,Ramos, Bill,Randall, Emily,Riccelli, Marcus,Rivers, Ann,Robertson, Eric,Robinson, June,Rolfes, Christine,Rude, Skyler,Rule, Alicia,Ryu, Cindy,Saldana, Rebecca (LEG),Salomon, Jesse,Schmick, Joe,Schoesler, Mark,Sells, Mike,Senn, Tana,tim.sheldon@leg.wa.gov,Shewmake, Sharon,Short, Shelly,Simmons, Tarra,Slatter, Vandana,Springer, Larry,Stanford, Derek,Steele, Mike (LEG),Stokesbary, Drew,Stonier, Monica,Sullivan, Pat,Sutherland, Robert,Taylor, Jamila,Thai, My-Linh,Tharinger, Steve,Trudeau, Yasmin,Valdez, Javier, Van De Wege, Kevin,Vick, Brandon,Volz, Mike,DOR Keith Wagoner,Walen, Amy,Walsh, Jim,Warnick, Judy,Wellman, Lisa,Wicks, Emily,Wilcox, JT,Wilson, Claire,Wilson, Jeff,Wilson, Lynda,Wylie, Sharon,Ybarra, Alex,Young, Jesse,Santos, Sharon Tomiko

Subject: CONVOY

External Email

This is what we need in OLYMPIA: RESIGN ILLEGITIMATE IMPOSTER #GOVIDIOT
'MAGGOT' INSLEE & SHOVE YOUR FAKE 'COVID' MANDATES up a VERY DARK PLACE!

<https://www.youtube.com/watch?v=OVuWFCuWYrY>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

From: Mary Serbousek
Sent: 2/7/2022 8:22:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Aarron Fahrenkrug
Sent: 1/28/2022 4:37:44 AM
To: DOH WSB OH
Cc:
Subject: Public Comment

External Email

Good morning,
I want to make it clear, I DO NOT support any mandate from Inslee or the board of health considering my personal health decisions. I definitely oppose any bureaucracy making health decisions for my children. This should be left to the parents and doctors, not politicians.
Thank you,
Aarron Fahrenkrug
206 1st Ave East
Pacific, wa 98047

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Brian Lenssen
Sent: 1/27/2022 8:21:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carlin Flubacker
Sent: 2/7/2022 10:56:41 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

Hello,

I am writing to comment on the recommendation of the Covid vaccine for attending public school in Washington. In the current situation, there is not enough data to support this vaccine being beneficial to kids staying in school. Unless we tested the entire population randomly, we would have no idea what the infection rates of Covid actually are. All of the data in King County is gathered through people actually driving to testing sites or choosing to report a rapid test, hardly a good measure of how many cases are in the community. Even my high schoolers know this, due to their excellent education.

Please don't tell us that there will be exemptions, without explaining what rules will apply to students with exemptions. This issue should be addressed now and not later.

By the time fall rolls around, this vaccine will be almost 2 years old and probably even less effective at stopping Covid than it is now.

I don't want to move my students out of our public schools here, but I will do so. They are excellent students and I will not have them missing school unless they are actually sick.

Thank you.

Carlin Flubacker

Sent from my iPhone

From: Michelle I. Whitney
Sent: 2/3/2022 3:54:51 AM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

Can you tell me who the school district representative is that is serving on the committee determining whether COVID-19 is going to be mandated children to attend school?

Thanks,
Michelle Whitney

Sent from my iPhone

From: Shelly Smith
Sent: 1/31/2022 8:43:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Glasoe, Stuart D (SBOH)
Sent: 2/9/2022 8:36:37 AM
To: DOH WSBOH
Cc:
Subject: FW: mandate

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Cori Goodmansen <corigoodmansen@gmail.com>
Sent: Wednesday, February 9, 2022 6:11 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: mandate

External Email

I am emailing you in reference to the voting that is taking place today on the Covid 19 mandate for children to enter schools.

I strongly oppose this mandate. I will be home schooling if this takes place in our state- which will pull me away from my full-time Clinical Practice.

The risk for children is low for Covid-19 but the risk they are taking with the vaccination runs high (we now know there is a high risk of myocarditis).

If teachers feel unsafe they should mask and vaccinate.

Please consider all facts before voting today.

Thank you for your time.

Dr. Corene Bodily-Goodmansen

From: bnecklackey@gmail.com
Sent: 2/8/2022 6:11:12 PM
To: DOH WSBOH
Cc:
Subject: February 10 WSBOH Meeting

External Email

Hello Board Members,

I understand that you will be reviewing updates to the vaccination schedule and making a determination of the FDA emergency authorization Covid-19 shoots should be added per criteria 5 & 6. Based on my understanding of these two criteria, even if any of the shoots had been approved they still do not meet the requirements as follows:

- * Prevents disease: The CDC, FDA and WHO have all acknowledged that the Covid-19 shoots do not prevent the obtaining or spreading of the disease. It is only reducing symptoms and shortening the duration of the effects of the disease.
- * Disease morbidity and mortality: The CDC, FDA and WHO has all acknowledged that the morbidity and mortality rate from Covid-19 of school aged children without comorbidities is significantly low and is comparable to regular seasonal colds and flues.
- * Person-to-person transmission: Again, the CDC, FDA, & WHO have acknowledged that the Covid-19 shoot does not prevent this and that as the disease continues to mutate that the shoots are becoming even less effective at doing what little it did before.

At this time I hope you understand after reviewing all available information that is out there that adding the Covid-19 shoot to the list of required vaccinations is not justifiable at this time since it does not meet the criteria for 5 & 6, but also does not meet legal requirements and challenges that would arise if approved by the board. I request that adding the Covid-19 shoot to the list of required vaccinations is tabled, by voting no for its acceptance, until it meets the criteria for 5 & 6 and has been approved by FDA for use for all school aged children.

Thank you for your consideration of the above comments and your time for reading this and your service on the board.

Sincerely,

Bryan Lackey

From: Julia Stewart
Sent: 2/1/2022 5:17:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Grace Sudlow
Sent: 2/6/2022 4:24:42 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dear sir, we received an email from our school on February 1 regarding the survey for Covid vaccination if it were made a requirement for school entry . Apparently it closed the very next day on February 2(it may have reopened but the date of actual closure is unclear. As of today it is all closed Feb 6). Was it the state who gave us such a little timeframe to respond to the survey or was the school delayed in getting the survey to us? I'm wondering who I should contact regarding this. Thank you
Grace Sudlow

Sent from my iPhone

From: Michael Carpenter
Sent: 1/31/2022 1:43:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kevin Marth
Sent: 1/30/2022 11:21:21 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Josie Koelzer
Sent: 2/7/2022 10:44:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

Thank you for your service.

Ann Makar

Vancouver

From: Malinda McGee
Sent: 2/3/2022 9:34:15 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sara Fortune
Sent: 2/7/2022 3:23:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lang, Caitlin M (SBOH)
Sent: 2/7/2022 2:30:45 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 4:08 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Lang,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Jessica Dietsch
Sent: 2/8/2022 8:02:23 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Melissa Monroe
Sent: 2/7/2022 3:11:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: josiah heinz
Sent: 2/7/2022 3:49:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maria Taylor
Sent: 2/2/2022 6:15:37 PM
To: DOH WSBOH
Cc:
Subject: Washington Board of Health School Survey on Covid Requirement

External Email

To whom it may concern:

I wanted to respond to the Washington State Board Health Survey but it seems it is no longer available. This is a shame that you did not make clear the deadline or that you are preventing the community from voicing their opinions.

Requiring the covid vaccine for my children would be a burden on us financially. It would require my husband to take time off work or the funds for us to hire a babysitter and the cost of gas (which is increasing) so that we could transport our children to an additional appointment. It would also be a burden/traumatization for our children who don't like getting shots and who would then need three (two for the vaccine and a booster every six months).

Another concern we have about requiring this vaccine is the infringement on parental rights. I believe every parent should have the right to decide on medical treatment for their children. This vaccine has neither proven to be effective in stopping children from catching the virus or spreading it; that is very disappointing results. In addition there have been known adverse side effects in the test studies and it seems to be unethical to require such a vaccine.

Finally, requiring the vaccine would infringe on the right to education, without any real benefits (i.e. since the vaccine doesn't stop the spread or from catching it). How can you ethically bar children from attending school because they haven't received an ineffective vaccine? I am opposed to forcing an ineffective and potentially harmful vaccine at the expense of my children's education.

Sincerely,
Maria Plumb

From: Susan May
Sent: 1/28/2022 10:47:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Janet Bass
Sent: 1/28/2022 9:16:21 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sharon Craig
Sent: 1/31/2022 12:15:55 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Adams
Sent: 2/9/2022 6:20:51 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am writing because there is no proof that the vaccine is safe for children. In fact, there is proof that children who have been given the vaccine have died and have suffered from myocarditis and other heart inflammation issues. There is no published safety data for adults, never mind children. Personally, I took the vaccine and still got Covid, as did some of my friends. I have friends who were never vaccinated and never got Covid. Covid does not affect children severely, unless they have certain comorbidities. Why should we risk injecting our children with a vaccine that is approved for Emergency Use Only. This vaccine is not licensed for any human! We don't know how this will affect our children 20 years from now.

From: Sergey Didenko
Sent: 2/3/2022 2:30:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Olsen
Sent: 2/8/2022 12:58:50 PM
To: DOH WSBOH
Cc:
Subject: Adding Covid Vaccines...

External Email

...to the list of required vaccines for students to attend school is a mistake.

1. There is no evidence of vaccine efficacy. The shots don't stop or slow the spread of infection and do not prevent infection.
2. The pharmaceutical companies do not have any liability for vaccine injuries and the vaccines have not been properly vetted.
3. There is no evidence supporting that benefits of the shots outweigh the risks of the shots.
4. Children do not appear to suffer major health problems as a result of getting or having had Covid.
5. This is a gross example of a government overreach. The people will not have it. Democrats and republicans are uniting on a new common ground: FREEDOM. There will be serious repercussions for the state as a whole....

-Julie Olsen

Sent from my iPhone

From: Carolyn Harris
Sent: 2/7/2022 3:30:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kristi Sabo
Sent: 1/31/2022 8:35:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jennifer Lazo
Sent: 2/2/2022 6:06:22 PM
To: slevy@kingcounty.gov,DOH WSB OH
Cc:
Subject: Health survey for requiring COVID vaccine for students

External Email

Hello, I just found out about the Health survey for requiring COVID vaccine for students in the State of Washington

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles%2FSurveys-Now-Available-Parents-and-Caregivers-Provide-Feedback-to-the-TAG-Responses-Accepted-Until-Wed-Feb-2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3c155901f145bc5c1508d9e6b9bb79%7C11d0e21726>>
and when I went to click on the links, it showed they were already closed.

It unfortunate there was such a low amount of responses that could be recorded and how little it was publicized to ensure it reached all parents. The schools send out vaccine clinic emails once a week but couldn't send one email asking for parents feedback for this forced mandate on a broad scale.

I strongly reject the idea of a vaccine mandate for school age children in the state of Washington. I live Bothell and my 7 year old attends the North Shore School District. With weekly testing the North Shore District has not had any major outbreaks. With weekly testing and proper remote school technology options in place, there is no need to risk kids life from having irreparable side effects.

I have been suffering from an adverse Pfizer vaccine reaction that has completely impacted my quality of life. I had no prior medical issues and now have daily neurological symptoms for which I am seeing 5 different doctors from neurologists, to immunologists, to holistic specialists for detox and 6 months later, I still have no relief after spending tens of thousands of dollars. I have reported it to VAERS, CDC and Pfizer and no one cares to help those injured from the vaccine.

I am not alone, there have been over 1MM adverse reactions reported to VAERS in the US alone. So many other countries are doing away with mandates and many colleges in the US have done so already.

If you enforce this mandate, you will thousands of parents pull the kids out from public schools which will greatly reduce you funding.

Please take this into have a proper survey via a proper survey tool to capture proper

feedback.

Thank you for your consideration.

Jennifer Lazo

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2Ffor-Windows>

From: Kaylee Boffey
Sent: 1/27/2022 8:35:02 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:18 AM
To: DOH WSBOH
Cc:
Subject: FW: Jan 12th Health Board

From: iyanmobaudi@hushmail.com <iyanmobaudi@hushmail.com>
Sent: Tuesday, January 11, 2022 10:18 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Fwd: Jan 12th Health Board

External Email

----- Forwarded message from iyanmobaudi@hushmail.com
<mailto:iyanmobaudi@hushmail.com> -----
Date: 1/11/2022 at 10:06 PM
Subject: Jan 12th Health Board
To: cuanabear@protonmail.com <mailto:cuanabear@protonmail.com>

To whom this concerns,

We have seen the enemy and it is the corrupted, bribed, coerced and complicit federal, state and city governments who have deliberately engaged in this planned-demic to create the greatest crime against humanity to date. You have destroyed our economy, social structure, abused our children who are essentially immune from this 99.9% survival rate flu. And then assaulting the population with a toxic life threatening inoculation which has permanently injured millions and outright killed hundreds of thousands, far exceeding any legitimate deaths from this flu, which has been gone for over a year now. The medical and scientific fraud is staggering, the cognizant dissonance and malice of Inslee's office and his very questionable relationship with the genocidal maniac and international despot Bill Gates is inexcusable. All the while using a fraudulent testing procedure(97% false positive and which tap water gives a positive result) to further cripple the population is beyond reprehensible. Any further ridiculous and draconian behavior from this body will not be tolerated. This fascist agenda Inslee is engaged in is an act of terrorism and treason and along with all your names , address and email, his information and crimes will be handed over to the Nuremberg court currently in session. I pray you do the right thing and rescind any further crimes against the people by supporting this fraud but i know you, like the despotic school board, are bribed and incentivized with billions of our tax dollars by this illegit Biden admin to assault the people and our children. You will be held responsible for your complicity and your complacency. Like DC, MSM, CDC, AMA, WHO, NHS, etc., this governing body has become the enemy thru your treasonous crimes against our republic and our constitution. There has never been a pandemic, no excess death and which effected less than one half of one percent of the population and for this you threaten concentration camps and police intrusion into our homes and businesses. Have you no morality or conscience?

This adventure has pointed out the incompetence and fraud which is the medical industry and how our despotic politician's prey on the people. Those who have awakened will never sleep again. I, for one, will never comply with this criminal enterprise, or my children and grand children. We have seen the enemy.

Sincerely,

Stephen Joseph Strickland

705 N. Main, Deer Park, WA

99006

From: Annrenejoseph
Sent: 2/8/2022 9:17:54 PM
To: DOH WSBOH
Subject: Communicating With Board Members

External Email

No mandatory COVID -19 or any COVID vaccines for school children to attend school.
This is a parental responsibility-not government.
The research on the COVID vaccines regarding children is not favorable.

Dr. AnnRené Joseph

CEO & Educational & Research Consultant, More Arts! LLC
Phone/text: 206-819-8216
moreartsannrene@gmail.com
Mission: "In the business of enhancing lives via the arts, learning, and leadership, using
Biblical principles and promises."
moreartsannrene.com
Jn. 8:32; Eph. 5:19
Please excuse brevity and any errors-sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:19:16 AM
To: DOH WSBOH
Cc:
Subject: FW: LEGISLATION LETTER



attachments\6824942C93A34D49_You are either completely delusio_PRDTOOL_NAMETOOLONG.docx

From: Kelly Harrington <harringtonkelly951@yahoo.com>
Sent: Tuesday, January 11, 2022 5:09 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Fwd: LEGISLATION LETTER

External Email

Sent from my iPhone

Begin forwarded message:

From: Kelly Harrington <harringtonkelly951@yahoo.com
<mailto:harringtonkelly951@yahoo.com> >
Date: January 7, 2022 at 11:35:00 AM PST
To: backtothemax2@gmail.com <mailto:backtothemax2@gmail.com> ,
backtothemax@gmail.com <mailto:backtothemax@gmail.com>
Subject: LEGISLATION LETTER

□

SENT

From: Betsie Elliott
Sent: 2/8/2022 7:31:25 PM
To: DOH WSBOH
Cc:
Subject: Comments for immunization TAG

External Email

Pfizer's own trial data, are starting to be released in response to a Freedom of Information Act (FOIA) request to the FDA. Cumulatively, between Dec. 1, 2020, and Feb. 28, 2021 — a period of just 2.5 months — Pfizer received 42,086 injury reports, including 1,223 fatalities.

Why are life insurance companies reporting deaths are up 40% in 18-64 year olds? These are not COVID deaths.

These vaccines are not safe and nobody has any business telling a parent they have to vaccinate their children to be able to attend WA State schools.

From: Clifford Knopik
Sent: 2/7/2022 5:33:29 PM
To: DOH WSBOH
Cc:
Subject: WA DOH issues and failure of vaccines to prevent transmission

External Email

To whom this may concern,

My name is Dr. Clifford Knopik.

I am writing pertaining to the consideration of COVID-19 vaccines being required for school age children in order to attend school.

I am opposed to this because after spending a year and a half submitting public records requests to the WA Department of Health and analyzing the data returned I have found the following:

1) The WA DOH has made serious data collection issues that have corrupted their entire data set. This has resulted in the inability to have any reliable, accurate data to base public policy on.

2) The data that counties are gathering are now showing most cases and deaths are in the vaccinated population. For example, in King County, as of 2/2/22 61% of all cases are fully vaccinated people and 52% of all deaths are fully vaccinated people.

The vaccines do not stop the spread of COVID-19 and do not adequately protect people from COVID-19. The state's COVID-19 data is a shambles and inadequate to create public policy from. There is no other authoritative data for COVID-19 in Washington State.

The Washington State Board of Health should not require broken vaccines to be mandated and they should not base decisions on faulty COVID data. This would be irresponsible to do towards children.

I would love to meet with the board to walk through a presentation of my findings of the data issues I have uncovered and talk about the implications.

Respectfully,

Dr. Clifford Knopik

Dr. Clifford Knopik has a Doctorate in Computer Science from Colorado Technical University. He also has a Masters in Information Systems from Penn State, a Masters in Homeland Security from Penn State, a Masters in Information Assurance from Dakota State University, a Bachelors in Social Studies from Washington State University, an Associate in Emergency Management from Clackamas Community College, and an Associate in Computer Programming from Pierce College. He was honored to serve for five years in the Washington State Guard where he received emergency management training through FEMA and the Washington Emergency Management Department.

From: Diane Doucette
Sent: 1/28/2022 8:30:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gene Welch
Sent: 2/5/2022 10:03:27 AM
To: DOH WSBOH
Cc:
Subject: School survey about vaccinating children from COVID-19

External Email

To whom it may concern,

I received a survey link from our local elementary school (Greywolf Elementary) to take a survey about whether or not children should be vaccinated against COVID, but the link did not work for me so I figured I would just send an email.

My wife and I believe vaccination against COVID 19 should be up to the parents, not the state, not the schools. We will not vaccinate our children from COVID at this point for 2 reasons. The risk of COVID to children is incredibly small. And, being vaccinated does not prevent the spread of COVID, so vaccinating our children isn't going to go very far to protect the risk population. Even if there weren't the possibility of side effects, why give our children a shot that provides little to no benefit.

If our Public schools mandate that our children get the COVID vaccine our plan is to remove our children from the public school system. We have been looking at private distance learning schools, and local home school groups just in case this happens. We hope that the state and schools do not take this course of action because our children are thriving with their current teacher and love spending time with all the other kids in their class. It would make life more complicated for us, and tighten up our budget as well, but not enough to force us into following a policy we believe is wrong for our children.

Thank you for giving parents the chance to voice their opinions. I hope this helps.

V/R
Gene Ivan Welch

From: Michel Hil
Sent: 2/8/2022 7:40:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Amy Jewell
Sent: 2/7/2022 8:00:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Anthony Radelich
Sent: 2/8/2022 9:28:28 PM
To: DOH WSBOH
Cc:
Subject: Covid shots

External Email

We reject the covid vaccination as a forced requirement in school. We have thosands of parents with us, and will pull our children out from public schools. We will vote down any future levies, as our children will not be attending public schools. We have been long time supporters and donaters of local public schools...and we wish to continue supporting you. We are in favor of optional Covid Vaccinations, as we see fit for our own children. Please make the right decision and leave our childrens health care, and vaccination decisons, in the hands of the individual parents.

Thank you,

Anthony Radelich

From: Stephanie Ebbert
Sent: 1/28/2022 9:53:50 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bev Wennerlind
Sent: 2/7/2022 7:17:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Merri Carlson
Sent: 1/30/2022 8:53:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Theresa Martin
Sent: 1/28/2022 7:43:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: donitaengfer
Sent: 2/8/2022 3:25:58 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

In regards to requiring Covid-19 shots for public school. If this goes through my four children will not set foot in a public school again. As of this year I pulled my two school aged children out, as the Covid-19 restrictions in our public schools are not science-based and have turned our schools into environments that are not beneficial to my children. I had hoped that once the masks were dropped I could send my children back, but if a Covid-19 shot becomes a requirement I will be homeschooling indefinitely.

As you all are aware there is no current published literature on pediatric Covid-19 vaccine effectiveness in a K-12 setting. I would also remind you that children are not at any significant risk of serious injury or death from Covid-19, however they have been to the shots. That is an unnecessary risk I refuse to take. To date my household has had both Delta and Omicron variants, both times my kids barely got sniffles, with Delta they all had zero symptoms (ages 2 months to 14 years old at the time). While studies show Covid-19 is not something we have to worry about with our kids, anxiety, depression, and suicide have become something families have to worry about due to all of the Covid-19 restrictions that are not science based and utterly ridiculous. As a concerned parent with school aged children I am appalled at the lack of common sense and denial of science in lieu of politics and it is gross. Let parents decide whether their children get the shots or not, as that is a decision that should be up for the parents as we are supposed to be a free nation or is that not a thing anymore?

Sincerely,

Donita Engfer
406 S Loomis Ave
Saint John, WA 99171

From: Carmen Rightmire
Sent: 2/8/2022 1:52:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH COVID Vaccine
Sent: 1/28/2022 7:37:58 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Advisory Committee Question



attachments\560D6D36DAEC4945_image001.png

Good morning,

Please review.

Thank you,

Amanda

COVID-19 Vaccine Public Response
Prevention and Community Health Division
Washington State Department of Health

COVID.vaccine@doh.wa.gov

<mailto:COVID.vaccine@doh.wa.gov> 360-236-3873 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>>

From: Shawna Hill <dan.shawna.hill@gmail.com <mailto:dan.shawna.hill@gmail.com> >

Sent: Thursday, January 13, 2022 12:50 PM

To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov <mailto:doh-pio.imt@doh.wa.gov> >

Subject: Vaccine Advisory Committee Question

External Email

Hello, I had a question about the data shared during the VAC meeting on 1/13/2022.

In the data that showed COVID-19 hospitalizations at the beginning of the meeting, is this:

a) looking at people who have COVID and are in the hospital? OR

b) looking at people who are hospitalized BECAUSE of COVID?

I greatly appreciate this clarification.

Thank you,

Shawna Hill

From: HAL STOKES
Sent: 2/9/2022 1:19:19 AM
To: DOH WSBOH
Cc:
Subject: Public Comment - NO Mandates for Kids

External Email

This comment is in regards to your upcoming vote forcing vaccines into our children.

You must NOT vote to force anything into our children's bodies. That is the sole responsibility of the parent. This notion that you know better than parents is despicable and should be criminal.

These vaccines do NOTHING to stop the transmission of the virus and certainly do not prevent contracting the virus. There is absolutely no point to this policy and even less point to pumping these kids full of a vaccine that doesn't work.

Lastly these presentations are full of cherry-picked statistics and percentages. This is clearly a concerted effort to ram this policy through against the will of the people.

Counting cases is pointless as stated by countless experts in the scientific community. It is a metric that should never have been used for a baseline.

Lastly, why are you advancing this ridiculous policy when other states with far worse metrics are rolling them back? Why do hate our kids so?

I implore you. You must vote no.

Regards,

Hal Stokes

From: theresalane@comcast.net
Sent: 1/27/2022 11:21:16 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG on Covid shots for K-12 - Covid shots suppress Innate Immunity

External Email

Hello TAG,

In your process of making the decision to possibly mandate Covid shots for K-12 I would expect you are doing a deep dive into the Safety of the Covid shots. Thank you for taking the time to read this email.

It is odd that Safety is something that is not brought up in the BOH and TAG meetings I have watched. Nothing negative is ever said about the Covid shot, which is extremely concerning.

The only concerns TAG had in their first meeting was about the inconvenience to parents/caregivers to get children to a shot and how the schools and childcares would keep track of who has been vaccinated.

The only thing I have heard from BOH is that Covid shots are safe and effective and that everyone 5 and up should get the shots. How can any medicine be safe and effective for ALL?

To help with your research, which you are doing on behalf of all Washingtonians and their Children, I am providing you with a research paper by Dr. Stephanie Seneff that explains how Covid shots suppress innate immunity, see link.

<https://www.authorea.com/users/455597/articles/552937-innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-quadruplexes-exosomes-and-micrnas>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.authorea.com%2Fusers%2F455597/articles%2F552937-innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-quadruplexes-exosomes-and-micrnas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C43b1f08b03054797e30e08d9e22ec3e9%7C11c>>

Here are some key points :

* In a non-peer-reviewed research paper
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.authorea.com%2Fusers%2F455597/articles%2F552937-innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-quadruplexes-exosomes-and-micrnas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C43b1f08b03054797e30e08d9e22ec3e9%7C11c>>

innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-
quadruplexes-exosomes-and-
micrornas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C43b1f08b03054797e30e08d9e22ec3e9%7C11c
last week, Stephanie Seneff, Ph.D., describes a mechanism of the COVID shots that
results in the suppression of your innate immune system. It does this by inhibiting the
type-1 interferon pathway.

* The COVID

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde>
jab can cause neurons in your brain to produce toxic spike protein, or take up circulating
spike protein, and the neurons try to eliminate the spike protein by transmitting them
through exosomes. The exosomes are picked up by microglia, immune cells in your
brain, which activate an inflammatory response, which can contribute to degenerative
brain disorders.

* Two microRNAs, miR-148a and miR-590, are central in this process. These microRNAs
— excreted in the exosomes along with the spike protein — significantly disrupt the type-
1 interferon response in any cell, including immune cells.

* On average, there are twice as many reports of cancer following the COVID shots
compared to all other vaccines combined over the last 31 years.

* The fact that the signal is that strong is even more remarkable when you consider that
most people don't think the COVID shot could be a variable in their cancer emergence, so
they never report it.

Sincerely,

Theresa Lane – Concerned WA parent

From: Hoff, Christy Curwick (DOH)
Sent: 1/25/2022 9:36:41 AM
To: DOH WSBOH
Cc:
Subject: FW:

From: Me Zee <mzee636@gmail.com>
Sent: Tuesday, January 25, 2022 9:26 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject:

External Email

The oath you took includes the upholding of there laws.

Vaccine requirements should never include an experimental gene altering injection.

We now know that the COVID injections inflict great harm on children. Can you live with that on your conscience?

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in

violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: Judy Mortenson
Sent: 2/7/2022 9:23:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alice Larson
Sent: 2/7/2022 8:57:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: eklektos117
Sent: 2/1/2022 12:57:12 PM
To: CDCINFO@cdc.gov,council@whatcomcounty.us,itccsoffice@gmail.com,LOCS@cdc.gov,DOH
WSBOH
Cc:
Subject: Fw: Johns Hopkins University confirms: You can be vaccinated with a PCR test,
even without knowing

External Email

I am Sovereign by nature of existence; not of license nor statute, and it does not take
leave based on administrations, nor does it suffer deprivation due to jurisdiction.
Sovereignty remains while policies change. {*@^} Tiz

Sent with ProtonMail
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83eb1fbb322421b49a808d9e5c53497%7C>>
Secure Email.

Original Message

On Friday, January 28th, 2022 at 2:36 PM, Stan Galyean <smgwired4good@gmail.com>
wrote:

<https://drleonardcoldwell.com/2021/04/13/johns-hopkins-university-confirms-you-can-be-vaccinated-with-a-pcr-test-even-without-knowing/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrleonardcoldwell.com%2F2021%2F04%2F13%2Fjohns-hopkins-university-confirms-you-can-be-vaccinated-with-a-pcr-test-even-without-knowing%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83eb1fbb322421b49a808d9e5c53497%7C>>

From: Connie Cleveland
Sent: 1/27/2022 9:45:18 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jill Townsend
Sent: 2/8/2022 10:01:36 PM
To: DOH WSBOH
Cc:
Subject: COVID shot

External Email

To whom it may concern,

I've just learned that the Technical Advisory Group is meeting to discuss the possible requirement of the Covid shot for children to attend school. I am adamantly against this requirement for many reasons.

First, our children are NOT dying of this virus. The survival rate is incredibly good for children across the board. Also, as shown the shot does little good in actually protecting our children from getting or spreading this virus so should have no bearing on their wellness. At this point I'm far more concerned with my children's social, emotional and developmental health; all of which have taken a hit during these mandates and pandemic lockdowns our state has implemented.

Second, as a parent of two children in elementary school, I cannot fathom putting something into their little bodies that has zero published data or papers on the effectiveness or side effects of this shot on K-12 children. Many of these studies are still being completed and I will not allow my children to be an experiment.

Finally, as this virus has mutated several times already and the shots are constantly not able to keep up with the mutations, I'm not sure why we would think it a good idea to require this as it will become essential to get continual boosters and "updated" shots each year. Much like the flu vaccine.

I hope, as a board that has the best interests of our public health at heart, you would consider the many reasons our children should not be required this shot to attend school. Their education should never be put at risk by something that has shown its ineffectiveness time and time again.

Thank you for your time,

Jill T.

From: Loren Merriman
Sent: 1/27/2022 11:51:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: lynnettemfield@gmail.com
Sent: 2/8/2022 9:44:31 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please do NOT entertain thoughts of mandating COVID 19 vaccinations for anyone, let alone school students. There are non-pharmacological treatments available for this disease, but there have been no long term studies on students for vaccines. You do NOT want to find out that you caused the deaths or injuries of thousands of children if they discover the vaccines are detrimental!!!

Sincerely,
L Field

Sent from my iPhone

From: Monica Spence
Sent: 1/31/2022 9:27:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

No on covid vaccines on school children of any age to attend public school. Beyond higher risks on the vaccine than getting the virus. We do not know the long term effects.

From: Tiani Grosso
Sent: 2/7/2022 3:27:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gaven Jones
Sent: 1/31/2022 7:30:47 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kellie Herr
Sent: 2/7/2022 7:55:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tim Langley
Sent: 2/8/2022 9:58:40 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello Board Members,
As a high school English teacher in Monroe, WA I can tell you that many of my students are hanging on by a thread due to all the shutdowns, online schooling, and mask requirements. If you require vaccinations that will likely be the last straw for many of my students. They'll drop out and try to get jobs instead of putting up with one more roadblock to their education.

If you care about kids, don't be the cause of many of them leaving school in exasperation!

Tim Langley
English Teacher
Leaders in Learning High School
Senior Associate Professor
Everett Community College

From: Heidi Bleeker
Sent: 1/27/2022 5:15:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nichole West
Sent: 2/8/2022 12:45:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: LESLIE BOYD
Sent: 2/3/2022 4:37:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Shirley Moseng
Sent: 2/7/2022 3:05:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Richard Ribellia
Sent: 1/29/2022 6:18:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: noods moods
Sent: 2/1/2022 3:07:12 PM
To: DOH WSBOH
Cc:
Subject: Covid and Mandates

External Email

To Whom This May Concern,

Thank you for your time and consideration reviewing my email. I write to you as a concerned parent and citizen as we continue down a strange Covid Policy path that is leading to a dark forest of unknowns.

At this current writing I ask that you take a look around the globe and see what is happening everywhere from Canada to New Zealand. In Canada tens of thousands of people (truckers and citizens) are at the capital refusing to leave because of mandates. In Australia they are not allowing unvaccinated people to participate in society as normal as well as a new policy that won't allow you to visit your child in a hospital unless you are vaccinated. In Washington State you can't go to your favorite restaurant any longer if you are not vaccinated, in some parts of the state you can't go into a public setting without revealing your private health status and showing your vax pass. In Austria they are starting to enforce mandatory vaccination and have press releases stating they will be going door to door with hired personnel. In the U.S. people are losing their jobs for not being vaccinated under the guise of the health policy that protected (vaccinated) folks are at risk of catching covid from unvaccinated folks, so we have to fire them because the protection some received isn't good enough to prevent them from getting sick from those who haven't received it? You can't even make sense out of what the policy is supposed to do? There is no logic here.

Around the world people are protesting these Covid mandates and passes, they are tired, they are scared (not of covid), they are extremely pissed off, and they all protesting for the same reason. Heavy handed mandates and Covid policy is not working and it is taking away freedoms from society as a whole and destroying their families. No one is out here protesting for more masking, more policy, more vaccination, or more bureaucratic assistance. It is effectively time to step away from trying to help and let people live their lives again. Everyone and I mean everyone is over the Covid period in history. There is no reasonable means for a state of emergency or mandates any longer. We have exhausted every tool and reasonable policy and have not changed anything over the course of Covid or the outcomes for 3 years. We have however effectively destroyed careers, lives, families, childhood development, traditions, societal norms, culture, businesses, etc. and continue to press harder, why?

The government and reputable sourced and peer reviewed data tells us only comorbidity sick or elderly folks are at high risk. The data tells us children aren't at risk, never have been. The data tells us hospitals aren't treating it correctly as more people die with covid at the hospital than at home. The data tells us the kitchen sink approach to defeating covid hasn't slowed the spread or stopped Covid. What are we doing? Is the risk of Covid spread greater than societal destruction and our children itself? The CDC's own data suggests 99% of folks survive covid, and that was before vaccinations were even available.

Today a study came out from the respectable and highly credentialed John Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise, you can read it here. <https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.krieger.jhu.edu%2Fiae%2FfiLiterature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cffb79926b9d34d430a7e08d9e5d76f8b%7C>. I'm not sure how much more data we need to prove that public health approach didn't work for multiple reasons, one of which is denial of effective treatments at all stages.

The study is frightening and thorough in highlighting the destruction of last years lockdowns and continued mitigation efforts today. The impact it has had on society, children, business, etc. is heartbreaking and unjustifiable. This needs to stop now.

Another study here, <https://brownstone.org/articles/a-partial-list-of-the-myrriad-abuses-that-facemasks-inflict-on-our-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fa-partial-list-of-the-myrriad-abuses-that-facemasks-inflict-on-our-children%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cffb79926b9d34d430a7e08d9e5d76f8b%7C> highlighting just some of the abuses that Facemasks have inflicted on our children. This article is heart wrenching and leaves one disgusted. Our leaders should be ashamed of themselves. These kids cannot go on living like this, people in general cannot go on living like this. The continued Covid policies affect the poorest families, minorities, and our most fragile citizenry the hardest. For a governor and state majority who is majority liberal by voting numbers constantly touting diversity and inclusion, unity etc. these policies are the exact opposite. Our leaders have lost their way as Americans, we are using top down policy approaches that are destroying commerce and unity amongst the very people they were elected to support.

When does it end? Where does it end? What are we doing? Folks have lost so much faith in government, schools, leaders, boards, institutions, you name it. People and I mean 99% of people just want their lives back and the policies are now preventing this from happening. The children of the world are being abused by these policies, this is not acceptable. No one wants to continue down these path's. We have had ample time for folks to get shots, get healthy, take measures, etc to prevent themselves from getting severe Covid. Those who haven't or choose not to are not going to now by taking more of their freedoms away. They will just fight harder, speak louder, and get more bold in their actions. You will create more division, more hate, and more destruction. Is the Washington State Board of Health and our Government officials going to take responsibility for this?

Natural Immunity is the answer to solving covid but we cannot even recognize it in this country, why? Natural covid immunity stands for nothing, why? This goes against all science and progress we have made throughout history and it is effectively undermining your own policy and respect for governing. Everyone knows natural immunity reigns supreme and the more folks out in society with it the better. But yet we continue to mask and mandate and dampen the affect natural immunity would have at helping resolve this quicker?

Please for the love of society and all things right in your stomach and hearts stop with the overreaching heavy handed policy. Listen to your gut. We are not operating with compassion here. Stop with the mandating of vaccines for kids in schools, there is no logic, no data, and no reasonable outcome for this policy to even be discussed. If there is data available then be transparent, justify it, display it, don't allow this to continue down tyrannical and draconian paths of dystopia. Parents are not happy about this. We don't require FLU shots every year for schools, why require for covid? What is it doing to people that is so justifiable that we must enforce or support mandatory vaccination especially for the children? Why is covid so scary to people, is it because of the non stop social media and messaging campaigns?

Thank you for your support. NO MANDATES NO MASKS NO MORE NOW!

Sincerely,

A compassionate and reasonable citizen.

From: Robert Holte
Sent: 2/7/2022 10:29:56 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sheena Hagel
Sent: 1/27/2022 7:38:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sylvia Glover
Sent: 2/1/2022 12:16:27 PM
To: DOH WSBOH
Cc:
Subject: Local Official Responses to Health in Spokane Cty

External Email

I write for guidance on how I can have impact on the below. Alternatively, I hope DOH is aware and engaged re: how aberrant Spokane's city and county approach has become to health, particularly pandemic responses.

The below link includes information on the most recent chapter of many following the firing of Dr. Lutz in Spokane Cty. and officials' efforts to avoid conventional health response in Spokane City and County. It is fruitless to contact the Commissioners (or—one the city side--the Mayor regarding her lack of engagement with compliance, such as re: City Council member Bingle, who refuses to wear a mask. The mayor distances herself from his censure, leaving the city attorney act as a policy maker, another departure from norms). It is quite possibly unsafe to raise issues at meetings, given incidents at various public forums in the area. Of course, masking isn't enforced here, with even some official offices (e.g., sheriff offices, for example) openly opposing masking and leading to increasing radicalism of those who oppose the mandates. All very discouraging . . .

<https://www.spokesman.com/stories/2022/feb/01/spokane-county-commissioners-could-pick-a-naturopa/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.spokesman.com%2Fstories%2Fspokane-county-commissioners-could-pick-a-naturopa%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbce00054ba4844bd437908d9e5bf7204%7C>>

I recognize there are limits to what DOH can do. Many of us miss the days of Dr. Lutz and conventional, trusted health responses to pandemic and other social/health issues. At least then the regional health district and commissioners had a voice of reason to which to listen. Now, they are walking such a different path and I fear increasingly for health in our area.

Sylvia Glover
Attorney at Law

From: frieda stephens
Sent: 2/9/2022 9:20:55 AM
To: DOH WSBOH
Cc:
Subject: AGAINST JAB (Covid Shot(for children 6 mos - 5yrs

External Email

AGAINST This: In face of the medical evidence, this is blatant medical malfeasance. And subject to future criminal proceedings. It causes myocarditis, blood clots, inflammation of heart, stokes/heart attacks. This was even documented in your circulation journal of November 8, 2021.

Scot

From: Molly Fleming
Sent: 1/27/2022 8:38:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Laura Ryan
Sent: 1/29/2022 10:54:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rebeca Stevens
Sent: 2/8/2022 9:38:31 PM
To: DOH WSBOH
Cc:
Subject: #5 & #6 BOH meeting

External Email

I am weighing in on the 2 agenda questions. #5: does the vaccine prevent disease? Definitely not. It has no effectiveness on Omicron or Delta. It was only effective on the original strain of Covid. As a matter of fact, now it seems to infect the fully vaccinated more.

#6: Does the vaccine reduce the risk of person-to-person spread: Absolutely not. See above. If it does not prevent the disease then it will not reduce person-to-person spread. It might even accelerate it.

Rebecca Stevens

From: Amanda Andrews
Sent: 2/7/2022 3:09:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Frank Lazcano
Sent: 1/30/2022 11:04:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: J. Day
Sent: 2/2/2022 3:05:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gina Howerton
Sent: 2/8/2022 8:12:23 PM
To: DOH WSBOH
Cc:
Subject: Mandatory Vaccines for our Children in WA State

External Email

To the TAG Team,

Vaccine Mandates are ILLEGAL, UNCONSTITUTIONAL AND A CRIME AGAINST OUR CHILDREN.

This Injection was Mandated under an Emergency Use Authorization. It is Not approved by the FDA. It is an Experimental

Drug, not a Vaccine. If you want to be part of this experiment, that is your choice. But this must ALWAYS be a personal, private choice for

Every Parent and Human Being, when there is risk of Death or Injury.

When it comes to our CHILDREN, this is where WE the PARENTS and THE PEOPLE DRAW THE LINE IN THE SAND.

People are DROPPING DEAD from this KILL SHOT WORLD WIDE. Of course, you will not hear about this in mainstream media, which is controlled

by the Pharmaceutical Industry. They have censored all the victims.

Any forced injection on a human being, is no different than rape. This is a murderous crime against our children! Covid death for children is 0 percent!

Have you forgotten the Nuremberg Code? OUR CHILDREN ARE NOT YOUR PROPERTY!! MEDICAL FREEDOM IS A GOD GIVEN RIGHT!! THIS IS A WAR AGAINST OUR GOD!

GOD did not make a mistake when he made our Miraculous Immune Systems, if we only take care of them properly.

If you aren't on the side of GOD, THEN WHO'S SIDE ARE YOU ON? THIS IS GOOD AGAINST EVIL AND YOUR PARTICIPATION IN THIS MANDATED INJECTION, IS EVIL

TO THE CORE. MANY CHILDREN WILL DIE AND BE INJURED FOR LIFE, FROM THIS INJECTION.... AND IT WILL BE BY THE HANDS OF YOU TAG TEAM!!!

THIS IS AN UNCONSTITUTIONAL ACT AND WE WILL NEVER COMPLY!!!! LIBERTY IS A GIFT FROM GOD, NOT MAN.

STAND UP AGAINST MEDICAL TYRANNY, WHILE YOU STILL CAN, BEFORE IT'S TOO LATE, AND YOU WITNESS YOUNG, INNOCENT, CHILDREN BEING MURDERED IN FRONT OF YOUR EYES

BY THIS KILL SHOT!!!

YOU WILL BE HELD ACCOUNTABLE!!!!!! EVERY ONE OF YOU.... BEFORE YOUR GOD!!! AND MAN!!!

GINA HOWERTON

MOTHER, GRANDMOTHER AND GREAT GRANDMOTHER

From: Joyce
Sent: 1/29/2022 10:07:26 AM
To: DOH WSBOH
Cc:
Subject: School and masks

External Email

Covid poses no statistical threat to school age children. The survival rate is 99.99%.
It's unethical, unhealthy, and completely unnecessary to mask up. No to experimental
vaccines. Yes to natural immunity, please.

Respectfully
Joyce johnston

Sent from my iPhone

From: Glasoe, Stuart D (SBOH)
Sent: 2/7/2022 2:34:40 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:10 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Mr. Glasoe,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Letha Swanson
Sent: 2/1/2022 8:56:54 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine

External Email

Why are we pushing the vaccine requirement for COVID-19 when the child mortality rate due to COVID is so low our children have NEVER been required to submit to an annual vaccine.

With childhood deaths being so low why is this even being considered....

I will pull my all my children from their school's if this is the case

All I see for this COVID vaccine requirement in schools is DEPRIVING CHILDREN OF A PROPER EDUCATION.

The flu shot has never been required neither should the COVID shot.

My family and I have all had COVID and it's came and gone just like a slightly tougher cold/flu combination as with any virus as long as you stay hydrated, eat healthy foods and sanitize your home it shall pass.

I hope my letter is met & considered with all sincerity,

Letha L. Swanson

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Michele Patzer
Sent: 1/28/2022 2:19:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: David Ward
Sent: 1/27/2022 6:52:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Curtis Brown
Sent: 2/7/2022 5:14:58 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joanie Roth
Sent: 1/28/2022 9:02:43 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Debby Swecker
Sent: 2/8/2022 9:33:52 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am absolutely opposed to approving or mandating shots for children of ANY AGE! Show us the need for such mandates!! Show us that no harm will result from the shots to the children!!! Authorities who advocate or legislate such measures will be prosecuted to the fullest extent possible in the world courts. Please think twice before passing such totalitarian rules!

Thank you!

Debby

Sent from my iPhone

From: Miranda Hart
Sent: 1/27/2022 9:52:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Art Arpin
Sent: 1/28/2022 7:10:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gayle Baker
Sent: 2/9/2022 12:43:53 AM
To: DOH WSBOH
Cc:
Subject: TAG Meeting COVID 19 "Vaccine" K-12



attachments\6CB9F36A3E3D4705_Attachment B - Nuremberg Code.pdf



attachments\422C19629782444E_Letter to TAG Criteria 5 and 6 02.09.22.pdf



attachments\ED0B99F7FF084037_Attachment A - VAERS Report Children 5 - 11.xlsx

External Email

Please accept the attached letter as a public record opposing the COVID 19 "vaccine" for K-12.

Thank you.

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

VIA Electronic Mail
wsboh@sboh.wa.gov

February 09, 2022

Re: Washington State Board of Health
Technical Advisory Group
Comments to Public Meeting
Agenda Items # 5 & 7 – Review of Criteria 5 & 6

To Technical Advisory Group (TAG):

The experimental COVID “vaccines” do not meet Criteria numbers: 2, 4, 5, 6, & 7, of the "Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030" (CRAPI). Science and children’s inherent immunities do not support the implementation of COVID “vaccines” for K-12. It is beyond understanding why it is taking so long to deliberate something that is as straightforward as this. COVID “vaccines” absolutely, irrefutably, unconditionally do not meet the Criteria under discussion today, nor did they meet the Criteria under discussion at the last public TAG meeting.

But let’s focus on what is in today’s Agenda:

Criteria 2 - *“The vaccine containing this antigen is effective as measured by immunogenicity...”* **False:** The COVID "vaccine" should not be considered a vaccine because it is not effective at PREVENTING transmission of the disease, so says the Director of the CDC.¹

Criteria 4 - *“Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects.”* **False:** The COVID "vaccines" have passed the one-million mark for adverse effects. For the negative effects on children, please see attached data spreadsheet “Attachment A - VAERS Report Children 5 – 11,” (an excerpt from the VAERS data report for 2021)². The report is shocking and illuminating in that many “accidents” are reported as occurring as a result of the administration of the shot, thus making the jab by untrained personnel almost as dangerous as the “vaccine”. Also in this report are the suicides; sixty-six children, ages 5-11, committed suicide in 2021, their deaths counted as COVID.

Why is TAG and BOH taking such unnecessary risks with our children when our children are not in danger of dying from the disease,³ or of experiencing much more than flu like symptoms?⁴ That’s the million-dollar question: WHY ARE YOU DOING THIS TO OUR CHILDREN?

How many members of the Technical Advisory Group adopt science based, critical thinking in your decision making? Have any of you carried out any research into alternatives to the “vaccine”? (It is estimated that 500,000 people have died in the last eighteen months because they were denied (by Fauci) preventative

¹ <https://www.msn.com/en-us/health/medical/cdc-director-covid-vaccines-cant-prevent-transmission-anymore/ar-AASDndg>

² <https://vaers.hhs.gov/data.html>

³ <https://petition-central.com/new-data-covid-was-never-more-dangerous-to-young-adults-and-children-than-seasonal-flu/>

⁴ <https://www.newsweek.com/risk-kids-covid-miniscule-do-not-let-them-mandate-vaccines-opinion-1638576>

treatments like Ivermectin and hydroxychloroquine.)⁵ How many in this Group have conducted research into the corrupt and sociopathic practices of Anthony Fauci and Bill Gates, amongst others? (Gates, Fauci and other world leaders are currently being investigated in preparation to present before a Grand Jury, in an International Court for Crimes Against Humanity.^{6 7}

Fact, every doctor, nurse, health care worker, politician, educator, and others in positions of power that promotes the COVID “vaccine” as the ONLY effective treatment against COVID is guilty of Crimes Against Humanity under the Nuremberg Code. Mandating this “vaccine” breaks not one but every one of the ten “crimes” under the Nuremberg Code (Attachment B). Current scientific studies do not support you and your position in the Technical Advisory Group will not protect you if you approve this “vaccine” for children.

On Thursday, February 10, 2022, you will be deciding the future of the children of the State of Washington—will 99.996% of them live if they get COVID or will some of them die unnecessarily from the “vaccines” adverse effects? That’s not a question asked for dramatic impact. Your recommendation to Washington State Board of Health holds weight and children’s lives are dependent upon you doing the right thing by them. And let’s be clear, to say that parents can opt out of the “vaccine” is as hollow as proclaiming the rest of us have that luxury. Two years of draconian mandates have declared otherwise.

Your recommendation to BOH should be a resounding **NO to the COVID “vaccine” K-12 mandate.**

Sincerely,

Gayle Baker
gaylebaker7458@gmail.com

⁵ <https://coronaneews123.wordpress.com/2021/11/26/as-cases-rise-inventor-of-mrna-vax-says-fauci-killed-500000-people-by-blocking-ivermectin-hcq/>

⁶ <https://www.lifesitenews.com/news/big-pharma-execs-gates-fauci-uk-officials-charged-with-crimes-against-humanity-in-international-court/>

⁷ <https://truth11.com/2022/02/09/international-group-of-attorneys-proceed-with-covid-19-crimes-against-humanity-grand-jury/>

From: Lynn Weinman
Sent: 1/27/2022 9:32:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 1/30/2022 11:44:45 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:19:52 AM
To: DOH WSBOH
Cc:
Subject: FW: WAC 246-100-040 Opinion Regarding Procedures for isolation or quarantine.



attachments\9DC38694B5D242EE_wac strike force (AutoRecovered).pdf

From: Cindy marie <cynthiamarn@yahoo.com>
Sent: Tuesday, January 11, 2022 3:33 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: WAC 246-100-040 Opinion Regarding Procedures for isolation or quarantine.

External Email

Sent from Mail

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%
for Windows

WAC 246-100-040

Opinion Regarding Procedures for isolation or quarantine.

I find it terrifying to see this happening in our state. It effectively removes our civil and constitutional rights. There is a name for it, a dictatorship. I see us moving toward the same horrors that are happening in Israel, Australia, Austria, and China.

This WAC allows the health department to be judge, jury and executioner base on “their” opinion and assessment? Who should have that amount of power over another individual? No one. What makes the employees of the health department so superior that they know what is best for another person?

I would not want to be the individual making decisions listed in this WAC. I would not even want to know the person who could justify taking the actions listed in this WAC. What is the moral and ethical character of the employee/enforcers? The only persons who could do such work must have a personality that is sociopathic and not with conscience. This can only lead to abuses. It has happened in the past many times.

10 stages of Genocide- Perhaps this will be a good reminder of the slippery slope we are on. I believe we are in stage #7 of this genocide and moving towards #8. Please review and maybe you can dismiss this in your own mind, and justify the actions listed in the WAC as just, “Protecting the population.” Nothing like being the “Good German.”

Dr. Gregory H. Stanton is Research Professor in Genocide Studies and Prevention at the Institute for Conflict Analysis and Resolution, George Mason University, Arlington, Virginia.

1. Classification: People divided into “Us” and “Them”
2. Symbolization: People are forced to identify themselves.
3. Discrimination: People begin to face systemic discrimination.
4. Dehumanization: People equated to disease, vermin, and animals
5. Organization: Government creates special groups to enforce the policies i.e. “Strike team” or police/military.
6. Polarization: Government broadcasts propaganda to turn the populace against the group.
7. Preparation: Official action to remove/relocate people begin.
8. Persecution: Beginnings of murder, theft of property, trials, massacres.
9. Exterminations: Wholesale elimination of the group. It is extermination and not murder because the group is not thought of as human.
10. Denial: The government denies it has created any crimes.

The verbiage of this WAC is vague. What will the criteria be for a health official to issue an emergency detention order? Will it be because the person or persons refuse to take a vaccine? Will it be because they have cold and flu symptoms? Gosh, I have had many of those. Maybe an elevated temp? Will it be because I write a letter against the CDC or FDA? What if I inform others about VEARS, that 21,000 people died because of the vaccine, which only represents 1% of the actual number reported (according to Harvard) or the 1,000,000 who have been injured? Will parents who refuse to vaccinate their children be vilified and the children taken away? There is plenty of words to describe the legal this and legal that, and we all know what a nightmare that would be. Nothing like being placed in a concentration camp or whatever nice word you wish to call it without representation, without committing a crime. Who will be helping the people who are being harassed and terrorized by these health officials? Who will be liable for damages done to people? Emotional trauma, financial loss, physical harm due to forced treatment, no one wants to be liable for the damages they cause. This will equal a crime against humanity and those who participate will be guilty.

This is a pathetic power grab and has nothing to do with public health. ***Dictatorship***, form of government in which one person or a small group possesses absolute power without effective constitutional limitations. There should never, ever, be that much power given to an individual or agency based only on sole discretion.

Cynthia Arnett

From: Heather Clerget
Sent: 2/8/2022 10:01:10 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please do not mandate Covid 19 vaccines for children to attend public or private school. Children have robust immune system's. Currently there is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. In addition, Covid -19 is not life threatening to children as seen in the data. Suicide is the 3rd leading cause of death among children 15 to 19. The effects that this vaccine can have on children is more detrimental to them and their overall health than contracting COVID-19. Parents and families should have the right to make decisions regarding what is being put into their children's bodies that might affect them or harm them. These COVID-19 vaccines do not have enough data to prove beneficial. And we do not have long-term studies to show that they are more beneficial then harmful. Please vote no on mandating COVID-19 vaccinations for children.

A concerned parent,
Heather Clerget

Sent from my iPhone

From: Christina Tseu
Sent: 1/27/2022 4:31:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jeremy Strohmeier
Sent: 2/7/2022 3:37:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ingrid DuMosch DeHaan
Sent: 1/27/2022 7:17:14 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,
☐

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

A)

"15,000 physicians and medical scientists around the world signed a declaration publicly declaring that healthy children should NOT be vaccinated for COVID-19. On behalf of these MDs and PhDs, Dr. Robert Malone, who has devoted his career to vaccine development, provides parents a clear statement outlining the scientific facts behind this decision."

<https://globalcovidsymposium.org/news/live-stream-event-physicians-alerting-parents>

B)

"The vaccines are associated with higher rates of COVID-19 infections and higher rates of COVID-related deaths. In the US, the vaccines were associated with an increase of 38% in the number of COVID cases per million and an increase of 31% in the number of deaths per millions associated with COVID."

<https://stevekirsch.substack.com/p/new-big-data-study-of-145-countries?r=u75lc>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fnew-big-data-study-of-145-countries%3Fr%3Du75lc&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C093a77a70ccb400b9ac508d9e2>>

C)

Nobel Prize Winner Dr. Luc Montagnier: Omicron Makes Biden's Vaccine Mandates Obsolete

"It would be irrational, legally indefensible and contrary to the public interest for government to mandate vaccines absent any evidence that the vaccines are effective in stopping the spread of the pathogen they target. Yet that's exactly what's happening

here.”

<https://www.wsj.com/articles/omicron-makes-bidens-vaccine-mandates-obsolete-covid-healthcare-osh-evidence-supreme-court-11641760009>

I could go on and on with more data and information similar to the above, but we all know and have all experienced the fact that people who are vaccinated are still getting sick and are still spreading the virus. There is absolutely no reason for any mandates when this vaccine cannot stop the spread or prevent a person from contracting covid.

We implore you to reconsider any vaccine mandates.

Regards,

Ingrid and Randy DeHaan
Maple Valley, WA

From: Hisaw, Melanie (SBOH)
Sent: 1/29/2022 9:44:47 PM
To: DOH WSBOH
Cc:
Subject: Immunization letter mailed to Board office



attachments\DB2EBDAAB4CD44C3_20220129133448308.pdf

Here's another letter, thanks Nathan, Melanie

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Saturday, January 29, 2022 1:35 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 01.29.2022 13:34:48 (-0800)
Queries to: ricoh@doh.wa.gov

January 25, 2022

To: Technical Advisory Group (TAG) on Immunization, Washington State Board of Health Members

Subject: SARS-CoV2 Vaccine Consideration for School-Aged Children

RECD
JAN 28, 2022

I am a parent of three children.

I do not believe our current SARS-CoV2 vaccines meet criteria #6 of the nine criteria outlined in the document titled *Immunization Advisory Committee: Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030 updated November 8, 2017*.

Dr. Anthony S. Fauci co-authored an article on December 15, 2021 for The New England Journal of Medicine titled 'Universal Coronavirus Vaccines—An Urgent Need'. This article states, "The limitations of SARS-CoV2 vaccines suggest that they will ultimately need to be replaced by second-generation vaccines that induce more broadly protective and more durable immunity." Dr. Fauci is already moving past our first-generation vaccines.

The high infection rate in our communities supports that the SARS-CoV2 vaccines will need to be replaced. They are not providing much, if any, reduced person-to-person transmission or durability.

We should not rush to include Emergency Use Authorized (EUA) products to our immunization schedule.

Lastly, the document *Immunization Advisory Committee: Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030 updated November 8, 2017* lacks criteria for the removal of antigens. By only including reasons an antigen should be added to the vaccine schedule and not why antigens should be removed, the committee is narrowly focused on addition and may overlook the bigger picture. What is the cumulative effect of adding vaccines? What are the interactions when administering multiple vaccines at one time? When is a vaccine out of date and no longer a good match? What are the limits when stimulating the immune system with antigens?

Please understand, my children followed the vaccine schedule. I was vaccinated with the SARS-CoV2 vaccine. But the SARS-CoV2 vaccine has left me with more questions than answers about all vaccines.

For these reasons, I do not support adding SARS-CoV2 to the vaccine schedule.

Jill Walworth,



23303 Humber Ln, Edmonds, WA 98020

(206)363-4936

jill@walworth.org

From: Jennifer Biederman
Sent: 1/28/2022 11:25:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Art Schultheis
Sent: 2/7/2022 5:14:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Spies
Sent: 1/30/2022 4:21:44 PM
To: DOH WSBOH, Marysville School District
Cc:
Subject: CEFFC4FD-24C7-45BA-9A1A-7A232341B25D

External Email

<https://rumble.com/vtn7yo-bannon-before-i-get-my-face-ripped-off-what-evidence-do-you-have-you-have-t.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvtn7yo-bannon-before-i-get-my-face-ripped-off-what-evidence-do-you-have-you-have-t.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1ab8a659c8a14f50fe0e08d9e44f8d03%7C11d0e21>>

Dear WA State BOH & Marysville School District,

Please review the attached video of a Senate hearing. You should look up & watch the full hearing. You should consider this information & new information coming out when making your decisions & policies moving forward.

Government bureaucrats will be held accountable for crimes against humanity & the Nuremberg codes.

I would strongly advise you not to ignore the information coming out.

Sincerely,

#WeThePeople & Parents of our children.
□□□□□□□□□□□□□□□□

From: Jennifer Martin
Sent: 1/29/2022 9:41:15 AM
To: DOH WSBOH
Cc:
Subject: School Covid vaccine - YES!

External Email

I'm writing to share my opinion on the school vaccine requirement. I understand there is a request for those opposed to email you so I wanted to share that I feel this Covid vaccine is no different than any other vaccine required to attend a PUBLIC school. I am all for vaccines, believe in the science and want my kids to be protected from all the preventable diseases that vaccines protect them from, including a severe case of covid.

Those who do not wish to vaccinate against any of the preventable diseases have the right to home school or start a commune. Let's stop politicizing a virus and if that's not possible, I feel Polio needs a launch a PR campaign because I haven't heard that any side has claimed that one as theirs yet.

Jenn Martin – parent of two kids in the Snoqualmie Valley School District

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

From: Kim Rogers
Sent: 1/28/2022 7:07:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: theresalane@comcast.net

Sent: 2/5/2022 1:42:12 PM

To: DOH WSBOH

Cc:

Subject: Attn TAG K-12 Covid shot mandates - UK government report reveals that British children, 10 to 14 years old, up to 52 times more likely to die after getting a COVID shot

External Email

Dear TAG,

This is Alarming! What do you think about this? Please see article below.

<https://www.lifesitenews.com/news/children-in-britain-up-to-52-times-more-likely-to-die-following-a-covid-shot-report-finds/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fnews%2Fchildren-in-britain-up-to-52-times-more-likely-to-die-following-a-covid-shot-report-finds%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbd509cd67f774b3bce0008d9e8f05c75%7C11d0>>

Where there is Risk there Must be Choice. Please let there be Choice!

Thank you and Sincerely,

Theresa Lane

Concerned WA parent

From: Donald Lofall
Sent: 2/7/2022 6:59:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Beverly Cremeen
Sent: 1/28/2022 10:01:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kay Farrell
Sent: 2/7/2022 5:45:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ruthie Johnson
Sent: 2/8/2022 2:17:48 PM
To: DOH WSOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

As my highly educated friend stated, and I agree: "This is a hard NO from me as there is zero reason to recommend the covid injections for our children (or anyone for that matter). These injections do not limit transmission nor are they limiting hospitalizations over-all (adjusted for health-bias) to those at most risk. Not to mention, as of January 28, 2022 there are over 23,000 COVID19 Vaccine-related DEATHS, and over 1,000,000 COVID19 vaccine confirmed injuries. Additionally, most of us are already covid-recovered and there is clear evidence acquired immunity is the gold standard (as it has always been) with more robust and durable immunity than any AB found post vaccine. The vaccines are waning after 2 months and worthless after 6 months. SARS-COV2 is not a disease of the young. The innate immunity of young people destroys COVID19 in all variants. To even consider these injections as recommended for our young people displays gross negligence on behalf of this advisory group. This group should be dissolved immediately and issue a public statement as to the NON RECOMMENDATION for any consideration of these dangerous injections for our children. Anyone who gives their child this injection is indeed risking their child's health and well being and very life. Whereas covid infection, disease and recovery is nearly ZERO risk comparatively."

I am personally covid-recovered as well as my husband and 3 children and we all have natural immunity and I will share our covid story with you: I was personally infected with Covid-19 in late January 2021, over 1 year ago, but the rest of my household did not become infected at all during my illness. They themselves did not contract the virus until late August/early September of 2021 (another variant I assume) and they all recovered with no problems. Incidentally, I took care of each one of them, one after the other in a 3- 4 week span of time, I never quarantined away from them and actually continued to be in close proximity to them as a mother would take care of their children and husband if they were infected with any other virus, and guess what? I NEVER GOT REINFECTED! I share this with you because that is a BIG WIN for the human body's ability to fight off infections and I am living proof! My natural immunity protected me considerably and more efficiently than any lab created test injection. (I will not even lie and address these toxic injections as a "vaccine".) These trial injections are not tested per the usual government standards or regulations and are not proven safe or effective and in fact have proven to be ineffective and dangerous to the human body. I will never go along with anyone playing "russian roulette" with my children's lives! Stop the insanity and please say no to any COVID 19 vaccine requirement for our children!!! It is NOT SAFE, NOT EFFECTIVE AND COMPLETELY UNNECESSARY!

Ruth Johnson

From: Leah Dowd
Sent: 2/9/2022 7:17:39 AM
To: DOH WSBOH
Cc:
Subject: Feb 10th TAG meeting

External Email

To whom it may concern,

I am writing to voice my concerns regarding the upcoming vote to require a covid vaccine for children to attend school.

Over the last two years, public school attendance has dwindled, while homeschool and private school numbers are increasing. How much of that is because of new mandates from Corona fears? Is forcing another vaccine really worth jeopardizing the funding of public education now and in the future?

Please keep in mind that this is not a long term safety tested cure all, it is still a new vaccine; heart attacks have been on the rise in a younger population and is there a link? Nobody knows because there has not been enough time to test long term side effects of this vaccine. Are you really willing to use our children as guinea pigs?

Furthermore, people who are up to date still catch and spread Covid-19. In most people covid presents itself as a cold or mild flu symptoms. Most people do not die or have long term difficulties from this minor infection. How is requiring a vaccine going to change that? It won't!

The covid shot should absolutely not be mandatory for school age children, please remember your duty to encourage personal responsibility and uphold freedom of choice, as well as bodily autonomy. Please do not risk driving more families away from public education by voting on the side of control with fear and misinformation as your motivation.

Sincerely,
Leah Dowd
425-359-0983
Mount Vernon, WA

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: John Morrison
Sent: 1/28/2022 9:15:54 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: rob morrill
Sent: 2/2/2022 8:03:32 AM
To: DOH WSBOH
Cc:
Subject: NO Covid Jab for our children

External Email

This is the recent interview from Dr. Meissner. We will not comply to harm our children to attend school.

Dr Cody Meissner, the chief of pediatrics at Tufts Children's Hospital in Boston and a member of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC), doubted whether the vaccine is needed for group which already suffers such low risk of hospitalization or death from Covid.

'I think we're rethinking the way we looked at this question, because even though people are appropriately vaccinated they are still able to become infected and transmit the virus to susceptible people around them,' Meissner told DailyMail.com.

'So this is a little bit different than many other infectious diseases such as measles, or mumps, or rubella. If you're protected from infection with the vaccine, then you're not going to transmit it to other people.'

'But that's not the same setting with [this virus].'

Robert E. Morrill

From: Devirie Conner
Sent: 1/28/2022 9:55:50 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Vicki Baltmiskis
Sent: 2/8/2022 10:58:10 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ashley kinney
Sent: 2/9/2022 6:16:22 AM
To: DOH WSBOH
Cc:
Subject: No Vaccines for Kids

External Email

Good Morning-

I have emailed before and I will continue to email you until you stop this insanity! Once again , these are not vaccines! Unless you are trying to kill our children why would you give this shot to our children! The recovery rate for children from COVID is over 99%! My kids have had it twice and have had minor sore throat for less than 24hours and a cold! Do NOT mandate a shot that is unnecessary and unsafe!!

Ashley Kinney Maravilla

From: James Spies
Sent: 2/7/2022 9:30:29 AM
To: DOH WSBOH, Marysville School District
Cc:
Subject: Mask studies reach a new scientific low point

External Email

[https://vinayprasadmmpm.substack.com/p/mask-studies-reach-a-new-scientific](https://vinayprasadmmpm.substack.com/p/mask-studies-reach-a-new-scientific-studies-reach-a-new-scientific&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C17778d815edd4f5ea53608d9ea5f643f%7C11d0)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvinayprasadmmpm.substack.com/p/mask-studies-reach-a-new-scientific&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C17778d815edd4f5ea53608d9ea5f643f%7C11d0>>

Dear WA State BOH & Marysville School District,

Please review the attached link with information regarding the cdc & mask studies. The science, facts & proof aren't there.

We need to make masking our children optional.

Sincerely,

#WeThePeople & Parents of our children.

□□□□□□□□□□□□□□□□

From: Cheryl Thompson
Sent: 2/8/2022 10:16:36 PM
To: DOH WSBOH
Cc:
Subject: NO Vaccines

External Email

We demand NO vaccines for any children, it doesn't matter what age. There have been too many vaccine injuries and deaths. NO vaccine mandates!!!

Sincerely,
Cheryl Thompson
Cherylthompson55@hotmail.com
12750 444 Avenue SE
North Bend, WA 98045
425-442-0242

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Robert Holte
Sent: 2/8/2022 10:51:48 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/26/2022 4:02:25 AM
To: DOH WSBOH
Cc:
Subject: CDC and Fauci Supressed Known COVID Early Treatments Day One

External Email

<https://www.bitchute.com/video/htQxAhEwucvM/>

fraud from the beginning

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

Secure Email.

From: Matthew Newland
Sent: 1/28/2022 6:53:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jodi Henkels
Sent: 2/7/2022 5:39:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Erica Teodoro
Sent: 2/7/2022 2:06:13 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Local control to lift mask mandates

External Email

Dear Mr. Thai,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Stephen Tkach
Sent: 2/7/2022 4:33:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Matthew Lindsay
Sent: 2/7/2022 10:31:22 PM
To: DOH WSBOH
Cc:
Subject: Re: Now Available: Agenda for the Feb. 10 Technical Advisory Group (TAG) Meeting to Consider COVID-19 for Inclusion in chapter 246-105 WAC



attachments\5831D89369784F4E_image002.png

External Email

What do you mean including covid-19? It should read inclusion of covid-19 vaccines. Are your people intentionally misrepresenting the agenda item. I would think this is serious enough that you would be careful when editing and sending out information to the public and most especially parents.

Sincerely,
Matthew Lindsay

Sent via the Samsung Galaxy A71 5G, an AT&T 5G smartphone
Get Outlook for Android

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From: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Sent: Monday, February 7, 2022 3:07:08 PM
Subject: Now Available: Agenda for the Feb. 10 Technical Advisory Group (TAG) Meeting to Consider COVID-19 for Inclusion in chapter 246-105 WAC

The agenda is now available

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2F02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e270-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e270-07-140544-847>>

for the Technical Advisory Group (TAG) meeting to consider COVID-19 for inclusion in chapter 246-105 WAC. The TAG will meet on Thursday, Feb. 10 from 9:00 a.m. – 3:00 p.m. via the Zoom Webinar platform.

To may access the meeting in the following ways:

1. Use your computer or laptop (requires registration):

a. https://us02web.zoom.us/webinar/register/WN_GUcotbr6Swa1Jwm8cfX-TQ

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fus02web.zoom.us%2Fwebinar%2F7%2F02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e270-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e270-07-140544-847>>

2. Dial-in using your phone:

a. Call in: +1 (253) 215-8782 (not toll-free)

- b. Webinar ID: 840 3824 3635
- c. Webinar Passcode: 390357

This is an online meeting via the Zoom Webinar platform. TAG members will participate online. The public may observe the meeting. The TAG will not receive public comment. This is a meeting of a technical advisory group convened by the Board and intended to develop recommendations for the full Board. If you have comments you would like to share with the full TAG, please email the Board

<<mailto:wsboh@sboh.wa.gov?subject=Comments%20for%20the%20Immunizations%20Technical%20Adv>>
your comments.

Thank you,

Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

Location

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fmaps%2Fplace%3Fhl%3Den&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508122.9083621%2C17z%2Fdata%3D!3m1!4b1!4m5!3m4!1s0x549173f074205aa3%3A0x552ddc5f79ee44b6122.9061681%3Fhl%3Den&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Website

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Email <<mailto:wsboh@sboh.wa.gov>> · Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.facebook.com%2FWashingtonStateHealth%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Subscribe

<<mailto:wsboh@sboh.wa.gov?subject=Please%20Add%20My%20Name%20to%20the%20WSBOH%20Email%20List>>

Please send us an email with the subject "unsubscribe" if you no longer wish to receive communications from us.

This email was also sent to the Board's general distribution list. Please excuse any duplication.

From: Curtis Brown
Sent: 2/7/2022 5:15:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nanette I Gemmer
Sent: 2/7/2022 4:40:00 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please look at the data carefully before you impose an experimental injection on our children that could have potential negative effects on their long term health. These injections don't prevent the transmission of Covid or protect one from getting it. Children are at minimal risk of having a serious illness unless they have comorbidities. There have been minimal deaths in children. The risk to them outweigh the benefits. This injection doesn't meet the qualifications for making it mandatory. I listened to your first zoom which gave clear indications that it didn't. Thankyou for your time.

From: Sarah Darboe

Sent: 2/9/2022 9:03:07 AM

To: Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:

Subject: No to adding the COVID shot to the schedule for children

External Email

Dear health decision makers,

I am writing to you as a concerned parent. Please do not vote to add the COVID vaccine to children's vaccination schedule. I find it very concerning that you are even considering adding this as we are nearing the endemic stage of this virus. The COVID vaccine does not get rid of COVID. Children are at the least likely to have severe side effects from COVID and are much more likely to have side effects to the vaccine. In Germany there was a study of 100,000 unvaccinated children who contracted COVID. 8 of those 100,000 ended up in ICU and none died.

On a personal note, I am not anti vaccine and I got the COVID vaccine myself. However, after my reaction to the vaccine, I cannot in good conscience let my children receive it. I had every side effect from the vaccine. I was sick for 5 days and half of my face went numb. My niece got the COVID vaccine and her face swelled up. My close friend received the Vaccine a year ago. She is still having side effects from the vaccine. She had/has heart inflammation and ringing in her ears. My hairdresser had blood clots after the vaccine. The worst side effect was my sister's friend's husband who died from the vaccine. I know COVID is severe, but I was fortunate enough to not know anyone who has died or been hospitalized from COVID. However, from my list above I do know people who have been harmed by the vaccine and these are just the ones I listed.

When the vaccine does not stop the spread of the virus, and we still have to social distance, and we still must wear masks, and we still might end up in the Hospital, why would you think we would agree to vaccinating our children who are the least at risk of COVID? If this vaccine becomes mandatory for my kids to attend school, I will be pulling them from public school and will homeschool them!

Please do the right thing and vote no on requiring this vaccine for school children!

Best regards,

Sarah Darboe

From: steph rodmyre
Sent: 2/9/2022 9:22:25 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

You have to have a good, solid answer to WHY?? Why the children, when there are already horrific affects from it for some children. It needs much more testing. WHY the vaccine and WHY the rush???

Sent from my iPhone

From: Rod Colvin
Sent: 2/8/2022 3:48:09 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 TAG



attachments\570ADBFE2B2E4DF7_image002.png

attachments\A16FF576ADF74AA8_image001.png

External Email

To whom it may concern,

As a parent of school age children in Washington State, I would like to respectfully request that you consider a couple of items as you decide if the COVID-19 vaccine should be added to required school immunizations.

First, according to statistics on the CDC website, schoolchildren have a very low risk of death due to COVID-19. There were 683 deaths from the disease in the group aged 5-17. At the same time, there are approximately 56.4 million school age children in the US, meaning a child in school has a .00012% chance of death from the virus.

Second, there have been adverse reactions to the vaccine, which is new technology. VAERS reports 43 deaths and 1,715 hospitalizations for 7,141,428 reported vaccinations. The risk of death from the vaccine (.0006%) is higher than the risk of death from the disease! Moreover, the vaccine has not been shown to prevent the disease or even reduce transmission, so rather than decrease the risk associated, it actually increases the total risk.

In conclusion, I do not believe this vaccine is a benefit to children in this age range and instead of decreasing risk it actually increases the total risk to the child's health. For this reason, I hope to hear that you have decided not to include it in the required school immunization list.

Thank you for your time and consideration.

Sincerely,

Rod Colvin

Director of Operations

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.parkwateraviation.com%2F&>

5627 E. Rutter Ave.

Spokane, WA 99212

Office 509-534-3045

Cell 509-999-6210

rcolvin@parkwateraviation.com <<mailto:rcolvin@parkwateraviation.com>>

www.parkwateraviation.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.parkwateraviation.com%2F&>

From: DOH Information
Sent: 2/4/2022 10:51:24 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\93D7FE59F0684C55_image001.png

Hello,

Below is public comment on the COVID-19 vaccine mandate for children entering school.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 14, 2022 8:54 AM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I'm very concerned about a potential COVID-19 vaccine mandate for children entering school. Yesterday, I attended the Vaccine Advisory Committee meeting. This committee is very "pro-COVID-19 vaccine" and presented a lot of data. My concern is that they did NOT include granular data that could paint a different picture including comorbidities, being hospitalized "with" or "for" COVID, adverse side effects, etc. This data is critical to informing the public and gaining trust and credibility. I have taken many statistics courses and I know how easy it is to manipulate data to further a particular point of view. I am glad to see that others in my community are recognizing this as well. I understand that sharing more detailed information could unravel the story that the committee is trying to tell. The Vaccine Advisory Committee actually spent a lot of time talking about how they are going to approach marketing to the unvaccinated, which personally, made me cringe. I am not an Anti-Vax'r. My family is vaccinated, with all the usual vaccines recommended for school age children. My family had COVID a few weeks ago and we are fine. I believe that the COVID-19 vaccine should be a personal choice, just like the flu shot. Each person needs to consider their own situation and health profile because, like it or not, a health profile matters a lot if you break out the data. According to the CDC, 75% of COVID-19 deaths were from people with 4 or more comorbidities. I don't believe that this vaccine is a "one-size-fits-all." My family will NOT be getting a COVID-19 vaccine, unless I see more data that convinces me that we really need it. Each person is unique and needs to weigh the pro's and con's with their physician. It is clear to me that the Vaccine Advisory Committee has an agenda. People are beginning to see through this. If this committee really wants to gain the trust of the unvaccinated they need to be willing to have an open conversation with physicians who have other opinions. My concern, and the reason that I am writing, is that by April, my families' choices will be limited because many private schools and alternative schools, will have already gone through their open enrollment phase for the following school year. As you are probably aware, within the last year, enrollment in Private schools and home schools have skyrocketed. Therefore, parents need time to make plans for their families. My husband and I have discussed the risks for our family and if we don't get a clear answer about this potential new requirement shortly, we will go ahead enroll in private school, which will allow for exemptions, without any weird singling out that could happen in public school. This way we can ensure that our children can get an exemption and we can move on with our lives. I think this is weighing heavy on a lot of parents. I think the Department of Health needs to recognize the bias of the Vaccine Advisory Committee and seek more public opinion. I have been in contact with my local School Board, and I hope that they will choose to seek public opinion as well.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Alisha Honeywell

Email:

apleach21@hotmail.com <mailto:apleach21@hotmail.com>

Telephone:

3609219063

From: Brett Berg
Sent: 1/27/2022 10:22:50 PM
To: DOH WSBOH
Cc:
Subject: Please Read!

External Email

https://bariweiss.substack.com/p/why-are-we-boosting-kids?r=paw9e&utm_campaign=post&utm_medium=email
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fwhy-are-we-boosting-kids%3Fr%3Dpaw9e%26utm_campaign%3Dpost%26utm_medium%3Demail&data=04%7C01%7Cwsboh%2F%2Fbariweiss.substack.com%2Fp%2Fwhy-are-we-boosting-kids?r=paw9e&utm_campaign=post&utm_medium=email>

Sent from my iPhone

From: James Jackson
Sent: 1/27/2022 5:21:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marv Scott
Sent: 2/8/2022 10:46:41 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathleen Finney
Sent: 1/28/2022 12:03:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Heidi DuBrey
Sent: 2/7/2022 4:01:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steve B
Sent: 1/28/2022 6:46:46 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates for kids?

External Email

You had better not do this. You've already done enough damage to our children.

This is beyond Orwellian.

We've had enough of your dictatorial power and will not allow it.

Shameful. Criminal. Idiotic. Wake the hell up!

--

Steve Bendtsen

From: Jimmie Hazlett
Sent: 2/7/2022 3:19:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: SHIRLEY BAKER
Sent: 2/7/2022 3:20:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sean Scarcliff
Sent: 2/7/2022 4:52:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: steph rodmyre
Sent: 2/8/2022 8:31:38 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I can't get a decent answer as to WHY we are in such a hurry to get children vaccinated....???

Lots of rumblings are coming out about the negative affects the shot has already had on children. And, these affects are not reversible. They are permanent. PLEASE WAIT....fully test it....put the children first....

Jane Rodmyre

From: Mary Hall
Sent: 2/7/2022 11:10:25 AM
To: DOH WSBOH
Cc:
Subject: TAG Parental Survey re student immunization

External Email

Adding CoVid19 to the list of required immunizations for school attendance. Survey closed 2/3/22

How were parents notified of this survey?

What were the results of this survey?

What is next in terms of procedure on this issue?

From: Anna Sannikova
Sent: 2/7/2022 6:38:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello TAG board,

You cannot in your consciousness and available data add covid 19 to the required list of vaccines for children.

With 200x fold risk in myocarditis/pericarditis cases amongst young males and ZERO efficacy at preventing the spread you will knowingly put children's health at risk!

The vaccine is not approved for children and carries ZERO benefit to a healthy children and risk are by far outweigh any hypothetical benefit. There is ZERO long term studies on how it can affect children 3, 5, 10, years later.

Should the board approve adding CV19 vaccine to the list of vaccines required for school, the board will commit gross negligence against children.

Thanks,
Anna

From: shawna eby
Sent: 2/9/2022 5:22:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kelly Ham
Sent: 1/27/2022 11:03:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stanley Hammer
Sent: 2/5/2022 9:13:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: sonja natoli
Sent: 2/8/2022 12:57:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

1,104. If the risk of an adverse event is even close to this in kids under 5 years old, it doesn't make any sense to approve a vaccine in this age group when we have absolutely no evidence of benefit. Thus, the third criterion hasn't been satisfied.

Finally, we have the question of whether there are adequate, approved, and available alternative treatments. It's less clear how to answer this question for young children. But to a certain extent, it's a moot point because the Pfizer vaccine has already failed the first three of the four criteria that need to be met in order for an EUA to be approved.

Nevertheless, Pfizer has submitted an EUA application, and the FDA will review it on February 15. I cannot for the life of me understand how the FDA can review an EUA application when there are no data on the vaccine's efficacy to support the application!

This is incredibly disturbing. The FDA seems to be rushing to approve a completely unproven medical treatment for an age group that is at extremely low risk for the disease that product is intended to treat.

Where is the emergency? Why should this be rushed? We're talking about the health of our children here—and in this case, the health of our youngest and most vulnerable kids.

If the Pfizer vaccine is approved for kids under 5 years old, most parents will (understandably) assume that it has been shown to be effective and safe. That is not the case.

Aaron Siri (who has sued the FDA to force it to release the documents it relied on to approve the Pfizer EUA) has been writing about this issue, and I think this paragraph from one of his recent articles

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043yLBbQW3wvCQ567zw0vW10zCRc8xSHDwW2NSQxD5-
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sums up the predicament we are in:

“Just look at this circus – the government mandates Pfizer’s product, gives it immunity for any safety or efficacy issues, promotes its product using taxpayer money, gives Pfizer over \$17 billion and then uses taxpayers’ money to fight to avoid providing even the most basic level of transparency to the public.”

This is not how science and medicine should work. We need more rigor, more transparency, and more oversight from the federal agencies that are supposed to play this role.

From: Jennifer Lazo
Sent: Wednesday, February 2, 2022 6:06 PM
To: slevy@kingcounty.gov <slevy@kingcounty.gov>; wsboh@sboh.wa.gov
<wsboh@sboh.wa.gov>
Subject: Health survey for requiring COVID vaccine for students

Hello, I just found out about the Health survey for requiring COVID vaccine for students in the State of Washington

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles-Surveys-Now-Available-Parents-and-Caregivers-Provide-Feedback-to-the-TAG-Responses-Accepted-Until-Wed-Feb-2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C313974b1f4f74ed17bca08d9e73d202f%7C11d0e21726>>
and when I went to click on the links, it showed they were already closed.

It unfortunate there was such a low amount of responses that could be recorded and how little it was publicized to ensure it reached all parents. The schools send out vaccine clinic emails once a week but couldn't send one email asking for parents feedback for this forced mandate on a broad scale.

I strongly reject the idea of a vaccine mandate for school age children in the state of Washington. I live Bothell and my 7 year old attends the North Shore School District. With weekly testing the North Shore District has not had any major outbreaks. With weekly testing and proper remote school technology options in place, there is no need to risk kids life from having irreparable side effects.

I have been suffering from an adverse Pfizer vaccine reaction that has completely impacted my quality of life. I had no prior medical issues and now have daily neurological symptoms for which I am seeing 5 different doctors from neurologists, to immunologists, to holistic specialists for detox and 6 months later, I still have no relief after spending tens of thousands of dollars. I have reported it to VAERS, CDC and Pfizer and no one cares to help those injured from the vaccine.

I am not alone, there have been over 1MM adverse reactions reported to VAERs in the US alone. So many other countries are doing away with mandates and many colleges in the US have done so already.

If you enforce this mandate, you will thousands of parents pull the kids out from public schools which will greatly reduce you funding.

Please take this into have a proper survey via a proper survey tool to capture proper feedback.

Thank you for your consideration.

Jennifer Lazo

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2Ffor Windows](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2Ffor-Windows)

From: William Morrison
Sent: 1/27/2022 6:02:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cascade Climber

Sent: 1/21/2022 9:34:47 PM

To: DOH WSBOH, Inslee, Jay (GOV), Barkis, Andrew, Bateman, Jessica, Berg, April, Bergquist, Steve, Berry, Liz, Billig, Andy, Boehnke, Matt, Braun, John, Bronoske, Dan, Brown, Sharon, Caldier, Michelle, Callan, Lisa, Carlyle, Reuven, Chambers, Kelly, Chandler, Bruce, Chase, Rob, Chopp, Frank, Cleveland, Annette, Cody, Eileen, Conway, Steve, Corry, Chris, Das, Mona, Davis, Lauren, Dent, Tom, Dhingra, Manka, Dolan, Laurie, Donaghy, Brandy, Dozier, Perry, Duerr, Davina, Dufault, Jeremie, Dye, Mary, Entenman, Debra, Ericksen, Doug, Eslick, Carolyn, Fey, Jake, Fitzgibbon, Joe, Fortunato, Phil, Frame, Noel, Frockt, David, Gilday, Greg, Abbarno, Peter, Gildon, Chris, Goehner, Keith, Goodman, Roger, Graham, Jenny, Gregerson, Mia, Griffey, Dan, Hackney, David, Hansen, Drew, Harris, Paul, Harris-Talley, Kirsten, Hasegawa, Bob, Hawkins, Brad, Hoff, Larry, Holy, Jeff, Honeyford, Jim, Hunt, Sam, Jacobsen, Cyndy, Jinkins, Laurie, Johnson, Jesse, Keiser, Karen, King, Curtis, Kirby, Steve, Klicker, Mark, Klippert, Brad, Kloba, Shelley, Kraft, Vicki, Kretz, Joel, Kuderer, Patty (LEG), Leavitt, Mari, Lekanoff, Debra, Liias, Marko, Lovelett, Liz, Lovick, John, MacEwen, Drew, Macri, Nicole, Maycumber, Jacquelin, McCaslin, Bob, McCune, Jim, McEntire, Joel, Morgan, Melanie, DOR Gina Mosbrucker, Mullet, Mark, Muzzall, Ron, Nguyen, Joe, Nobles, T'wina (LEG), Orcutt, Ed, Ormsby, Timm, Ortiz-Self, Lillian, Orwall, Tina, Padden, Mike, Paul, Dave, Pedersen, Jamie, Peterson, Strom, Pollet, Gerry, Ramel, Alex, Ramos, Bill, Randall, Emily, Riccelli, Marcus, Rivers, Ann, Robertson, Eric, Robinson, June, Rolfes, Christine, Rude, Skyler, Rule, Alicia, Ryu, Cindy, Saldana, Rebecca (LEG), Salomon, Jesse, Schmick, Joe, Schoesler, Mark, Sells, Mike, Senn, Tana, tim.sheldon@leg.wa.gov, Shewmake, Sharon, Short, Shelly, Simmons, Tarra, Slatter, Vandana, Springer, Larry, Stanford, Derek, Steele, Mike (LEG), Stokesbary, Drew, Stonier, Monica, Sullivan, Pat, Sutherland, Robert, Taylor, Jamila, Thai, My-Linh, Tharinger, Steve, Trudeau, Yasmin, Valdez, Javier, Van De Wege, Kevin, Vick, Brandon, Volz, Mike, DOR Keith Wagoner, Walen, Amy, Walsh, Jim, Warnick, Judy, Wellman, Lisa, Wicks, Emily, Wilcox, JT, Wilson, Claire, Wilson, Jeff, Wilson, Lynda, Wylie, Sharon, Ybarra, Alex, Young, Jesse, Santos, Sharon Tomiko

Subject: This Could Be the Very Presentation That Reaches Your "COVID" Indoctrinated Loved Ones

External Email

<https://beforeitsnews.com/alternative/2022/01/this-could-be-the-very-presentation-that-reaches-your-covid-indoctrinated-loved-ones-must-see-video-3765813.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbeforeitsnews.com%2Falternative-could-be-the-very-presentation-that-reaches-your-covid-indoctrinated-loved-ones-must-see-video-3765813.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C33d7f290ea2c40836e7408d9dd68d9a6%3A%2F%2Fbeforeitsnews.com%2Falternative-could-be-the-very-presentation-that-reaches-your-covid-indoctrinated-loved-ones-must-see-video-3765813.html>>

Message was attached to: PRDTOOL_NOSUBJECT

From: Rev. Rose Woodruff - Wedding Officiant

Sent: 1/26/2022 10:29:49 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No to Covid-19 Coronavirus Immunization Criteria

External Email

Hello, Washington State Board of Health,

I am writing to you to request you not to put the Covid-19/or/Coronavirus (seasonal flue) Vaccination as a requirement for children to go to school in Washington State. You know that what you are requiring is against the constitution and against science. You know you are pushing this against people's will. You know the Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. And you are still pushing it for your own benefit!!!! "NO" to Crimes Against Humanity! Consider yourself served.

Vote NO on mandatory covid-19/coronavirus vaccination now and always.

DO NO HARM! Hipocratic Oath!!!

Rose Woodruff
Vancouver, WA
(360) 356-4986
rosie98662@aol.com

Message was attached to: PRDTOOL_NOSUBJECT

From: Renee Marceau

Sent: 1/18/2022 11:15:19 AM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: Oppose Vaccine Requirements

External Email

I am writing today to express my absolute opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,

Renee Marceau

Message was attached to: PRDTOOL_NOSUBJECT

From: Anne Burbank
Sent: 1/14/2022 2:11:46 PM
To: Donahoe, Kaitlyn N (SBOH)
Cc:
Subject: Comments on Jan BOH Meeting

External Email

Attn: Kaitlyn

I attended the zoom meeting on Jan 12, 2022, in its entirety, and was hoping for the opportunity to share my comments on Items # 8 and # 11. However, I doubt it would have made any difference.

Listening to all those that did verbally share, or made comments in the Q&A box, it was loud and clear that the voice of the people were in unison on their utter discontent of the Board of Health's direction on the matters.

It was also quite clear, based on how quickly the BOH voted to dismiss the Informed Choice Washington's Petition for Rulemaking, that your minds were made up on the matter before you even began that meeting.

It would seem that over 7500 Washington Citizens wasted their time supporting and/or commenting that day. But we ARE not going to be silent or denied our voice. And the number of those involved will double, then triple, and your meetings will need to be held more often and for longer periods so that we all get our 1 minute.

None the less, I just want it to go on record that I SUPPORT the adoption of ICWA's Petition for Rulemaking on agenda item 11, which asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

I also OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!

I'm praying for you all and fighting this battle on my knees.

See you in March at the next meeting!

Sincerely,
Anne Burbank

Message was attached to: PRDTOOL_NOSUBJECT

From: Ken White
Sent: 1/12/2022 9:49:13 PM
To:
Cc:
Subject: WAC codes

External Email

To Whom it may concern,

We are writing this email as citizens of the state of Washington in opposition to using WAC 246-100-070, WAS 246-100-045, and WAC 246-100-040 to force an emergency order to involuntarily detain a person or group to be isolated in a quarantine facility following refusal to comply with above stated laws regarding Covid-19.

We are also in opposition to including the Covid-19 injections as part of the school immunization requirements using WAC 246-105. These vaccinations have not met the required testing time frame, and therefore long term effects are not known. It is also known that the percentage of children seriously affected by Covid-19 is very small.

Respectfully submitted,
Ken and Tracy White

Message was attached to: PRDTOOL_NOSUBJECT

From: The Scoters
Sent: 1/11/2022 1:29:51 PM
To: Donahoe, Kaitlyn N (SBOH)
Cc:
Subject: Tomorrow's meeting

External Email

Dear Ms. Donahoe,

The present situation with omicron is no longer a health emergency. People are not dying from covid anymore, not in numbers that make for a public emergency. People have always died from influenzas and pneumonias, from car wrecks and drownings, and we don't abandon our God-given rights in an effort to stamp out all of these possible deaths. The extreme measures you contemplate in dealing with what has become a minor threat would further hurt adults and children instead of helping them. Whatever power structures exist in your Codes, you don't have a moral right to trample on peoples's '...life, liberty, and the pursuit of happiness.'

You have no moral authority to impose mandatory shots into people's bodies. People own their own bodies. You do not own other people's bodies. You may not do as you see fit with other people's bodies. The people who imprisoned Martin Luther King, Jr.—did they have the legal right to do that? The bus driver who asked Rosa Parks to go to the back of the bus—did he have the right to do that? The national guard and police who blasted civil rights protestors with water hoses and set dogs on them—did they have the right to do that? Yes, they had a "right" by the laws and policies of the day, but they were in the wrong. The hindsight of history shows to all that they were wrong. The truth will out; many people already know that it is wrong of you to contemplate involuntary detention of citizens. Future people will absolutely know it, just like we absolutely know who was right in the civil rights movement led by MLK.

We also know who was morally right when Japanese American citizens were involuntarily concentrated into camps. We know who was wrong. Monetary reparations and public apology was awarded decades later to Japanese American citizens—right here in WA—who were involuntarily detained into camps at that shameful time.

There will be only shame for those who act immorally to involuntarily detain and/or bully citizens and children into camps and near-forced requirement of experimental injections. We Americans know that our legal rights to "life, liberty, and the pursuit of happiness" are solid both in Constitutional law and in the moral law which is written in our hearts.

I urge you not to overstep whatever powers you have to do whatever you want in this little day. Tomorrow morning, please remember that both yourself and your fellow citizens alike are all 'created equal' and have 'unalienable rights.' We hold these truths to be self-evident, that involuntary detainment of citizens is wrong, and mandating experimental shots for children against the will of their parents is wrong. Please maintain the public trust by respecting our unalienable rights.

Sincerely,
Deirdre Forman
WA resident

From: Vija Rogozina
Sent: 1/11/2022 11:59:48 AM
To: Donahoe, Kaitlyn N (SBOH)
Cc:
Subject: RE: Urgent Notice to the Washington State Board of Health Regarding Mandating the Covid-19 mRNA Vaccines for All Students Across the State

RE: Urgent Notice to the Washington State Board of Health Regarding Mandating the Covid-19 mRNA Vaccines for All Students Across the State

i: a woman; Vija Rogozina; write a Notice of Liability to you; a woman, who at times serves as a Board Member and as a community representative.

Here are three reasons for NOT mandating genetic mRNA vaccine for all Seattle Public School students:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.11.30.21267048v1.full.pdf>
<https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1.full.pdf>

3. Please review Pfizer's 6-month data. I'm attaching the document along with the link under "breaking news" called "More Harm Than Good." Although this is from Canada, we share lots of information, because we are all using the same vaccines.
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>

<https://www.canadiancovidcarealliance.org/>

I also urge you to go to the VAERS database and study statistics of adverse vaccine events and mortality. The numbers reached over one million cases in December 2021 and more than 21,000 Americans have died after becoming part of the largest human experiment in history.

The mistrust the public is experiencing is due to the extreme measures that have been taken against the people and coercive unethical measures that have not been supported by the actual data:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcdc.gov%2Fdata-tracker%2F%23trends_dailycases&data=04%7C01%7Ckaitlyn.donahoe%40sboh.wa.gov%7Cd160812d799

https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

People are informed, aware, and very unhappy that medical procedures are being mandated and yet have not proven to stop the spread, stop transmission, nor stop hospitalization as was touted in the beginning of rolling out these vaccines. People are also aware of fraudulently hyperinflates numbers of unvaccinated cases due to a new definition of 'fully vaccinated' as per Jan 5th, 2022, which refers to 'Fully Vaccinated & Boosted' vs "Fully Vaccinated" & "Not Boosted, Partially Vaccinated", "Vaccine Free". Vaccine breakthrough cases increased by over 1.1 million confirmed breakthrough cases from November to December, which explains fraudulent statistics given to the American people.

With so many risks and little benefit, i, along with many others, intend to hold those responsible for bringing forth the mandate for Covid-19 vaccines to all students and any potential health damage. I ask you to consider the repercussions of force, mandates, and new laws that hurt the freedoms afforded us by God or the ones supported by the US Constitution. It is our privilege and duty to protect our children from any and all harm.

So, i urge you to vote from your innermost consciousness, with regards to data and with a Precautionary Principle in mind. Do not follow the directives and social pressure from the institutions that might be implicated in willful misconduct. Ask yourself: What Would Consciousness Do?

i, sincerely thank you for your community service. It is only because of the people on the ground, like you and i, that real change is ever possible. i, sincerely believe that this still holds true! Thank you once again for honoring the Hippocratic Oath, Nuremberg Code and Precautionary Principle by voting NO.

Sincerely,

by: Vija Rogozina

5503 30th Ave NE #G, Seattle, WA 98105

Vija@Rogozina.com

Message was attached to: PRDTOOL_NOSUBJECT

From: Karin Keough

Sent: 1/10/2022 2:41:32 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), tracy.schreilber@sboh.wa.gov, hunnah.hag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Notice of Liability and Affirmation and Demand for Rebuttal or Remedy

External Email

Good Day Michelle,

On January 6, 2022 I sent you a public comment, at this time I have not heard back from you regarding having read my comment.

I have all of the delivery receipts from sending the email on January 6, 2022.

Since I have not heard back from you or from the Washington State Board of Health, I am sending you a "Notice of Liability and Affirmation and Demand for Rebuttal or Remedy".

You have now been formally served.

alissa-karin; ray-keough©

Living Testimony

I am an American, with inherited sovereignty

I was born on American soil.

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NOTICE-TO-AGENTS-IS-NOTICE-TO- PRINCIPALS,

NOTICE-TO-PRINCIPALS-IS-NOTICE-TO-AGENTS!

Message was attached to: Notice of Liability and Affirmation and Demand for Rebuttal or Remedy

From: Karin Keough

Sent:

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), tracy.schreilber@sboh.wa.gov, hunnah.hag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: My Public Comments...Regarding Proposed Final Agenda for January 12 Public Meeting...11. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry –Possible Action

Written Notice of Liability for Washington State Board of Health

Notice to Agents is Notice to Principals; Notice to Principals is Notice to Agents

Good Day,

I would like to emphasize that I am your neighbor. I bear you no ill will and presume you are all decent, well-intentioned people.

Every policy that you have enacted or enabled under the guise of COVID-19 that denies people - living men, women, boy and girls - equal access to public accommodations unless they submit to long-term wearing of masks, invasive diagnostic testing, or injections of gene-modification therapies is unlawful.

First, people are divine creations and are only bound by divine law, not by man's law. The first sentence of the first law of this country, the Declaration of Independence, states this clearly: "Men [and women] are endowed by their Creator with unalienable rights." These are absolute and unconditional. What is given by our Creator cannot be taken away by you. The supreme court has upheld this countless times. Your coercive policies violate our unalienable rights under the pretense of law.

Second, all three of these policies involve medical procedures. In 1947 civilized society declared in Article 1 of the Nuremberg Code that this type of coercion is everywhere and always a crime against humanity.

Policies relating to COVID-19 and Pierce County Resolution No. R2021-224 are violations of the 1st, 4th, 5th, and 9th Articles of the Bill of Rights and are by definition Rape, Bodily Invasion, Abduction, Abuse, Molestation and Maltreatment at the very least.

This is a betrayal of your allegiance to the Constitution for the united States of America, and thus to us, it's beneficiaries. Your polices, therefore, are a breach of fiduciary duty and treason.

You have not been granted permission to pass such mandates as proposed.

I do not grant you permission to proceed with passing such mandates.

If you do not comply with this cease and desist direction, I will hold each and every one of you accountable for these deprivations of rights, crimes against humanity, and treason.

Please understand that I have every remedy available to me.

Your individual liability is unlimited.

You have now been offered lawful Notice of due process.

alissa-karin:ray-keough, sui juris

All rights reserved.

Without prejudice.

Without recourse.

Living Testimony

I am an American, with inherited sovereignty

I was born on American soil.

This private email message, including any attachment(s), CC's, BCC's, or REPLIES are covered under this NOTICE and is limited to the sole use of the intended recipient and may contain Privileged and/or Confidential PRIVATE Information. Any and All Political, Private or Public Entities, Federal, State, or Local Corporate Government(s), Municipality(ies), International Organization(s), Corporation(s), Live Individual(s),

person(s), agent(s), investigator(s), or informant(s), et al., and/or Third Party(ies) working in collusion by collecting, observing, monitoring, and/or analyzing My email(s), using any means of spying and/or data collection is PROHIBITED. Without my Exclusive WRITTEN Permission all communications, herein, are PRIVATE. In De Jure Freedom WITH ALMIGHTY GOD.

Any omission(s) not specifically enumerated, herein, cannot be construed as permission by default; This notice prohibits Any and All Unauthorized Review, Use, Disclosure, or Distribution, verbally, or otherwise; With Explicit Reservation of All My Rights, Without Prejudice and Without Recourse to Me.

Any omission does not constitute a waiver of any and/or ALL Intellectual Property Rights or Reserved Rights!

NOTICE-TO-AGENTS-IS-NOTICE-TO- PRINCIPALS,

NOTICE-TO-PRINCIPALS-IS-NOTICE-TO-AGENTS!

Notice of Liability and Affirmation and Demand for Rebuttal or Remedy

Notice to Agents is Notice to Principals; Notice to Principals is Notice to Agents

January 11, 2022

alissa karin ray-keough
c/o 811 121st Street East
Tacoma, Washington [98445]

Michelle Davis, MPA Executive Director
Melanie Hisaw, Executive Assistant
ALL Washington State Board of Health Members
PO Box 47990
Olympia, Washington 98504-7990

By Registered Mail: RB 530 816 989 US

Dear Michelle Davis, All Washington State Board of Health Members and Executives,

On January 6, 2022, I sent you an email as a written Verbal Notice of Liability for Washington State Board of Health. (see attached)

Under Federal Rules of Evidence 902 once I record this Notice it is self-authenticating. Your failure to rebut is admission to the truth of the Affirmations and judgment on the Remedy contained therein without your or your agent's objection due to estoppel by acquiescence.

Every policy that you have enacted or enabled under the guise of COVID-19 that denies people - living men, women, boy and girls - equal access to public accommodations unless they submit to long-term wearing of masks, invasive diagnostic testing, or injections of gene-modification therapies is unlawful.

First, people are divine creations and are only bound by divine law, not by man's law. The first sentence of the first law of this country, the Declaration of Independence, states this clearly: "Men [and women] are endowed by their Creator with unalienable rights." These are absolute and unconditional. What is given by our Creator cannot be taken away by you. The supreme court has upheld this countless times. Your coercive policies violate our unalienable rights under the pretense of law.

Second, all three of these policies involve medical procedures. In 1947 civilized society declared in Article 1 of the Nuremberg Code that this type of coercion is everywhere and always a crime against humanity.

Policies relating to COVID-19 are violations of the 1st, 4th, 5th, and 9th Articles of the Bill of Rights and are by definition Rape, Bodily Invasion, Abduction, Abuse, Molestation and Maltreatment at the very least.

This is a betrayal of your allegiance to the Constitution for the united States of America, and thus to us, it's beneficiaries. Your polices, therefore, are a breach of fiduciary duty and treason.

You have not been granted permission to pass such mandates as proposed.

I do not grant you permission to proceed with passing such mandates.

If you do not comply with the direction, you have just been given, I will hold each and every one of you accountable for these deprivations of rights, crimes against humanity, and treason.

Please understand that I have every remedy available to me.

Your individual liability is unlimited.

You have now been offered lawful Notice of due process.

You have a further ten (10) business days from the date of this Notice to cure your breach of Notice of Liability and to do so by January 25, 2022.

If you do not, I will immediately provide you and all the members of the Washington State Board of Health with the following, without limitation:

1. Complaints against your faithful performance bonds
2. Criminal referrals under Title 18 US code 241-242
3. Civil action for deprivation of rights
4. Demand for a common law grand jury dependent upon the results of the foregoing.

I reserve all rights and remedies available to me in any jurisdiction or venue.

By alissa karin ray-keough
alissa karin ray-keough, *sui juris*
All rights reserved.
Without prejudice.
Without recourse.

From: Amber Hickman
Sent: 1/27/2022 5:06:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: noods moods
Sent: 2/7/2022 3:25:24 PM
To: DOH WSBOH
Cc:
Subject: UNMASK THE CHILDREN

External Email

Hello,

Please unmask the children now.

How many more studies do we need to show that masks have no or very little efficacy in preventing spread?

How many more children must harm themselves before the mask wearing is finished?

How many more children must kill themselves before the mask wearing is finished?

What are we doing? You can judge a nation by how it treats their children, this is just sick. Covid has officially become a cult.

We can't move on with our lives because of the Board of Heath and Governor Inslee's draconian policy.

How many vaccinated people and previously infected people combined will it take to remove the mandates?

Why is natural immunity not recognized?

Why isn't the data transparent and shown with reasonable justification to support the policies?

The public health and treatment policies have done more to harm people than Covid has, multiple studies support this claim.

More states continue to drop mandates, why not Washington?

Everyone and I mean everyone knows we are being lied to with data and power hungry corrupt politicians and policy.

You have officially lost any and all educated and reasonably minded individuals with these continued policies.

These policies are killing business, trust, culture, and our children's psychological states.

My children and the rest of the children in this state are suffering, because of the policy. Covid not so much, it was a cold.

Why is the "worst virus" in history also the most politicized?

Are we hell bent on protecting people or destroying society?

Every policy, mandate. And action has done nothing to slow the spread. Has the motive become clear?

END IT NOW, ENOUGH IS ENOUGH.

Open the state, open the schools, take off the masks, and give people their lives back. Those who remain scared can stay at home and wear 5 masks at a time and get a booster every 6 months.

For the sake of your state and country, call for resignations or END IT ALL?

Sincerely,

A parent of children you are hurting.

From: Judy Scott
Sent: 2/8/2022 10:45:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bob Wright
Sent: 2/7/2022 7:59:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marina Smith
Sent: 2/8/2022 6:55:37 PM
To: DOH WSBOH
Cc:
Subject: Commenting on Thursday's BOH Meeting

External Email

Dear Board Members,

I did not see a place to comment about the idea of mandating the COVID vaccine for kids. I would like to voice my opinion against that, as I would not send my kids to school if that becomes a requirement. With similar viral loads in both unvaccinated and vaccinated populations, this does not make sense from a public health standpoint. Furthermore, this vaccine is experimental and we have no idea what the long term consequences will be as these children become adults. The decision to put this vaccine into a child should be between parents and doctors, not the state.

Thank you for hearing my concerns,

Marina Smith
Bainbridge Island, WA

From: wade thorlacius
Sent: 2/1/2022 1:08:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Douglas Prichard
Sent: 2/1/2022 4:17:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: clarice fox-hughes
Sent: 2/8/2022 12:24:07 PM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

I am writing you to ask why mandates are not being lifted? There is no reason for it not to unless you are like Justin Trudeau and are trying to cause segregation and division. The governor did call the unvaccinated terrorists, so maybe that is the plan. I live in the same place as the governor, I probably shop in the same grocery store. All I have seen happening is more and more judgment. More and more either you are on our side or you are less than the dirt on my shoes. The rest of America is getting back to life, building bridge and trying to bring communities together. Sadly I see none of that here. Sadly I see neighbor suspicious of neighbor. We were the first to go in lockdown, will we be the last to come out of it? I have lived in WA for 31 years and now I think I will have to find a new state to call home. Please lift mandates, please end segregation. Thank you Clarice

PS if you haven't, I suggest you read John Hopkins latest study on covid measures

From: Johnathon Huffman
Sent: 2/9/2022 9:17:12 AM
To: DOH WSBOH
Cc:
Subject: No vaccine requirements for kids

External Email

Good morning BOH team -

I share a reminder of something we all know deep down.

God has placed the governance of the family with the family. Parents are His hierarchical representatives for children (Deuteronomy 6).

There is an eternal state of judgement and rewards and we will be held accountable for every deed (2 Corinthians 5:10). Usurped authority and supporting the deception of a propped up narrative will not receive a free pass now or eternally.

You each know individually there is no need to have COVID-19 vaccines for children. You know it is a benign disease that is inconsequential for children. You know that any suggestion otherwise is an egregious sacrifice of children for selfish gain. You know the narrative supporting this has fallen apart and is abandoned in most of our country and in many countries across the world.

Even if you are the only one, stand up for kids because Jesus is King not Caesar (Matthew 28:18, Revelation 1:5).

In truth and love,

J Huffman

From: Diana Whiteman
Sent: 1/28/2022 8:26:27 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/2/2022 2:13:11 PM
To: DOH WSBOH
Cc:
Subject: Survey feedback



attachments\DFE9EBF2B8F94725_image002.png

Hello,

This feedback is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 1, 2022 7:33 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I just filled out Caregivers & Parents Survey: COVID-19 Vaccine as a School Requirement - Survey 2 It was pretty poorly written. Especially question #5. Seemed unprofessional which is too bad for an important survey.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:
(no answer)
Email:
(no answer)

Telephone:
(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Christinejmorgan21@gmail.com <mailto:Christinejmorgan21@gmail.com>

From: Michael Martin
Sent: 2/7/2022 4:13:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rick Alderson
Sent: 1/27/2022 8:15:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:37 AM
To: DOH WSBOH
Cc:
Subject: FW: Support for Vaccinations for school requirement

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

From: Christine McKinnon <atomicorbs@charter.net>
Sent: Tuesday, January 11, 2022 5:06 PM
Subject: Support for Vaccinations for school requirement

External Email

Hello. I just wanted to add my vote in support of having vaccinations for school students (and teachers). This definitely includes COVID shots, as long as we are in a pandemic situation. When we reach the stage where COVID is acting like a flu, then we should consider removing it from "required".

I will also add my opinion on the masks. I know they are unpopular with many... but as a 28 year educator... having everyone wear masks this year cut out on so many more "bad bugs" than COVID. My annual Strep Throat did not happen, two years in a row! Wiping desks down and masking has helped keep attendance up. You will never keep it up, but I'm just wishful thinking that we could.

Thanks.

Christine McKinnon

From: Louise Bradley
Sent: 2/7/2022 3:17:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: c.kaiponen
Sent: 1/28/2022 6:51:10 AM
To: Schreiber, Tracy N (SBOH)
Subject: Public comment 1.28.22

External Email

Good morning,

Thank you for all that you do for our community. May I please ask for your help?

I really wish there was something that we could do to support the children in our community pertaining their right to breathe fresh air. It is so unnecessary that they wear masks at school for this virus that is 99% survival rate in children's age group.

We need to see their smiling faces.

They need to see their friend's smiling faces.

They need to see their teacher's smiling faces.

They need it as part of feeling connection to our community. We need to help their mental health and growing brains receive the air they are entitled to breathe. This is just absurd this has gone on this long. This isn't fair.

Please help end this.

Also,

Please DO NOT enforce Gene Therapy AKA covid inoculation requirements for children in our state. This would be discrimination against me and my family. I know of many other families as well that this would discriminate against as well.

We live in the United States of America. We are entitled to our freedom of making our own personal medical choices. For ourselves and for our children. Personal medical autonomy has decades of established law decided at the Supreme Court. Please watch the attached video for more information about the VAERS coming from Pfizer. Which is very alarming.

<https://resistthemainstream.org/heres-the-pfizer-video-that-got-dr-robert-malone-suspended-off-twitter>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fresistthemainstream.org%2Fheres-the-pfizer-video-that-got-dr-robert-malone-suspended-off-twitter&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1096822e9d15404c321808d9e26d9dc1%7C11d0e>>
/

Please remember that VAERS is a statutory requirement of the fda. How is covid-19 a true state of emergency still when the survival rate is so high?

I have chosen to not be inoculated and contracted covid right after Christmas. And I am ok! My entire family is ok! Everything is ok! Everyone should be allowed to make the personal choice of medical treatment, period. we have natural immunity! Let's focus on natural immunity and healthy hygiene.

Please do not make Gene Therapy AKA, EUA (which has a 99% survival rate) ' Covid Vaccine', a requirement for public schools. Promoting myocarditis (which is a common

side effect of the inoculation) in our youth is completely unethical. The risk simply outweighs any benefit, because what is the benefit? They would still catch and spread virus, so there are absolutely NO benefits.

There is already discrimination happening if my child has a common cold and I call to her school office to let them know she will be absent. They ask right away if she is vaccinated. I ask, "with what?" They say, "covid vaccine." This is no one's business if my child is injected with gene therapy. But once they get an answer from me, they put our situation in a "side A" or "side B" flow sheet. (Brings times back to NO BLACKS ALLOWED AT THIS WATER FOUNTAIN for example) Just like they do with the volunteers at the school district. This is creating MASSIVE SEGREGATION.

The current situation for having a cold and staying home to get well school process is performing unconstitutional discrimination against my family. Religious beliefs and personal medical choices are personal choices. Please set an example in our state to show that we honor our people of America and allow them the freedom that our constitution states we all have!

Lets spread kindness and love and promote healthy hand washing, not discrimination and segregation.

Please help end this.

Thank you for your time.

May God Bless you and your loved ones,

Christina Thacker
Kitsap county resident 38 years

Sent from my Verizon, Samsung Galaxy smartphone

From: Barbara Hawley
Sent: 2/8/2022 5:24:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marc Boardman
Sent: 1/30/2022 9:35:08 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Erica Teodoro
Sent: 2/7/2022 2:12:19 PM
To: DOH WSBOH
Cc:
Subject: Local control for lifting mask mandates

External Email

Dear State Board of Health Members and others to whom it may concern,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Anna Zhelez
Sent: 2/3/2022 12:38:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Melissa Reetz
Sent: 1/31/2022 7:20:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Justin Page
Sent: 1/28/2022 6:46:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ashley Fladeland
Sent: 2/7/2022 5:05:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Me Zee
Sent: 1/23/2022 12:15:32 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Involuntary

External Email

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: John Bishop
Sent: 1/29/2022 11:07:29 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lin Grey
Sent: 1/28/2022 7:47:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sam Abendroth
Sent: 1/31/2022 6:49:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/8/2022 3:23:39 PM
To: DOH WSBOH
Cc:
Subject: Vaccine survey comment



attachments\F4EE681CAC9840C7_image002.png

Hello,

This is feedback about the survey from 1/28/22 that was meant for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 4:22 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

A survey was sent out by Battleground PS regarding parents burdens on requiring a Covid vaccine for entrance to school. The survey will no longer take comments. I would like to oppose any mandatory Covid vaccine to enter in person school. Can you please forward this or direct me to a location to have my comments made official.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Angela stafford

Email:

Adstaff77@yahoo.com <mailto:Adstaff77@yahoo.com>
Telephone:
(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Adstaff77@yahoo.com <mailto:Adstaff77@yahoo.com>

From: j
Sent: 2/1/2022 9:10:46 AM
To: j
Cc:
Subject: CURRENT NEWS analysis by Cliff High

External Email

CURRENT NEWS ANALYSIS by CLIFF HIGH

The founder and current leader of the WEF, Klaus Schwab, has been recorded on video claiming at least a 50% 'penetration' of 109 Western republic cabinets, or governments, and at least 5 US States to the gubernatorial level, WA State prominent among those. Jay R Inslee is featured on the WEF membership pages indicating complete ownership, and control of him, and of the government of WA State, by Klaus Schwab's WEF agenda. It was through this coordination of these 109 captured governments, and at least 5 US States, as well as, the Federal government of the US, and the majority of UN working groups, that the Covid global tyranny plan has been pursued.

1.

On 2022.01.29, the Global Revolution began in Canada. It will spread.

2.

The 'pandemic' is over. The People have decided to end it. In support of this process, the People have organized and are sharing the 'receipts' that prove the complicity, and guilt of those under the control of the WEF, and its affiliated organizations. Politicians here in the USA, as well as other Western Republics, will soon be attempting to scrub their on-line records of associations to the WEF, no matter how tenuous. It will not aid them.

3.

A major casualty of War, and especially in War practiced as Revolution, is Secrecy. This Revolution is already yielding documentation that will be used in the trials pending as this Movement proceeds. Persons guilty of committing Crimes against the populace via malfeasance in Public Health institutions, as well as the Laws controlling them, may expect to be prosecuted.

4.

People injected with the 'vaccines' are dying at 3 to 4 times the usual, and historical, normal rates. This will grow with time for these next 3 years. Rates of cancers, and other debilitating conditions are many thousands of percent higher in 'vaccinated' individuals. These facts are becoming understood by the Populace. As this knowledge spreads, as well as the effects of the injections throughout the Populace, it will be expected that the damaged victims will seek recompense from the Guilty.

5.

A wise person, upon recognizing that they had been close enough to the Guilty personalities to have been tainted by association, would prepare now for the inevitable questioning, investigation, and judgment of their role in the proceedings of this pandemic

operation.
6.

The events of this decade are being powered by the demographic and economic Long Waves of History as the Petrodollar collapses the global central banking consortium. As a Legislator, in charge of the Public Purse, this banking system collapse will greatly affect your work and future. The wise person will expect events to become far more chaotic and unsettled as we progress further into this decade.

From: Testify Online Survey
Sent: 1/30/2022 3:34:47 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 2022

2.

Agenda Item or Issue:

mandate COVID vaccines for school children

3.

Your Name:

Nathan Proudfoot

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

mandate COVID vaccines for school children

11.

Are you Pro or Con on the proposal?

1. Pro

I support the government requiring the COVID vaccine like other vaccines already required for school children in this state.

From: richardmforde@aol.com
Sent: 1/29/2022 12:26:50 PM
To: DOH WSBOH
Cc:
Subject: 2nd Response to WSBOH Survey

External Email

Dear Sir or Madame,

On February 28th, 2021, Pfizer and the FDA had data from a study on all-cause mortality after the "vaccine" injections, but this data was never released to the public. This data should have stopped the "vaccination" program immediately.

One America Insurance, a company based in Indiana, has actuarial data showing a 40% increase in death rate for young people age 18 and up, after the injections began in 2021.

Reliable data from the Department of Defense on military-age young people has shown that after the injection program began in 2021, there has been a 300% increase (3 times higher) in miscarriages, a 300% increase in cancer, a 1000% increase (10 times higher) in neurological diagnoses that especially affect pilots.

News reports from doctors, nurses, attorneys, and financial experts have discussed this data, and criminal charges have just now begun to be filed against those responsible at the federal level, but this will eventually make its way down to the state level. The level of criminality is such that an economic collapse of Pfizer and other pharmaceutical companies is expected, worse than happened to Enron twenty years ago.

The FDA has a legal definition for a vaccine, but the Covid shot does not comply with this definition because it is from new technology. The term "vaccine" is used to make it more acceptable to the public. The phrase "safe and effective" is a complete lie.

Recently in 2021, embalmers who work in funeral homes, who have had decades of experience, are seeing unusual blood clots that they have never seen before, in patients who have been injected. They have saved hundreds of samples for further study. These clots are as long as a patient's leg and have a white cord as part of the clot structure.

Pharmaceutical companies have some limited liability for patient injuries as a result of the 1986 act passed in Congress and signed by Pres. Reagan, but they have ZERO liability for experimental drugs, such as the Covid injection. Comirnaty was licensed in August 2021, but IT IS NOT AVAILABLE. Only the unlicensed experimental injections WITH NO LIABILITY FOR THE PHARMACEUTICAL COMPANIES are available.

The fraud perpetrated under the endless "emergency powers" in our state is out of control, and must NOT continue with the children and infants. The children, especially, receive NO benefit from the vaccine but incur unacceptable risks for injury.

Regards,

Deanna Burlingame
Eatonville, Wa.

From: Julie Cockburn
Sent: 1/27/2022 4:04:39 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: silverlake2
Sent: 2/1/2022 11:47:37 AM
To: DOH WSBOH
Cc:
Subject: Disapprove of mandatory Vaccination for any school children.

External Email

I am a grandparent of grade school kids. Our kids should not be pond's for this political Government Mandate. Our grandkids parents are both Nurse's and know that vaccines are not preventing anyone from getting or giving the Covid. PLUS, kids don't usually even get ANY SYMPTOMS!! NO, I am NOT in favor of this mandate. IT IS THE PARENTS RIGHT TO CHOOSE...

Sent from my U.S.Cellular© Smartphone

From: Peggy Martinez
Sent: 2/8/2022 3:59:56 PM
To: DOH WSBOH
Cc:
Subject: Feb 10 TAG Meeting



attachments\876279B2ABF94EC5_image.png

External Email

Good afternoon.

In this email, I will argue that there is also no evidence whatsoever to support a vaccine mandate for 5- to 11-year-old kids, and such a mandate is both unscientific and immoral.

Specifically, I will show that:

1. Covid was already a very mild illness for healthy children, and the Omicron variant looks to be even milder.
2. Kids 5 to 11 years old have never been significant spreaders of SARS-CoV-2 (to other children or adults).
3. Covid infection in kids produces far more robust and long-lasting immunity than the vaccines.
4. More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19, and vaccinating kids with natural immunity doesn't provide additional protection.
5. There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids. This is even more true with Omicron.
6. The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant).
7. There is already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown.
8. The mandates will cause serious and lasting harm to unvaccinated children.

#1: Covid was already a very mild illness for healthy children, and Omicron looks to be even milder

We've known since the beginning of the pandemic that the vast majority of Covid-19 cases in healthy children 5 to 11 years old are extremely mild.

According to the Centers for Disease Control and Prevention (CDC)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F covid.cdc.gov%2F covid-data-tracker%2F%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252F coronavirus%252F2019-ncov%252Fcases-updates%252Fcases-in-us.html%26utm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcd3lChLvHXaBrJX%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83

us.html%26utm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcd3lChLvHXaBrJX%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83

, there have been just 216 deaths in this age group since the start of the pandemic. This represents only 0.03% of the total Covid-19 deaths, despite the fact that 5- to 11-year-old kids comprise almost 9% of the population.

With 28,384,878 kids in this age group, that's a mortality rate of 0.0008%. Put another way, at worst, a child 5 to 11 years old has a 1 in 131,411 chance of dying from Covid-19.

But even this very low number is likely to be a significant overestimate for healthy children for two reasons.

The first is that Covid deaths have almost certainly been over-counted in the U.S. and other industrialized countries because of how they are classified. For example, say a child with a pre-existing leukemia diagnosis is admitted to the hospital for issues related to their disease. The child tests positive for SARS-CoV-2 upon admission, does not develop any signs or symptoms of Covid-19 infection, but later dies due to complications of leukemia. This will be classified as a Covid-19 death—even though, in this case, Covid-19 likely had nothing to do with the child's passing.

The second reason is that the majority of hospitalizations and deaths in 5- to 11-year-olds occur in children with pre-existing health conditions. A study by the CDC back in September 2020

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NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that, among 121 childhood deaths related to Covid-19, 75% had an underlying health condition. Another study by the CDC

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NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that 53% of kids hospitalized for Covid-19 had at least one pre-existing condition,

the most common being obesity (45%), asthma (14%), and neurological conditions (13%). Yet another large, international review of 14 studies

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pharmacytimes.com%2Fview-with-pre-existing-conditions-experience-more-severe-covid-19%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email%2-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pharmacytimes.com%2Fview-with-pre-existing-conditions-experience-more-severe-covid-19%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email%2-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9)

NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 covering almost 20,000 children found that kids with pre-existing conditions were over

25 times more likely to experience severe symptoms from Covid-19 infection than healthy kids.

The point here is not that kids with pre-existing conditions don't deserve our consideration. Of course they do! The question I am trying to answer in this email is whether the vaccines should be mandated for all 5- to 11-year-old children, including healthy ones. And to do that properly, we have to know what the risk is for healthy children specifically.

Unfortunately, the CDC does not routinely distinguish between healthy kids and kids with pre-existing conditions in their reporting of Covid-19 hospitalizations and deaths. But some other industrialized countries do.

For example, a recent study out of Germany

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NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 looked at just over 400,000 healthy 5- to 11-year-old kids with no pre-existing conditions who tested positive for Covid-19. They found:

- * A rate of hospitalization of 8.5 per 100,000 (~1 in 11,750)
- * A rate of ICU admission of 2 per 100,000 (1 in 50,000)
- * A rate of death of ZERO (there was not a single death in this age group)

This gives us a much better idea of what we can expect in terms of the risk of

hospitalization and death in healthy kids in this age group.

And all of the early data we have so far suggest that Omicron is far milder than all previous variants.

For now, it's enough to say that if the current trends hold, we should expect the risk of hospitalization and death from Covid-19 in healthy children—which is already incredibly low—to be lower still in the future.

When we consider that:

- * Covid-19 was already an extremely mild illness for healthy kids 5 to 11 years old
- * Hospitalizations and deaths have been over-counted
- * Omicron appears to be far milder than previous variants

... we get a current risk of serious outcomes like ICU admission or death in healthy 5- to 11-year-old kids that is minuscule.

#2 Kids have never been significant spreaders of SARS-CoV-2 (to other children or adults)

Some advocates of vaccine mandates have argued that, while Covid-19 is a mild illness in kids, we should vaccinate them anyway in order to protect those at the highest risk, like the elderly and individuals with pre-existing conditions.

In order for this argument to be valid, two things would need to be true:

1. We'd need evidence of significant child-to-adult and child-to-child transmission of Covid-19.
2. We'd need evidence that the vaccines prevent, or at least significantly reduce, the transmission of SARS-CoV-2.

In fact, neither of those is the case.

Studies have now shown that kids under 10 years old rarely transmit Covid-19

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NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9>, and all kids/adolescents up to 20 years old are only 43% as susceptible to the disease and 63% as likely to infect others

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.courthousenews.com%2Fkids-dont-spread-covid-like-a-plague-models-indicate%2F%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_medium%3De-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.courthousenews.com%2Fkids-dont-spread-covid-like-a-plague-models-indicate%2F%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_medium%3De-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9)

NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9> than adults.

NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9>

Given that neither of these things is true, the argument that we should vaccinate kids to protect the vulnerable has no scientific basis.

#3: Covid infection in kids produces far more robust and long-lasting immunity than the vaccines

Another argument I've heard to justify a massive vaccination campaign for 5- to 11-year-old kids is that the vaccines provide more robust immunity than a natural infection and that because of this, the vaccines will "end the pandemic."

Numerous studies have now shown that this is not the case, and, in fact, the opposite is true: kids who have a Covid-19 infection go on to develop much stronger, more lasting, and broader immunity against future SARS-CoV-2.

A new, peer-reviewed study published in Nature Immunology on December 22

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8%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email%26-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-

NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that both the innate (initial antibody response) and adaptive (later T-cell response) immune reaction to SARS-CoV-2 is much stronger in children than in adults.

In other words, kids who get Covid-19 mount a more effective and robust immune response to the disease than adults do. What's more, this immune response lasted throughout the entire length of the study period—which was nearly one year—and it appeared to protect them against multiple SARS-CoV-2 variants.

The authors speculate that increased immunity to coronaviruses that cause the common cold, and are cross-reactive with SARS-CoV-2, may be part of the reason that children are more protected from Covid-19 than adults.

From the study:

"□□□ Conclusion, we showed that children display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs [human coronaviruses]."

Given how remarkably low the risk of serious illness is in 5- to 11-year-old kids, and given how strong and long-lasting their immune response is to natural infection, wouldn't it make more sense to simply allow healthy kids in this age group to get Covid-19—especially now that the Omicron variant is becoming dominant—rather than expose them to vaccines with uncertain benefits and concerning side effects (more on both of these points below)?

#4: More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19

At the end of May of this year, the CDC estimated

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updates%2Fburden.html%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_s-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-

NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 that 36% of all children had been infected with SARS-CoV-2. That estimate was made 16 months into the pandemic. If we adjust that estimate for the current time frame (22 months), we get 49.8% or roughly half of U.S. children.

However, the CDC estimate was performed before the emergence of the Delta and Omicron variants, both of which are significantly more transmissible than prior variants. Therefore, it is highly likely that the rate at which kids were getting infected between May 2021 and now is significantly higher than during the first 16 months of the pandemic. This means that more than half of U.S. children have natural immunity against Covid-19.

The Nature Immunology paper I just mentioned above clearly indicates that natural immunity to Covid-19 is especially robust in children.

And so far, there is little convincing evidence that vaccinating someone who has already been infected offers any benefit.

For example, a study published in June 2021 by Cleveland Clinic

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NIKEQgpAc d3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sb oh.wa.gov%7C1c208bb83 of almost 53,000 people found that vaccinating people with natural immunity (i.e., those who had already been infected with SARS-CoV-2) did not confer additional protection. Most importantly, there was not a single case of reinfection among the 1,359 previously infected, unvaccinated subjects in the study.

The fact that most kids have already had Covid-19 and thus already have immunity to it, and that vaccinating people who've already been infected doesn't strengthen their protection against the virus, casts even further doubt on a universal vaccine campaign for 5- to 11-year-olds.

#5: There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids

Severe illness in kids is so rare that there wasn't a SINGLE case of severe Covid-19 or a SINGLE death from Covid-19 in the 2,268 kids that Pfizer studied to obtain their Emergency Use Authorization (EUA)

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by the CDC.

Because there were no significant adverse outcomes from Covid-19 in the trial, Pfizer had to estimate the potential benefit by looking at the antibody response generated by the vaccine in the kids' blood.

There are several problems with this. First, antibodies are a poor predictor of clinical response to Covid-19

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NIKEQgpAc3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb8
. Second, since there were no cases of severe Covid-19 in kids in this study, Pfizer had
no idea what antibody level would be protective against severe infection.

This means that any claims you've seen that the Pfizer vaccine is 90% effective are misleading because this only refers to an antibody response in the blood from the vaccine and not actual protection against severe illness, hospitalization, or death.

Yes, the massive campaign to vaccinate 5- to 11-year-old kids is based on a small study of 2,268 kids in which the vaccines did not prevent a single case of severe Covid-19 or a single death and demonstrated only an elevated antibody response in those that received the vaccine.

#6: The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant)

Even before the emergence of the Omicron variant, we already knew that the Covid vaccines do not significantly reduce transmission of the virus. Unlike the measles or polio vaccines, they do not provide “sterilizing immunity”—that is, they don’t keep people from getting the virus or spreading it to others.

CDC Director Rochelle Walensky disclosed this back in August 2021 in an interview with Wolf Blitzer on CNN

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-ujih6hHRi6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-
NIKEQgpAcD3lChLvHXaBrJX%23!&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C1c208bb83f1c4232e5ad
. She said:

"They [the vaccines] continue to work well with 'Delta' with regard to severe illness and death, but what they can't do anymore is prevent transmission." [Emphasis added]

But in countries where Omicron has become the dominant variant, we have even less reason to believe that the vaccines do anything at all to reduce transmission.

Data out of Ontario, Canada has been issuing detailed reports on cases. You can see in the chart below that, as of late December, the number of Omicron cases per 100,000 people is virtually identical in the unvaccinated, partially vaccinated, and fully vaccinated:

Also, a preprint study out of Denmark

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Here's the key figure from that study. The blue dots represent vaccine effectiveness against Delta, and the green dots/bars represent vaccine effectiveness against Omicron. When the dot is above the horizontal line, effectiveness is positive. When it's below the line, it's negative.

Finally, we have data from the U.K.'s "SARS-CoV-2 variants of concern and

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variants under investigation in England, Technical briefing 33

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia/2023/03/30/33.pdf%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email%26utm_medium%3Demail%26utm_content%3D%26h1%3D%26h2%3D%26h3%3D%26h4%3D%26h5%3D%26h6%3D%26h7%3D%26h8%3D%26h9%3D%26h10%3D%26h11%3D%26h12%3D%26h13%3D%26h14%3D%26h15%3D%26h16%3D%26h17%3D%26h18%3D%26h19%3D%26h20%3D%26h21%3D%26h22%3D%26h23%3D%26h24%3D%26h25%3D%26h26%3D%26h27%3D%26h28%3D%26h29%3D%26h30%3D%26h31%3D%26h32%3D%26h33%3D%26h34%3D%26h35%3D%26h36%3D%26h37%3D%26h38%3D%26h39%3D%26h40%3D%26h41%3D%26h42%3D%26h43%3D%26h44%3D%26h45%3D%26h46%3D%26h47%3D%26h48%3D%26h49%3D%26h50%3D%26h51%3D%26h52%3D%26h53%3D%26h54%3D%26h55%3D%26h56%3D%26h57%3D%26h58%3D%26h59%3D%26h60%3D%26h61%3D%26h62%3D%26h63%3D%26h64%3D%26h65%3D%26h66%3D%26h67%3D%26h68%3D%26h69%3D%26h70%3D%26h71%3D%26h72%3D%26h73%3D%26h74%3D%26h75%3D%26h76%3D%26h77%3D%26h78%3D%26h79%3D%26h80%3D%26h81%3D%26h82%3D%26h83%3D%26h84%3D%26h85%3D%26h86%3D%26h87%3D%26h88%3D%26h89%3D%26h90%3D%26h91%3D%26h92%3D%26h93%3D%26h94%3D%26h95%3D%26h96%3D%26h97%3D%26h98%3D%26h99%3D%26h100%3D%26h101%3D%26h102%3D%26h103%3D%26h104%3D%26h105%3D%26h106%3D%26h107%3D%26h108%3D%26h109%3D%26h110%3D%26h111%3D%26h112%3D%26h113%3D%26h114%3D%26h115%3D%26h116%3D%26h117%3D%26h118%3D%26h119%3D%26h120%3D%26h121%3D%26h122%3D%26h123%3D%26h124%3D%26h125%3D%26h126%3D%26h127%3D%26h128%3D%26h129%3D%26h130%3D%26h131%3D%26h132%3D%26h133%3D%26h134%3D%26h135%3D%26h136%3D%26h137%3D%26h138%3D%26h139%3D%26h140%3D%26h141%3D%26h142%3D%26h143%3D%26h144%3D%26h145%3D%26h146%3D%26h147%3D%26h148%3D%26h149%3D%26h150%3D%26h151%3D%26h152%3D%26h153%3D%26h154%3D%26h155%3D%26h156%3D%26h157%3D%26h158%3D%26h159%3D%26h160%3D%26h161%3D%26h162%3D%26h163%3D%26h164%3D%26h165%3D%26h166%3D%26h167%3D%26h168%3D%26h169%3D%26h170%3D%26h171%3D%26h172%3D%26h173%3D%26h174%3D%26h175%3D%26h176%3D%26h177%3D%26h178%3D%26h179%3D%26h180%3D%26h181%3D%26h182%3D%26h183%3D%26h184%3D%26h185%3D%26h186%3D%26h187%3D%26h188%3D%26h189%3D%26h190%3D%26h191%3D%26h192%3D%26h193%3D%26h194%3D%26h195%3D%26h196%3D%26h197%3D%26h198%3D%26h199%3D%26h200%3D%26h201%3D%26h202%3D%26h203%3D%26h204%3D%26h205%3D%26h206%3D%26h207%3D%26h208%3D%26h209%3D%26h210%3D%26h211%3D%26h212%3D%26h213%3D%26h214%3D%26h215%3D%26h216%3D%26h217%3D%26h218%3D%26h219%3D%26h220%3D%26h221%3D%26h222%3D%26h223%3D%26h224%3D%26h225%3D%26h226%3D%26h227%3D%26h228%3D%26h229%3D%26h230%3D%26h231%3D%26h232%3D%26h233%3D%26h234%3D%26h235%3D%26h236%3D%26h237%3D%26h238%3D%26h239%3D%26h240%3D%26h241%3D%26h242%3D%26h243%3D%26h244%3D%26h245%3D%26h246%3D%26h247%3D%26h248%3D%26h249%3D%26h250%3D%26h251%3D%26h252%3D%26h253%3D%26h254%3D%26h255%3D%26h256%3D%26h257%3D%26h258%3D%26h259%3D%26h260%3D%26h261%3D%26h262%3D%26h263%3D%26h264%3D%26h265%3D%26h266%3D%26h267%3D%26h268%3D%26h269%3D%26h270%3D%26h271%3D%26h272%3D%26h273%3D%26h274%3D%26h275%3D%26h276%3D%26h277%3D%26h278%3D%26h279%3D%26h280%3D%26h281%3D%26h282%3D%26h283%3D%26h284%3D%26h285%3D%26h286%3D%26h287%3D%26h288%3D%26h289%3D%26h290%3D%26h291%3D%26h292%3D%26h293%3D%26h294%3D%26h295%3D%26h296%3D%26h297%3D%26h298%3D%26h299%3D%26h300%3D%26h301%3D%26h302%3D%26h303%3D%26h304%3D%26h305%3D%26h306%3D%26h307%3D%26h308%3D%26h309%3D%26h310%3D%26h311%3D%26h312%3D%26h313%3D%26h314%3D%26h315%3D%26h316%3D%26h317%3D%26h318%3D%26h319%3D%26h320%3D%26h321%3D%26h322%3D%26h323%3D%26h324%3D%26h325%3D%26h326%3D%26h327%3D%26h328%3D%26h329%3D%26h330%3D%26h331%3D%26h332%3D%26h333%3D%26h334%3D%26h335%3D%26h336%3D%26h337%3D%26h338%3D%26h339%3D%26h340%3D%26h341%3D%26h342%3D%26h343%3D%26h344%3D%26h345%3D%26h346%3D%26h347%3D%26h348%3D%26h349%3D%26h350%3D%26h351%3D%26h352%3D%26h353%3D%26h354%3D%26h355%3D%26h356%3D%26h357%3D%26h358%3D%26h359%3D%26h360%3D%26h361%3D%26h362%3D%26h363%3D%26h364%3D%26h365%3D%26h366%3D%26h367%3D%26h368%3D%26h369%3D%26h370%3D%26h371%3D%26h372%3D%26h373%3D%26h374%3D%26h375%3D%26h376%3D%26h377%3D%26h378%3D%26h379%3D%26h380%3D%26h381%3D%26h382%3D%26h383%3D%26h384%3D%26h385%3D%26h386%3D%26h387%3D%26h388%3D%26h389%3D%26h390%3D%26h391%3D%26h392%3D%26h393%3D%26h394%3D%26h395%3D%26h396%3D%26h397%3D%26h398%3D%26h399%3D%26h400%3D%26h401%3D%26h402%3D%26h403%3D%26h404%3D%26h405%3D%26h406%3D%26h407%3D%26h408%3D%26h409%3D%26

"indicating that even with a booster, symptomatic protection against Omicron wanes significantly after just 10 weeks:

“Among those who received an AstraZeneca primary course, vaccine effectiveness was around 60% 2 to 4 weeks after either a Pfizer or Moderna booster, then dropped to 35% with a Pfizer booster and 45% with a Moderna booster by 10 weeks after the booster. Among those who received a Pfizer primary course, vaccine effectiveness was around

70% after a Pfizer booster, dropping to 45% after 10-plus weeks and stayed around 70 to 75% after a Moderna booster up to 9 weeks after booster.”

Frankly, these are remarkable data that raise questions about the effectiveness of the current vaccines against Omicron for people of all ages, not just 5- to 11-year-old kids.

It’s clear that we are not in the same situation today that we were in when the vaccines were initially developed. Omicron is very different from Alpha, which was the dominant strain when the vaccines were released. And as these studies clearly show, these vaccines aren’t as effective against Omicron as they were against earlier variants.

At best:

- * Two shots of Pfizer provide just over 50% effectiveness for about a month; that drops close to zero just after the second month and goes deeply negative before the third month.

- * Two shots of Moderna provide just under 50% effectiveness for about two months; that drops to zero in the third month, and into negative territory shortly after that

- * A booster provides an additional 2.5 months of partial protection (below 45% for all but people who received two shots of Pfizer plus a Moderna booster).

If we were starting out with the current vaccines today, with Omicron, that’s the level of protection they would provide. We’d have to start giving boosters just 2–3 months after the initial shots and then give a booster every 2–3 months after that. Does that make sense, given how mild Omicron is for healthy kids (and most adults)?

It’s worth noting that most of these data regarding Omicron infections and vaccination status are from adults, not children, because the vaccines have only recently been offered to 5- to 11-year-old kids. But there is no reason to believe that vaccines will be more effective against Omicron in children than they are in adults (and, in fact, there are reasons to believe they would be less effective, as I’ve described earlier in this email).

#7: ☐☐ This is already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown

Despite the incredibly low risk that Covid-19 poses to healthy children, the fact that over 50% of kids have already had Covid, and that natural immunity is robust and durable, some still might argue that vaccinating children makes sense.

After all, if we can save even one life with the vaccines, shouldn’t we do that?

Certainly, if we knew without a doubt that 1) vaccinating every 5- to 11-year-old child would prevent even a small number of severe illnesses and deaths, and 2) the vaccines were 100% safe and would not cause any adverse events, then this would be a strong argument.

However, we still don’t know that vaccinating children this age actually reduces severe illnesses or deaths. All we know is that the vaccines induce an antibody response.

And we already know that the vaccines are not 100% safe and are producing a significant number of adverse events in children 5 to 11 years old. This should not be surprising. All medical interventions have potential side effects and risks, and the Covid vaccines are no exception.

The CDC’s own data show harm for the vaccines—despite Director Walensky’s denial

According to the CDC's data, as of December 9, 2021, there have been 3,233 reports of adverse events in kids 5 to 11 years old from the Covid-19 vaccines, including 14 reports of myocarditis (8 of which have already met the CDC criteria for a vaccine-induced myocarditis case).

It's worth pointing out that myocarditis is only one of several possible side effects that have been observed with the Covid-19 vaccines

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2Fujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9, which include arthritis, autoimmunity, acute liver and kidney injury, thyroiditis, and more.

It's also important to know that the Vaccine Adverse Event Reporting System (VAERS) is imperfect, and adverse effects are often underreported. For example, a 2001 study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Faje%2Farticle-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that less than half of cases of rotavirus vaccine-associated intussusception (severe intestinal disorder) were successfully reported to VAERS. And a 2020 study <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fmicrobial-instincts%2Funderreporting-and-post-vaccine-deaths-in-vaccine-adverse-event-reporting-system-vaers-explained-14fe22b2a65f%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3D found that the reporting sensitivity for anaphylaxis (severe allergic reaction) and Guillain-Barré syndrome (severe nerve disorder)—both of which have been seen with the Covid-19 vaccines—ranged from 12%–76%.

There are at least 2 reasons to believe that underreporting of side effects for the Covid-19 vaccines is at least as prevalent as the studies above suggest—and probably more:

- * Many doctors and nurses are afraid to report side effects of the vaccines because of the current polarized political climate.
- * The vaccine program for 5- to 11-year-olds began only recently, and there's often a lag time between receiving the vaccines, side effects, and reporting of those side effects.

Nevertheless, let's be generous and assume that the underreporting of side effects from the Covid-19 vaccines in VAERS is only 0.5, or one-half. This would mean 6,466 adverse events reported from 7,141,428 doses of the vaccine in 5- to 11-year-olds, or a risk of a vaccine-related adverse event of 1 in 1,104.

This compares with (according to the German study I mentioned above) a risk of hospitalization of 1 in 11,750, a risk of ICU admission of 1 in 50,000, and a risk of death of zero from Covid-19 in a sample of 400,000 kids.

To make it as clear as possible: these data suggest that, for healthy kids 5 to 11 years old, there is a much higher risk of an adverse event from the vaccine than there is of preventing a hospitalization, ICU admission, or death from Covid-19.

You might argue, "Well, if those adverse events from the vaccine are mild, what does it matter?" That's a reasonable question to ask. However, many of the side effects reported to VAERS are in the moderate-to-severe range. Most people won't bother with the time or hassle required to file a VAERS report if they simply had a sore arm for a couple of

days.

OpenVAERS

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email%-ujih6hHRi6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-

NIKEQgpAc3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 has been diligently reporting on the raw VAERS data throughout the pandemic. According to their website, there have been 983,756 Covid vaccine-related reports submitted to VAERS as of December 17, 2021 across all ages. Within the 5- to 11-year-old age group, these include:

- * 2 deaths
- * 90 hospitalizations
- * 331 urgent care visits
- * 772 doctor's visits
- * 2 cases of Bell's Palsy
- * 3 cases of anaphylaxis

These are clearly not mild side effects, and together with the CDC's data on myocarditis risks, there is enough evidence to warrant concern about both the short- and long-term effects of these vaccines—especially since they are being given to healthy children with their entire lives ahead of them.

In addition to the known risks above, there are also the unknown risks. While mRNA vaccines have been studied for many years, they are new, experimental therapies in humans with no long-term safety data. We simply don't know the long-term risks of these vaccines.

#8: The mandates will cause serious and lasting harm to unvaccinated children

So far, we've focused on the risks and benefits for 5- to 11-year-olds receiving the Covid vaccines.

But if these vaccines are mandated as a condition of attending schools in person, as some districts in the U.S. and abroad have already done, we also must consider the potential harm that children who remain unvaccinated—for any reason—may experience as a result of not being able to go to school.

An unvaccinated child will be punished by withholding in-person education and contact with their peers and teachers. This is a far higher risk than a healthy child faces from contracting Covid-19.

School closures have already caused untold harm to children—some of which may be lifelong. As Dr. Vinay Prasad of UCSF has argued, “school closure was the greatest self-inflicted wound of the pandemic

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could-they-have-done-this-to-the-
children%2F%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs
-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-
NIKEQgpAc3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9
,"

As evidence for this, we've seen a disturbing rise in mental and behavioral health issues like anxiety, depression, and obsessive compulsive disorder in children. A study published in March 2021

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Fpubmed/36879221&cid=7d95f554-2310-46fd-a6db-7c9eebbcd1e2&contextmenu=link&format=raw>
-ujih6hHRi6z1Ngk4jTJH7craQ-eRu4H_83KeRgEJ_xogK-

NIKEQgpAc d3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 documented a wide range of harms experienced by children during lockdown (which would be similarly experienced by kids excluded from in-person education because of their vaccination status):

- * An increase in stress and neuroinflammation
- * Rising rates of anxiety, depression, and psychosis
- * Weight gain and poor diet
- * Potential long-term effects caused by removal from normal social development context
- * Rising social inequalities
- * Multiple impacts from lack of play

The list goes on and on. But even studies like this one, which can take months to research and publish, are not documenting the full effects. Public health departments, school counselors, and mental health professionals around the world are reporting deeply disturbing patterns.

This is a terrifying and horrific statistic that should be sounding the alarms on the impact of keeping kids away from school and isolating them from their peers and other important people in their lives.

We've also seen disturbing examples of unvaccinated children being shamed and forced to justify their status in front of the class—a disgusting and scientifically baseless (as you now know) tactic designed to force them into compliance.

Is this the world that we want to live in, where parents are forced to decide between giving their children an unnecessary, ineffective, untested, and unsafe vaccine with both known and unknown adverse effects, so the kids can continue to participate in a normal, healthy life, or not give their kids the vaccine and remove them from many if not most of their typical activities, including attending school in person, eating out at a restaurant, or playing on a sports team?

We do not have to take this path.

Other countries have chosen not to. For example, the U.K.'s expert body the Joint Committee on Vaccination and Immunisation (JCVI) has decided not to vaccinate healthy 5- to 11-year-old children

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theguardian.com%2Fsociety-set-to-recommend-vaccinating-vulnerable-five--to-11-year-olds%3FCMP%3DShare_AndroidApp_Other%26utm_campaign%3DChris%2520Kresser%2520General%2520-%2Fujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C1c208bb83f1c4232e5ad08d9
(though they did approve vaccination for kids in this age group with underlying health conditions).

Even if we decided to make the vaccines available for healthy kids in this age group—which I don't think is an evidence-based decision, for the reasons I've laid out above—there's absolutely no basis for making them mandatory.

- * They do not prevent transmission, especially with Omicron.
- * There is no direct evidence that they reduce the risk of hospitalization or death.
- * The risk of serious illness in healthy kids is extremely low (and likely even lower with Omicron).
- * Over half of kids have already had Covid-19 and have robust and lasting immunity. There is no evidence that vaccinating kids with natural immunity provides additional protection.

* There is already evidence of harm from the vaccines.

As parents and caregivers, we have a moral and ethical obligation to safeguard the health and well-being of our children. Mandating the Covid vaccines for 5- to 11-year-olds not only fails to achieve this goal, but it works directly against it in numerous ways.

Thank you for supporting the lives of our children and voting NO on mandating Covid-19 vaccine for them.

Sincerely,
Peggy Martinez

*Above research done by Chris Kresser, M.S., L.Ac., Co-director of the California Center for Functional Medicine

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:24 AM
To: DOH WSBOH
Cc:
Subject: FW: I oppose the proposed WAC's

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

From: Ann Hunt <annakhunt7@aol.com>
Sent: Tuesday, January 11, 2022 7:31 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: I oppose the proposed WAC's

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

From: Heather Cools
Sent: 1/27/2022 5:29:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: sue coffman
Sent: 2/9/2022 8:04:29 AM
To: DOH WSBOH
Cc:
Subject: TAG meeting Feb 10



attachments\A2496C5E979649C5_WSBOHtag.pdf

External Email

State Board of Health members,

Please refer to the attached document that has been submitted to your BOH at least twice, and now another time from myself.

Do Not subject our children to this unknown, untested, experimental gene-therapy injection that has proven to be quite injurious to thousands. Our children are at extremely low risk for Covid, and it is up to the Parents, not some BOH to decide whether or not their children are to be experimented upon.

I am requesting that this pdf document and my remarks be made official comment to your TAG meeting tomorrow.

Concerned citizen & advocate for all Medical Freedoms,

Sue Coffman
714-337-4331

ICWA Team Leader

Legislative District #24

<https://informedchoicewa.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2F&data=>

*Informed*CHOICEWA.org

Date: January 7, 2021

To: The Washington State Board of Health Members and COVID-19 TAG

From: The Board and Members of Informed Choice WA

Dear Board of Health and TAG Members:

You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong.

The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. The systemic capture of federal agencies by the drug industry and globalists has never been more obvious.

Public Health in the U.S. is currently suffering from a lack of checks and balances and a dangerous dilution of critical facts. If every citizen were to watch the FDA's Vaccine and Related Biologicals Advisory Committee (VRBAC) meetings and to read the entirety of the clinical trial submissions to the FDA and the injury and death reports filed with Pfizer and VAERS, they would understand the experimental nature of the COVID shots and the known and suspected risks. They would question the clinical trial irregularities, the buried data, the lack of independent evaluation, and the high levels of conflicts of

interest. But most do not. Votes for recommendation are made by federal entities despite the lack of scientific justification and the details of the meetings are not incorporated into the language passed down to citizens. The messaging becomes, “The vaccines are safe and effective and recommended by the CDC.” This simplistic false messaging creates division at all levels of society, undermines fully informed consent, violating federal regulations and human rights declarations.

If after the past two years of witnessing the erratic federal response to COVID you still have faith in federal recommendations, we ask you to consider one clear example that reveals the federal agencies and committees do not deserve your trust. In the absence of a single co-administration safety study, the ACIP approved and the CDC actively promotes this message:

“COVID-19 vaccine and other vaccines may be administered on the same day.”

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

We are asking you today to honor the Precautionary Principle and First Do No Harm. We are asking you to dismantle the TAG, to halt rulemaking consideration for adding COVID shots to school requirements, and to adopt our Rulemaking Petition for a new rule that would prohibit mandating Emergency Use Authorized products and licensed products that lack completed Phase 3 trials.

Attached is our preliminary response to the “Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030” that supports our requests. There is far more scientific and medical information available. We hope this is just the beginning of your reviewing the critically important information you have likely been missing until now.

Sincerely,

The ICWA Board

Bernadette Pajer, Yael Kantor, Heidi Hartnell, Angela Dye



**Informed Choice Washington Presents:
A review of the COVID-19 shots
(Pfizer, Moderna, Janssen)
using the Washington State Board of Health's
"Criteria for Reviewing Antigens for Potential Inclusion in
WAC 246-105-030"**

<https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Before proceeding, it must be noted that the COVID-19 shots currently available do not meet the definition of "immunizing agent" per WAC 246.105.020(13), which states:

"Immunizing agent" means any vaccine or other immunologic drug licensed and approved by the United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against vaccine-preventable diseases.

None of the currently available COVID-19 shots are licensed and approved by the FDA for school-age children; the shots similarly do not meet WHO requirements and are only authorized by the WHO for emergency use.

WAC: <https://app.leg.wa.gov/WAC/default.aspx?cite=246-105-020>

For clarity, BOH's criteria language is shown in red, and ICWA language is shown in black.

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.

The vaccine **must** be recommended by the ACIP. The ACIP reviews **licensed** vaccines. It makes recommendations for newly licensed vaccines and regularly updates its recommendations. Its process includes:

- (1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine;
- (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data;
- (3) an assessment of cost effectiveness;
- (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups;
- (5) a review of the recommendations of other groups; and
- (6) a consideration of the feasibility of vaccine use in existing child and adult immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal, and ethical concerns. [emphasis added]

Do any of the COVID-19 shots fulfill this criterion? No.

The ACIP did NOT recommend a COVID-19 shot licensed by the FDA for use in ages 5-11 or 12-15, nor did it place such a shot on the CDC Recommended Schedule.

There is no FDA COVID-19 shot licensed for ages 5-15 and no COVID-19 shot whatsoever on any CDC Recommended Schedule for any age. CDC Immunization Schedules, <https://www.cdc.gov/vaccines/schedules/index.html>.

The CDC recommended schedule website page for ages 7-18 mentions the ACIP's EUA and BLA recommendations for COVID, but it DOES NOT include the shots on the schedule.

On May 12, 2021, the ACIP adopted the following recommendation: "The Pfizer-BioNTech COVID-19 vaccine is recommended for children 12-15 years of age in the U.S. population under the FDA's Emergency Use Authorization." *May 12, 2021 ACIP Meeting - Discussion and Vote*, CDC YouTube channel, <https://youtu.be/91FCQN1aYqk>.

On November 2, 2021, the ACIP adopted a similar recommendation for 5-11 year olds. *Nov 2, 2021 ACIP Meeting - Clinical considerations for COVID-19 vaccination & Votes*, CDC YouTube channel, <https://youtu.be/Fknv90AxSn8>.

Federal Emergency Use Authorization statutes indirectly prohibit school mandates of EUA products by requiring recipients be informed they have the option to accept or refuse the vaccine:

"The possible side effects of the vaccine are still being studied in clinical trials. . . Under the EUA, there is an option to accept or refuse receiving the vaccine."
Vaccine Information Fact Sheet for Recipients and Caregivers about the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019

(COVID-19) for Use in Individuals 5 through 11 Years of Age, pp. 4-5,
<https://www.fda.gov/media/153717/download>.

The option to accept or refuse an EUA product is not conditioned upon written assertion of exemption. Medical, personal, or religious exemptions are not required in order to exercise the right to refuse. Under EUA law, a parent or guardian may simply decline a shot for their minor child, without providing explanation or paperwork. A state-level daycare or school requirement would introduce the need for filing of exemptions, unlawfully exceeding the parameters set forth by Congress for EUA products.

“FDA believes that the terms and conditions of an EUA issued under section 564 preempt state or local law, both legislative requirements and common-law duties, that impose different or additional requirements on the medical product for which the EUA was issued in the context of the emergency declared under section 564.” *Vaccine EUA Questions and Answers for Stakeholders*, U.S. Food & Drug Administration,
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders#61b6059d67093>

Alarming, the CDC and ACIP made this recommendation even though they acknowledged that for both age groups:

Regarding potential harms after vaccination, evidence was type 4 (very low certainty) for serious adverse events and type 1 (high certainty) for reactogenicity. No data were available to assess the other GRADE benefits and harms including prevention of hospitalization due to COVID-19, prevention of multisystem inflammatory syndrome in children (MIS-C), SARS-CoV-2 seroconversion to a non-spike protein, or prevention of asymptomatic SARS-CoV-2 infection.

The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Adolescents Aged 12–15 Years — United States, May 2021, CDC MMWR, May 21, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm> and *The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, November 2021*, CDC MMWR November 12, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm>.

Vaccines and Related Biological Products Advisory Committee (VRBPAC) member Dr. Eric Rubin stated “[Just b]ecause we give an EUA to the vaccine, doesn’t mean we have to use it. And I think we would have to think hard about how to use it given all of the concerns that have been raised.” Transcript of *FOOD AND DRUG ADMINISTRATION (FDA) Center for Biologics Evaluation and Research (CBER) 166th Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting*, June 10, 2021, p. 242. <https://www.fda.gov/media/150815/download>.

How can the CDC claim that benefits outweigh risks when they admit they do not know the risks?

Comirnaty is the only COVID-19 product that has ostensibly received FDA licensure for any pediatric populations—namely those 16 and up; however, that licensure is limited to manufacturing and delivery. The FDA has stated that this product is merely “**ready** for approval for **use** in individuals 16 years of age and older . . .” [emphasis added]. *August 23, 2021 Approval Letter - Comirnaty*, from FDA to BioNTech, p. 4, <https://www.fda.gov/media/151710/download>. The Comirnaty vaccine is not available anywhere in the United States, and there is debate about whether the vials of Pfizer’s EUA product are now “licensed” for those 16 and up, or if those are still EUA products. The FDA states that EUA Pfizer-BioNTech COVID-19 Vaccine and the Comirnaty (COVID-19 Vaccine, mRNA) “are legally distinct with certain differences that do not impact safety or effectiveness.” There is much debate over what “legally distinct” means, especially to consumers. If “legally distinct” means that the currently available Pfizer products in the U.S. are under EUA regulations, then there is no licensed product available for 16-18 year olds. Regardless of whether the Pfizer product is licensed for 16-18 year olds, the product lacks completed Phase 3 clinical trials, and the PREP Act still shields manufacturers for liability for injuries and deaths. As far as we can tell, never in history has the FDA licensed a product without completed clinical trials, nor when all the ongoing trials have been unblinded, subverting the ability to compare outcomes.

There are ZERO co-administration safety studies; therefore, it is highly concerning that the CDC states, and the Washington State Department of Health repeats: “COVID-19 vaccine and other vaccines may be administered on the same day.” CDC, Immunization Schedule, COVID-19 Vaccination, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Disregarding the absence of any safety studies, the Washington DOH states, “Your child can get a COVID-19 vaccine at the same time they get other vaccines. You do not need to schedule your child’s required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get your child caught up on all of their recommended vaccines.”

Washington State Department of Health, Vaccinating Youth,
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/VaccinatingYouth#VaccineTiming>

As noted in our cover letter, this is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

2. The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available.

*Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

Do any of the COVID-19 shots fulfill this criterion? No.

Immunogenicity: While the COVID-19 shots trigger the recipient's cells to create spike proteins, which then trigger an immune response and antibodies to the self-created spike proteins, this immune response has proven incapable of preventing infection or transmission. In short, the COVID shots do not prevent recipients from "contracting the disease."

Some studies show recipients may be afforded a short window—a few weeks or months—during which their risk of infection or risk of severe disease is minimally reduced in comparison to those without natural immunity, but even this protection appears to be dropping with each new variant.

This preprint study shows that PCR-positive tests for Delta variant occurred in a higher percentage of vaccinated individuals than in unvaccinated. From this it could be concluded that, regardless of vaccination status, all individuals are able to spread COVID-19 with similar viral loads. Riemersma et al., *Shedding of Infectious SARS-CoV-2 Despite Vaccination*,

<https://www.infosperber.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load.pdf>.

Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant, CNN interview with Wolf Blitzer, July 27, 2021, <https://www.youtube.com/watch?v=TKFWGvvlVLI>

Another pre-print study, Acharya et al., *No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant*, “found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.” <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>.

The CDC reported that among the first U.S. cases of COVID-19 attributed to the Omicron variant, 79% of the 43 cases studied occurred in fully vaccinated individuals, including 14 who had received booster doses. *SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021*, CDC MMWR, December 17, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm>.

The criterion explicitly requires that “information about population-based effectiveness is gained from large trials,” yet the clinical trial study on which the EUA was based for 5-11 year olds included only 2,268 children total. CDC and ACIP acknowledged that the study was too small to find serious adverse reactions. (See our response above to Criterion #1.) *Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age*, N Engl J Med 2022; 386:35-46, DOI: 10.1056/NEJMoa2116298, <https://www.nejm.org/doi/full/10.1056/NEJMoa2116298>.

A pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, therefore increasing chances of contracting COVID, after 90 days. The authors suggest a booster would be necessary in order to attain previous levels of protection. Do parents really want their child to get a booster every 90 days? Would this be practical or manageable? Hansen et al., *Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study*, <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5>

In contrast to the inability of the COVID shots to prevent disease, natural immunity has been found to prevent infection. This superior, broad protection will serve children well throughout their lives. “[C]hildren display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs.” Dowel, et al., *Children develop robust and sustained*

cross-reactive spike-specific immune responses to SARS-CoV-2 infection,
<https://www.nature.com/articles/s41590-021-01089-8>

In study after study, it has been shown that natural immunity far exceeds vaccine-induced immunity in length and quality. Please view the following studies here that show the superiority of natural immunity: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

3. The vaccine containing this antigen is cost effective from a societal perspective.

This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

Do any of the COVID-19 shots fulfill this criterion? No.

To parents and members of Informed Choice Washington, the most important consideration in this criterion is the "medical and societal costs of adverse reactions to the immunization" as well as what the criterion overlooks:

- the cost of ignoring or outright censoring lifesaving preventative and early treatment protocols, which lead to superior natural immunity;
- the cost of exposing children to genetic therapies, such as DNA and mRNA injections, in the absence of adequately sized and designed safety studies for either short or long-term outcomes;
- and the cost of interrupting a child's natural immune response to what is now an endemic virus without a complete understanding of how that interruption will impact their immunity to the virus and its mutations in the future.

Please see risk information provided under Criterion #4 below, in particular, the two graphs summarizing data from Pfizer's clinical trials that have already demonstrated that any benefits from the shots are outweighed by the injuries and death they cause. This does not account for long-term and yet unknown harms.

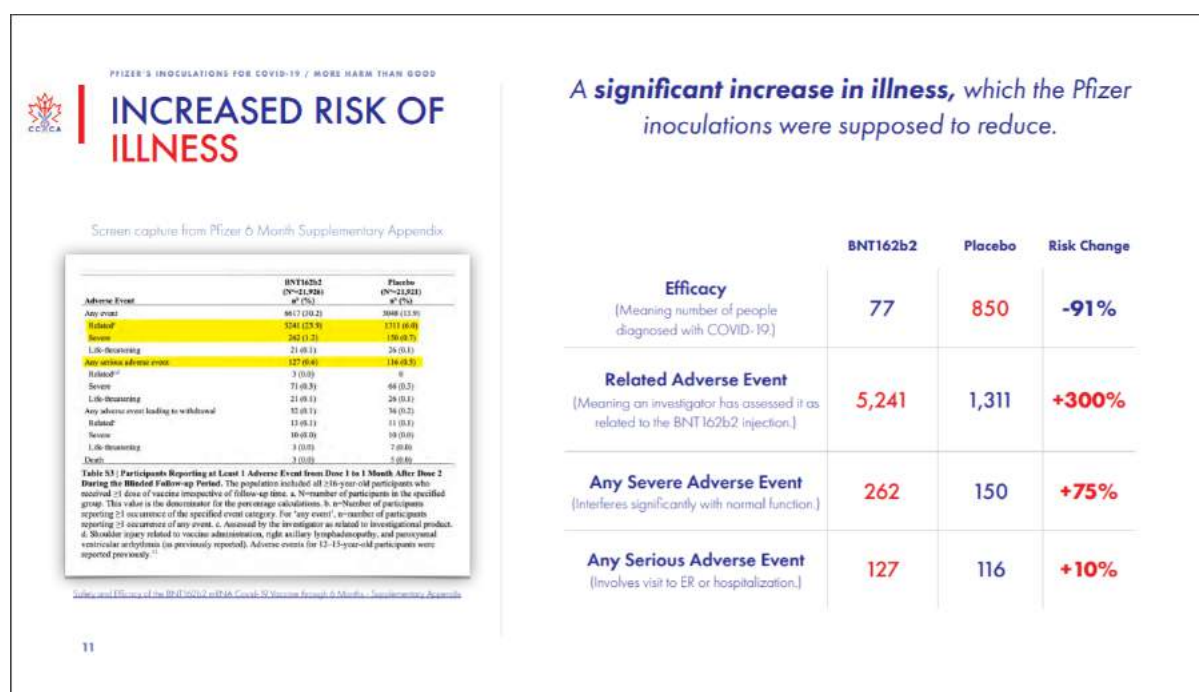
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.

Do any of the COVID-19 shots fulfill this criterion? No.

While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

The graphic below includes Table S3, *Participants Reporting at Least 1 Adverse Event From Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period*, on page 11 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#). Vaccinees experienced worse health outcomes than did placebo recipients.



The following graphic, which includes Table S4, *Causes of Death from Dose 1 to Unblinding*, on page 12 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), illustrates the increase in deaths within six months for those who received the injections. Of particular concern are the types of death, including cardiovascular events

Pfizer's inoculations for COVID-19 / MORE HARM THAN GOOD

INCREASED RISK OF DEATH

Screen capture from Pfizer 6 Month Supplementary Appendix

Reported Cause of Death*	BNT162b2 (N=15,224)	Placebo (N=15,221)
Death	15	14
Acute respiratory failure	0	1
Aortic aneurysm	0	1
Adiposclerosis	2	0
Biliary cancer metastasis	0	1
COVID-19	0	2
COVID-19 pneumonia	2	0
Cerebral aneurysm	4	1
Cardiac failure congestive	1	0
Cardiovascular arrest	1	1
Chronic obstructive pulmonary disease	1	0
Death	0	1
Dementia	0	1
Empyema/osteomyelitis	1	0
Hemorrhagic stroke	0	1
Hypertensive heart disease	2	0
Long cancer metastasis	1	0
Meningitis	0	1
Multiple organ dysfunction syndrome	0	2
Miscellaneous infections	0	2
Osteoarthritis	0	1
Pneumonia	0	2
Sepsis	1	0
Sepsis shock	1	0
Septic sepsis	1	0
Unrecoverable event	1	0

Table S4 | Causes of Death from Day 1 to Unblinding Study Population, 246 Years OMB, n.
Multiple causes of death could be reported for each participant. There were no deaths among 13-15-year-old participants.

Notes: and efficacy of the BNT162b2 mRNA COVID-19 vaccine through 6 months. Supplementary Appendix

	BNT162b2	Placebo
Deaths before unblinding (in Table S4 of Supplementary Appendix)	15	14
Deaths after unblinding (Prior to table, but maintained in text of 6-month report. See quote below.)	5	
Total Deaths	20	14

"After unblinding" means when the Placebo participants were given the opportunity to "cross over" and take the BNT162b2 inoculation.*

"... 3 participants in the BNT162b2 group and 2 in the original placebo group who received BNT162b2 after unblinding died."

Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine through 6 Months

	BNT162b2	Placebo
Total COVID-19 Related Deaths	1	2
Deaths Related to Cardiovascular Events	9	5

*A total of 15,122 subjects originally randomized to placebo crossed over to receive BNT162b2 after unblinding. Days 1 and 2 were 45 and 46, respectively, before the March 15, 2021 data report.

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One 12-year-old child, Maddie de Garay, participated in Pfizer's study. She suffered multiple and severe injuries, requiring 9 ED visits and 3 hospital stays (totaling 64 days by June 1, 2021). She is still in a wheelchair today. The New England Journal of Medicine article in which Pfizer's RCT results was reported, [Safety and Efficacy of the](#)

[BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), failed to disclose any of Maddie's adverse reactions. Pfizer disingenuously mischaracterized her injuries as "functional abdominal pain" in its *Emergency Use Authorization (EUA) Amendment for an Unapproved Product Review Memorandum*, p. 30.

<https://www.fda.gov/media/148542/download>. Senator Ron Johnson held a roundtable, in which many individuals who took the COVID-19 vaccine shared their adverse reaction experiences that required medical attention.

<https://thehighwire.com/videos/stephanie-and-maddie-de-garay-testimony/> at 5:13.

This study asks a very pertinent question: Why are we vaccinating children against COVID-19? The abstract in this study explains the following:

A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs. those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially... (emphasis added.)

This study goes on to say that:

... it will use the term 'inoculated' rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission (emphasis added.)

Kostoff, Ronald, et al., "Why Are We Vaccinating Children Against Covid-19?" Toxicology Reports, Vol 8 2021, pages 1665-1684,
<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Here is a list of websites where medical professionals and/or individuals have documented their experiences with reactions from the COVID-19 vaccine:

<https://openvaers.com/covid-data/adverse-events-by-state>

<https://vaers.hhs.gov/data.html>

<https://www.c19vaxreactions.com>,

<https://www.RealNotRare.com/>

<https://www.medalert.org>

<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

Dr. Cody Meissner, VRBPAC member, stated: “I want to be sure that the risk of the vaccine is less than the risk of hospitalization because four [COVID hospitalizations per million in children under 18] certainly does not constitute an emergency, and there are significant questions about the safety of this vaccine. . . . [This hospitalization rate is] on the CDC website. That is not an emergency. It is a very low hospitalization rate. And the rates may change as the season changes, but we’re starting from a tiny, tiny rate. . . . [T]he rates are also falling pretty dramatically among adults and children. So as more people are immunized and become immune from infection, I think it’s very likely that we’re going to get this pandemic under pretty good control. Now the issue -- so the issue to me is safety. . . . [W]e can look at the 2,000 or 2,200 adolescents who are enrolled in the Pfizer vaccine between 12 through 15 years of age -- 2,200, so half got the vaccine, half got placebo. Nobody was hospitalized. Nobody died. And there were some who got URIs[upper respiratory infections] So 2,200 is not going to address the issue of safety. I’m worried about myocarditis. . . . [W]e don’t know what that means on a longterm basis. Will there be scarring of the myocardium? Will there be a predisposition to arrhythmias later on? Will there be an early onset of heart failure? I think that’s unlikely, but we don’t know that. And so before we start vaccinating millions of adolescents and children, it is so important to find out what the consequences are because COVID-19 disease is disappearing in adolescents and children. And I think we have to be so clear about what we’re dealing with. Let me make one more point. In 2003, there was a publication in JAMA regarding myocarditis following the Dryvax vaccine, the smallpox vaccine which is, of course, a live vaccine. But in that situation, the military -- it was given to young recruits. The rates of myocarditis in the military young men -- because it was mostly men in those days -- was 2 per 100,000. And after the Dryvax vaccine the rates were 7.8 cases of myocarditis in the 30 days afterwards. So there was a three-fold increase. And in fact, Dr. Tony Fauci wrote an editorial in that same issue of JAMA discussing these rates of myocarditis. So I am really concerned that the FDA may by not insisting on a full BLA, which to me means at least 12 months, maybe even 18 or 24 months of follow up in children and adolescents, before they are recommended to receive this vaccine. I do not feel we can justify a EUA including children under an Emergency Use Authorization. The burden of disease is so small, and the risks are just not clear. We don’t know.” June 10, 2021, VRBPAC meeting transcript, p. 62, p. 225- 228. <https://www.fda.gov/media/150815/download>

From the front lines in medical care

Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. “More VC Nurses Blow Whistle on ‘Overwhelming’ Numbers of Heart Attacks, Clotting, Strokes,” *The Conejo Guardian*, December 14, 2021. <https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/>

Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories.

<https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/>

Colette Martin, an RN of 17 years, testified in front of the Louisiana House about the harms of vaccine reactions that she has witnessed. She also stated that more children have died from the vaccine than from covid itself. Louisiana House of Representatives Health and Welfare Committee Hearing, December 6, 2021,

https://www.house.louisiana.gov/H_Video/VideoArchivePlayer?v=house/2021/dec/1206_21_HW (begin at 6:54:00)

In the first two and a half months after EUA was granted, 1,223 deaths were reported to Pfizer. This is a huge red flag that requires deep investigation. See Table 1, Page 7, showing fatal case outcomes in Pfizer’s “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021”

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>,

While critics commonly question the veracity of VAERS data, as reported on the U.S. government’s Healthy People 2020 site, 83% of the reporters to the Vaccine Adverse Events Reports System were health care workers or pharmaceutical and government-based sources during the years 1990-2010. “The majority of VAERS reports are submitted by vaccine manufacturers (37%) and health care providers (36%). The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parents/guardians, 7%) [sic], and other sources (10%).” Office of Disease Prevention and Health Promotion, Vaccine Adverse Reporting System, <https://www.healthypeople.gov/2020/data-source/vaccine-adverse-event-reporting-system>.

Further, 72% of a sampling of 250 of the 1,644 VAERS reports of early death received in the first three months of 2021 were filed either by health service employees or pharmaceutical employees. “We identified health service employees as the reporter in at least 67% of the reports, while pharmaceutical employees were identified as the reporter in a further 5%.” Even though the sample contained only people vaccinated early in the rollout, *i.e.*, those who were elderly or with significant health conditions, an adverse vaccine reaction could be ruled out in only 14% of the cases. Mclachlan, et al., *Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis*. 10.13140/RG.2.2.26987.26402. (2021)

“While it seems that the incidence of pericarditis during the vaccination campaign period is increased, a more comprehensive data collection on a wider scale should be done. We hope this report will raise awareness to the subject and will serve as a reminder to report events as part of the post-marketing investigations and allow for a thorough adverse events following immunization analysis.” *Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine*, https://journals.lww.com/pidj/Fulltext/2021/10000/Transient_Cardiac_Injury_in_Adolescents_Receiving.1.aspx

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before measles vaccine was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

Do any of the COVID-19 shots fulfill this criterion? No.

First, we must emphatically state that it is unethical to use children as shields for adults.

Peter Doshi, Ph.D: “I want to address this idea of vaccinating children to protect adults. I encourage the Advisory Committee to read Dr. Lavine et al.’s editorial to explain why, “Vaccinating children is likely to be of marginal benefit in reducing the risk to others.” And even if you think a small benefit is better than nothing, let’s not forget that it’s an unproven hypothetical benefit. We need confirmatory evidence, not just assumptions. And then there’s the ethics and the law. **FDA can only indicate a product for use in a**

given population if benefits outweigh risks in that same population. So if benefits don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021 <https://www.fda.gov/media/150815/download>, pp. 171-172. (emphasis added)

Children and young adults are at an extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," *The Lancet Children & Adolescent Health*, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

The *Forbes* article "The Hideous Truths of Testing Vaccines on Humans" examined the testing of hepatitis vaccines on the residents of Willowbrook, a home for severely disabled children. The author states: "In 1966, renowned medical ethicist Henry K. Beecher published an article titled, "Ethics and Clinical Research," which listed Willowbrook as an example of an unethical clinical experiment and concluded that "there is no right to risk an injury to one person for the benefit of others." *Forbes*, June 12, 2020,

<https://www.forbes.com/sites/leahrosenbaum/2020/06/12/willowbrook-scandal-hepatitis-experiments-hideous-truths-of-testing-vaccines-on-humans/>

Second, the measles example given in this criterion reveals that historically the BOH and DOH have never stepped back to consider the long term or unintended consequences of mass-vaccination campaigns. We agree that nearly everyone in the United States used to be exposed to measles, mostly in childhood when it's safest to experience, and they developed lifetime immunity. Merck's on-trial-for-fraud MMR vaccine does not confer lifetime immunity for a significant portion of the population, pushing susceptibility into the very young and into adult populations. We are nearing a time when more people in the U.S. will be susceptible to measles than before the vaccines were released. And studies show a third dose doesn't help. Was there perhaps a better way to reduce those 450 annual deaths and the cases of very severe illness, without sacrificing superior natural immunity for the vast majority (99.99%) of the population—and without exposing millions of children annually to the risks of the MMR? What about the failure of the mumps portion of the shot? More information can be found here: <https://informedchoicewa.org/measles/> To learn about the politics surrounding the loss of the personal exemption to the MMR, see this post:

<https://informedchoicewa.org/education/were-wa-lawmakers-deceived-about-measles-last-session-part-1/>

Is there perhaps a better way to protect those susceptible to severe disease and fatal COVID-19 outcomes, without sacrificing superior natural immunity for the >99.9% of the population who fully recover and develop natural immunity? Optimal nutritional support, early treatment protocols, and the benefits of natural immunity are tragically not part of public health's approach with any vaccine-targeted infection. With COVID, the neglect of these public health tools has cost many lives.

Third: as shown in our response to Criterion #1, the shots do not prevent transmission; any unethical attempt to use children as shields will fail.

As of January 6, 2022, the seven-day case rate in Washington State for ages 4-11 was 504.8 per 100,000. The seven-day hospitalization rate was 1.2 in 100,000. Compare this with the risk of myocarditis in vaccinated adolescents, which is 18.52 in 100,000 as seen in <https://pubmed.ncbi.nlm.nih.gov/34849657/>

Age Group	7-Day Case Rate	7-Day Hospitalization Rate	7-Day Testing Rate	7-Day Percent Positivity
Ages 4-10	504.8	1.2	--	--
Ages 11-13	558.1	0.7	--	--
Ages 14-19	731.8	1.8	--	--
Ages 0-11	480.7	2.3	--	--
Ages 12-19	692.4	1.5	--	--
Ages 20-34	869.9	10.7	--	--
Ages 35-49	724.5	12.0	--	--
Ages 50-64	444.2	20.0	--	--
Ages 65-79	227.3	30.9	--	--
Ages 80+	211.2	56.2	--	--

Cases, Hospitalizations, Testing and Percent Positive by Age

Graph from <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

Between January 4, 2020, and January 6, 2022, 573 children between the ages of 5-18 have died with COVID in the entire United States. CDC Deaths by Sex, Ages 0-18 years, <https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzy>

On December 31, 2021, Anthony Fauci stated, “ . . . [I]f a child goes into the hospital, they automatically get tested for COVID, and they get counted as a COVID-hospitalized individual, when in fact they may go in for a broken leg or appendicitis of something like that, so it's overcounting the number of children who are . . . hospitalized **with** COVID as opposed to **because** of COVID.” MSNBC interview, <https://twitter.com/TheEliKlein/status/1476917049435856925>

Vaccines and Related Biological Products Advisory Committee member Dr. Cody Meissner stated “[F]our per million [pediatric hospitalizations] certainly does not constitute an emergency, and there are significant questions about the safety of this product.” June 10, 2021, VRBPAC meeting transcript, p. 62.

<https://www.fda.gov/media/150815/download>

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, “activity” refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

Do any of the COVID-19 shots fulfill this criterion? No.

The Pfizer, Moderna, and Janssen products do not prevent transmission, serious disease, or death.

The CDC director says that vaccines do not prevent transmission. “Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says,” *CNN Health*,

<https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

“COVID-19 infections are increasing in Gibraltar, with 128 new infections reported on average each day. That’s 97% of the peak — the highest daily average reported on January 5. There have been 9,600 infections and 100 coronavirus-related deaths reported in the country since the pandemic began. . . Gibraltar has administered at least 108,323 doses of COVID vaccines so far. Assuming every person needs 2 doses, that’s enough to have vaccinated about 160.7% of the country’s population.” Reuters COVID-19 Tracker, accessed January 7, 2022,

<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/gibraltar/>

Vaccinated people can still spread the Delta variant. Vaccination does not stop the transmission of COVID. “Testing a subset of low-Ct samples revealed infectious

SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.” Riemersma, “Shedding of Infectious SARS-CoV-2 Despite Vaccination,” <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>

Individuals who have been previously infected do not show a need to be vaccinated. This is consistent with Chapter 246-105-020 WAC: “fully immunized” means an immunization status where a child has proof of acquired immunity . . . ’ It is unreasonable to mandate that those with natural immunity be “boosted” with a vaccine when there is not scientific evidence that this practice is safe or effective in the long term. Boosting an individual’s levels of antibodies to the vaccine-induced spike protein—which no longer matches the dominant strain now circulating—is experimental. Also see Shrestha, “Necessity of COVID-19 vaccination in previously infected individuals,” <https://doi.org/10.1101/2021.06.01.21258176>.

Children have sustained and robust natural immunity after contracting COVID. Dowel, “Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection,” *Nat Immunol* 23, 40–49 (2022). <https://doi.org/10.1038/s41590-021-01089-8>.

Long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, “Why are we vaccinating children against COVID-19?” *Toxicology Reports*, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>.

Barnstable County, Massachusetts, had an outbreak amongst a population of tourists that was approximately 74% vaccinated, which indicates that vaccination does not prevent contracting or transmitting COVID. Brown, “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings - Barnstable County, Massachusetts, July 2021,” *MMWR Morb Mortal Wkly Rep*, 2021 Aug 6;70(31):1059-1062. <https://pubmed.ncbi.nlm.nih.gov/34351882/>.

Despite 100% vaccination rate, consistent testing, and quarantining, a research station in Antarctica still had an outbreak of COVID cases. “COVID-19 Outbreak Hits Research Station in Antarctica,” WebMD News Brief, <https://www.webmd.com/lung/news/20220103/covid-19-outbreakohitsoresearchostation-in-antarctica>

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general public's acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246- 105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

Do any of the COVID-19 shots fulfill this criterion? No.

There has never been more opposition from the medical and scientific community or the public to any type of vaccine or vaccine policy than there is to the COVID-19 products and policies.

EXAMPLES OF MEDICAL AND SCIENTIFIC OPPOSITION

- Over 15,000 members of the [International Alliance of Physicians and Medical Scientists](#) published a declaration resolving that healthy children shall not be subject to forced vaccination. They state:
 - Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
 - Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
 - Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
 - Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether COVID vaccines assist herd immunity.

Supporting Evidence:

<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children>

- More than 500 scientists, medical doctors and health care and other professionals united as the [Canadian Covid Care Alliance](https://www.canadiancovidcarealliance.org). Their presentation *More Harm Than Good* reviews Pfizer's six-month data and reveals that Pfizer's COVID-19 inoculations cause more illness than they prevent. See the *More Harm than Good* video and PDF slides here: <https://www.canadiancovidcarealliance.org>

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. . . Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent."

1. The [Association of American Physicians and Surgeons](#), established in 1943, opposes COVID-19 vaccination mandates. In regards to children, AAPS states:
 - a. In the testing, only 1,518 children received the shots, and 750 received a placebo. This is far too few to see uncommon side effects, such as myocarditis/pericarditis, as Pfizer admits.
 - b. Follow-up was for two months in one group and only 2.5 weeks in another. The Pfizer application states that long-term sequelae of post-vaccination myocarditis/pericarditis in participants 5 to 12 years of age will be studied after the vaccine is authorized for children.
 - c. The children were not examined for mild, asymptomatic myocarditis, which might cause long-term damage, as by checking troponin levels or echocardiograms, or for blood clotting problems, as by checking platelet counts and D-dimers.
 - d. The only FDA-approved product, BioNTech's Comirnaty (not yet available in the U.S.) is required to do studies on myocarditis lasting 5 years.
 - e. Monthly safety report cards on the three available vaccines, which have different dosages, are supposedly required, but none have been produced or released.
 - f. The claim of 91% relative effectiveness against symptomatic COVID in children is based on 16 cases of COVID in the placebo group and three cases in the vaccinated group over the brief follow-up period. This is an absolute risk reduction of about 2%.
 - g. We do not and cannot know the long-term effects on cancer, fertility, or autoimmune diseases. "But we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes," stated committee member Dr. Eric Rubin, physician at Boston's Brigham and

Women's Hospital, immunology professor at the Harvard T.H. Chan School of Public Health, and current editor-in-chief of the New England Journal of Medicine. The alternative to giving a product to most of an entire generation is animal studies or restricting use to a defined group most likely to benefit, with close follow-up.

- h. The dosage for children is one-third the adult dose. Dosage in pediatrics is generally determined by weight. Not all children weigh the same, and their weight does not triple between age 11.9 and 12.0 years.
 - i. The COVID products are not shown to interrupt infection and transmission. Masking and distancing are still being recommended or required for adults. Thus, hopes for a return to normalcy once vaccinated are misplaced.
 - j. To give truly informed consent, parents need complete information about possible side effects, such as the outcome for Maddie de Garay, a 12-year-old whose public-spirited parents enrolled her in a trial. Post-shot, she experienced excruciating pain and a 2-month hospitalization, and is now in a wheelchair. Pfizer has not acknowledged a connection to the shot, nor did it fully disclose her injuries in it. The reaction may be "extremely rare," but many would decline to take even a 1-in-1 million chance of this outcome.
 - k. The government has already ordered 68 million doses, so authorization is anticipated, and likely will be followed by mandates.
 - l. Several Nordic countries have paused the use of COVID vaccines in persons under the age of 30. Persons at low risk for COVID complications are more likely to die from the shot than from COVID.
 - m. Dr. Harvey Risch, Yale epidemiologist, stated that he would home-school his children if public schools mandated this vaccine.
 - n. No one should administer a COVID shot to a child unless parents have given fully informed, completely voluntary consent, without threats or inducements.
 - o. SOURCE:
<https://aapsonline.org/aaps-statement-on-covid-shots-for-children/>
2. The [Physicians for Informed Consent](#) have compiled a Pfizer Vaccine Risk Statement for children that highlights FDA, CDC, and Pfizer clinical trial data finding:
- a. The clinical trial found there were zero cases of severe COVID-19 in children of any age who did not receive the vaccine. In contrast, the trial found that the vaccine causes severe (grade 3) and grade 4 systemic reactions in children.

- b. The clinical trial indicates that vaccine efficacy declines significantly in less than six months. Although a booster dose of the vaccine is authorized for individuals 16 years of age or older, the clinical trial states that efficacy was not evaluated for Phase 3 BNT162b2 booster group participants. Instead, vaccine efficacy was inferred based on antibody levels observed in only about 300 vaccinated subjects over a one-month time period.
- c. The clinical trial provided no evidence that the vaccine prevents asymptomatic infection or transmission of SARS-CoV-2 or COVID-19. In addition, recent studies have observed that a significant proportion of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.

SOURCE:

<https://physiciansforinformedconsent.org/physicians-for-informed-consent-updates-its-pfizer-covid-19-vaccine-risk-statement-analyzes-new-safety-data-for-children/>

- 3. The [World Council for Health](#), whose leadership includes Dr. Tess Lawrie (PhD, MD, Founder, Evidence-Based Medicine Consultancy LTD, Bath, United Kingdom, 10-year Senior consultant to the WHO supporting health policy recommendations for countries globally), issued a statement in December 2021:
 - a. There is now more than enough evidence to declare the novel Covid-19 vaccines unsafe for use in humans. Victim testimonies and adverse reaction reporting systems have revealed millions of adverse reactions to the experimental vaccines, including life-changing injury and death.
 - b. The inoculations are capable of causing immeasurable harm to those who received them, with children being more likely to die from the Covid-19 vaccines than from actual SARS-CoV-2 infection.
 - c. World Council for Health anticipates that unprecedented humanitarian efforts will be essential to assist the people harmed by this global vaccination experiment, due to the known and unknown harms.
 - d. The World Council for Health demands an end to this crisis and hereby declares it illegal and unlawful for anyone to participate, directly or indirectly, in this harmful experimental vaccination programme. The World Council for Health declares individuals, governments, and other corporations will be held liable for their involvement.
 - e. World Council for Health Calls for an Immediate Stop to the Covid-19 Experimental “Vaccines” DECLARATION:
<https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist/#full>

SOURCE: <https://worldcouncilforhealth.org/news/2021/12/covid-19-vaccines/14001/>

4. Paul E Alexander MSc PhD, Howard C. Tenenbaum DDS, Dip. Perio., PhD, Dr. Parvez Dara, MD, MBA: “We must not expose our children to ‘unnecessary’ harm. We must not expose them to a substance that has not been tested on children (or plan to be) in the way it should be and for as long as necessary. We must not expose children to a vaccine that based on their risk, is absolutely not needed. Moreover, they can become infected naturally, if their immunity is needed.”
<https://www.aier.org/article/why-we-must-not-be-forced-into-vaccinating-our-children-from-covid-beware/>
5. Dr. Robert Malone (MD, Northwestern School of Medicine, MS, UC San Diego and Salk Institute Molecular Biology and Virology Laboratories, Giannini Postdoctoral Research Fellow, UC Davis, Harvard Medical School fellow -- Global Clinical Research Scholar (2016), original inventor of the mRNA vaccine platform used in the Pfizer and Moderna COVID-19 vaccines as well as the DNA vaccine platform used by Inovio): Interview in which Dr. Malone voices his grave medical and scientific concerns for the use of any of the COVID shots, especially in children:
<https://unityprojectonline.com/news/dr-robert-malone-md-on-the-joe-rogan-experience/>
6. Dr. Peter McCullough (MD, FACC, FAHA, FASN, FNKF, FNLA, FCRSA, Chief Medical Advisor, Truth for Health Foundation; President, Cardiorenal Society of America; Editor-in-Chief, Reviews in Cardiovascular Medicine; one of the most highly published medical specialists in practice today and an authoritative commentator for major media on COVID-19). Dr. McCullough has been interviewed hundreds of times and testified to numerous legislatures and to Congress. He is a tireless proponent for early treatment to save lives, and although he at first administered the EUA shots to his patients, as information began to emerge, he stayed informed and up-to-date. He no longer supports use of any of the existing COVID-19 shots. His interview by Joe Rogan is extensive and can be found here:
<https://unityprojectonline.com/news/dr-peter-a-mccullough-on-the-joe-rogan-experience/>

In an [interview in August 2021](#), Dr. McCullough reviewed his five main points of education:

- a. COVID-19 is NOT spread asymptotically
- b. Asymptomatic people should not get tested

- c. Natural immunity is robust complete and durable
- d. COVID-19, no matter what variant, is easily treatable at home
- e. Current COVID-19 vaccines are obsolete and should be considered unfit for human use. “They [the vaccines] do not cover the new variants; patients are failing on these vaccines. They’re being hospitalized and getting sick despite having had the vaccines . . .the vaccines at this point in time have amounted to record mortality and injury and should be considered unsafe and unfit for human use.”

“Dr. Peter McCullough’s 5 most important truths about COVID-19,” LifeSiteNews, August 4, 2021,
<https://www.lifesitenews.com/news/dr-peter-mcculloughs-5-most-important-truths-about-covid-19/>.

EXAMPLES OF ETHICAL, LEGAL, AND SOCIAL ISSUES LISTED BY [THE UNITY PROJECT](#):

- [Why the CDC Ignores Natural Immunity](#), by Aaron Kheriaty
- [Judicial Precedents and Vaccine Mandates](#), by Aaron Kheriaty
- [Why I am Challenging in Court the University of California’s Vaccine Mandate](#), by Aaron Kheriaty
- [University Vaccine Mandates Violate Medical Ethics](#), by Aaron Kheriaty, *The Wall Street Journal*
- [Dear Pfizer: Leave the Children Alone](#), by Paul Alexander
- [Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial](#), by Paul Thacker
- [How College COVID Vaccine Mandates Put Students In Danger](#), by Bostom, McCullough, Kheriaty, Rietsch, Cretella, and Bradley
- [Scientists Sue the FDA for Data it Relied Upon to License Pfizer’s Covid-19 Vaccine](#), by Aaron Siri
- [Covid-19 Vaccine Manufacturers Can Harm You With Near Complete Impunity](#), by Aaron Siri
- [FDA Buries Data on Seriously Injured Child in Pfizer’s Covid-19 Clinical Trial](#), by Aaron Siri
- [Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS](#), by Aaron Siri
- [Vaccine Mandates: The Next Prohibition?](#), by Justin Hart
- [Jab Mandates Are Both Unethical and Fail the Cost/Benefit Test](#), by Michael Tomlinson

DATA DISASTER: A Call for an Investigation Into the CDC's Conduct During COVID-19. <https://standforhealthfreedom.com/cdc-investigation/>

EXAMPLES OF PUBLIC OPPOSITION - GLOBAL

- Paris, France:
<https://rumble.com/vr0wcf-france-yellow-vests-stage-rally-in-paris-against-covid-measures-18.12.2021.html>
- Austria: <https://rumble.com/vridjv-rising-up-in-austria.html>
- London, England:
<https://rumble.com/vrcp2h-britain-sees-massive-protest-against-vaccine-passports.html>
- Australia:
<https://rumble.com/vpld09-australia-nov20th-nationwide-massive-vaccine-protests-from-perth-melbourne-.html>
- New Zealand
<https://rumble.com/vqve38-thousands-protest-covid-19-rules-in-new-zealand.html>

EXAMPLES OF U.S. PUBLIC OPPOSITION

Evidence that half the country refusing; people willing to lose jobs rather than comply; large organizations of professionals publishing position papers; example of LA Unified School district; Enumclaw example?

<https://www.cityofenumclaw.net/DocumentCenter/View/6670/Res-1734---Covid-19-Vaccine-Verification-Discrimination>

Less than half of parents support a requirement for middle and high school students to be vaccinated for COVID. "About One in Five Americans Remain Vaccine-Resistant," Gallup, August 6, 2021,

<https://news.gallup.com/poll/353081/one-five-americans-remain-vaccine-resistant.aspx>

Healthcare workers are willing to lose their job rather than take the COVID vaccine.

"Roughly 3,000 hospital workers lost jobs over Washington's COVID-19 vaccine mandate," KING 5 News, November 17, 2021,

<https://www.king5.com/article/news/local/washington-hospitals-lose-roughly-3000-workers-over-covid-19-vaccine-mandate/281-b0ff14de-27b6-4b0a-bcca-ed924c314ca0>

As of October 19, 2021, nearly 2,000 state workers chose to be fired rather than take the vaccine. "Nearly 1,900 Washington state workers quit or are fired over COVID vaccine mandate," *The Seattle Times*, October 19, 2021,

<https://www.seattletimes.com/seattle-news/politics/nearly-1900-washington-state-workers-quit-or-are-fired-over-covid-vaccine-mandate/>

There have also been many stories in the news describing our service members who are being discharged secondary to their declination of the shots.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

Do any of the COVID-19 shots fulfill this criterion? No.

The burden on school nurses for tracking COVID cases and for managing all the COVID measures is already unreasonable. ICWA board member Heidi Hartnell is a teacher in Washington State and can speak to the amount of time schools already spend tracking COVID cases and close contacts. If the requirement of vaccination is added to the existing required measures, this would create an extensive amount of maintenance and updating of immunization records. She says, “With the demonstrated waning efficacy of the COVID vaccination in adults, it would seem that this would also be true with children. If children are required to be “up to date” with a booster every six months, this will be a huge burden on schools as vaccination records will constantly need to be checked and updated. Currently, a majority of the required vaccinations are completed by the time a child enters kindergarten and these forms do not require frequent updating. However, if the COVID shot and subsequent boosters were to be added, this would place a hardship on already wearied teachers and school personnel. Ultimately these shots do not prevent contracting or transmitting the virus, and so this work achieves nothing in the public health sense.”

The only thing that makes sense, given that >99.9% of children are at zero risk from COVID, is to simply enforce the “stay at home if symptomatic” rules that have served public health well for decades. We can never achieve, nor would we want to achieve, zero exposure schools. Children’s immune systems need exposure to the microbial world, including to viruses, to properly develop and protect them as adults. This is just as true for COVID, which has become endemic, so children will be encountering the virus and mutations for the rest of their lives. More than 140 studies demonstrate that natural immunity will serve them well and far longer than the shots, and it is their

parents who should make the risk-benefit decision, not the State of Washington. "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Public health would be even better served if the BOH would acknowledge natural immunity, and support and promote early treatment protocols, so that everyone of all ages and of any vaccination status could see better outcomes.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html> -

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

Do any of the COVID-19 shots fulfill this criterion? No.

Considering the risks discussed in Criterion #4 above, the burden of compliance on parents is unacceptable.

Considering that any injury sustained by a child is borne completely by the parents because the manufacturers are shielded under the Public Readiness and Emergency Preparedness (PREP) Act, the burden of compliance is unacceptable.

<https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

The shots are available everywhere, even grocery stores often without an appointment, so it is easy for most parents to find an opportunity to get their child a shot if they so choose, but for those parents who choose to opt out of a school vaccine requirement, the burden is out of balance.

Parents can't go to Safeway or Rite Aid for an appointment with a practitioner to get the required risk-benefit consultation and signature. They must make an appointment with a practitioner, take time off work, arrange transportation, etc. That first step is now the most burdensome. For the past several years, it has been increasingly difficult for parents to find any practitioner willing to give them the required risk-benefit consultation. Many doctors and clinics are kicking families out of their practices who do not vaccinate, or who do not fully vaccinate according to the CDC schedule. This has nothing to do with health or protection and everything to do with the financial incentives built into the

insurance and public health systems that reward high vaccination uptake. This practice is supported by the American Academy of Pediatrics, which has critical conflicts of interest associations with the pharmaceutical and medical industries. “The AAP recently issued a clinical report that stated it is an “acceptable option for pediatric care clinicians to dismiss families who refuse vaccines”

<https://www.infectiousdiseaseadvisor.com/home/topics/prevention/new-aap-policy-on-patient-dismissal-for-vaccine-refusal-may-erode-solidarity-among-pediatricians/>

The BOH’s criterion is based on the assumption that “a process exists to opt out of immunization requirements by children attending either child care or school.” If parents are unable to find a practitioner willing to provide the required risk-benefit consultation and sign an exemption form or letter stating that they have done so, then that opt-out does not exist.

And finally, a tremendous burden exists in the coercive aspect of any vaccine requirement. Parents who opt their children out of one or more vaccinations experience emotional and psychological stress because they know they face scrutiny by school staff, by health care providers, by surveillance systems, as well as cultural pressure. Children who lack one or more vaccinations are singled out at various times, excluded from school and extracurricular activities. If a vaccine is NOT on the schedule, a parent is able to choose what is best for their child without the added stress. It is an unreasonable burden to stress entire families with a requirement that should be a personal medical decision. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.” Harm to others cannot be prevented by requiring children attending school to take this vaccine.

From: Wayne Howerton
Sent: 2/8/2022 10:19:54 PM
To: DOH WSBOH
Cc:
Subject: Child COVID shots

External Email

As you are preparing to answer the questions before you as the BOH TAG regarding COVID "shots" for school children I implore you to Please, Please, Please study the document sent to you by Informed Choice WA responding to all 9 criteria. These "shots" fail the test of all 9 of the criteria.

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. .

..... Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent.....

Adding these shots to the child vaccine regimen flies in the face of science, medical freedom, informed consent, parental rights, and several well know health and experiment doctrines, ie; Barrington, Nuremberg et al.

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is removing the parents from making the healthcare decisions for their children.

Remember your own criteria.....

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

Harm to others cannot be prevented by requiring children attending school to take this vaccine.

In closing:

I challenge your group to make the right decision.

I challenge you to step up to the plate and do something that will positively impact the children in our state for the remainder of their lives.

Your decisions will ultimately impact the rest of our nation's children and possibly children around the world.

Dare to be a hero for all, do not allow these shots to be included in the child vaccine regimen.

Wayne Howerton
Resident of Mead School District

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Ronda Csiti
Sent: 2/8/2022 1:55:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/4/2022 2:48:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 1/29/2022 10:26:48 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karla FitzGerald
Sent: 1/26/2022 5:01:47 PM
To: DOH WSBOH
Cc:
Subject: stop the vaccine!!!

External Email

Karla FitzGerald

From: Kristine MacDonald
Sent: 1/29/2022 10:03:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jeremy Stone
Sent: 1/31/2022 11:18:24 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathryn Steele
Sent: 1/28/2022 9:17:07 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christy Owens
Sent: 2/9/2022 7:03:40 AM
To: DOH WSBOH
Cc:
Subject: Re Vaccine Requirement for Kids

External Email

Hello - my name is Christy Owens and I have a high schooler, middle schooler and kindergartner in WA public schools.

In 2017, my youngest son was diagnosed with leukemia at the age of 16 months. This turned our world upside down. We spent the next 6 months in intense chemotherapy treatments, and the next 3 years in maintenance chemo. This March we are so happy to say that he will officially be declared a survivor!

In the first 6 months, we definitely had to isolate. We had our own "new normal" to get used to. Any virus, cold or bacterial infection had the potential to kill him. We isolated, we limited visitors, we sanitized regularly. We limited our time in public.

During this time, we refrained from seeing my sister's family who is mostly unvaccinated—opting to spend time together in a less risky season "just in case." I want to note that I did NOT expect others to accommodate our fears and scary realities. I did not ask her family to vaccinate as a requirement to see us ever again. We did not go to the grocery store and expect everyone to be masked—that would be ridiculous—maniacal even.

We are currently restricting and mandating everyone for the safety of a few, and this needs to stop.

Most children are not at risk from this disease. Did you know cancer is the number one disease killer of children? It is not COVID. How much time and thought have you given to pediatric cancer prevention? That's about how much time and thought COVID should get from you too. Do not buy into the hype.

Please stop with the mandates and restrictions for a population of people who are not at risk. You will not truly be able to protect the vulnerable—you will only serve to restrict the healthy.

Instead of vaccine mandates, please consider creative ways to serve vulnerable populations who are at true risk. Extending at home learning and other creative measures would be so valuable to these groups.

We know that it's tempting when you have a hammer sometimes everything looks like a nail—but the same treatment should not be standard of care or universal. We are not all the same.

I pray that God gives you creative solutions that are elegant and meet many needs and are well accepted by most if not all. Vaccine mandates are not this solution.

In the meantime please stop COVID mandates—hammering this issue is only serving to divide.

We are pulling for you to make good decisions that affect us all.

Thank you for listening,
Christy Owens

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Estera McCann
Sent: 2/8/2022 7:41:50 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

We believe it is unconstitutional and government overreach to take away parents rights on advocating for their childrens medical needs.

We believe the mandate for children to be vaccinated is government over reach and we stand for freedom.

Kindly,

The McCanns

Sent from Yahoo for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.apple.com%2Fus%2Fapp%2Fnews-email-weather-video%2Fid646100661&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8977afef0704fe02caf08d9eb7e19>>

From: James Spies
Sent: 1/30/2022 3:37:43 PM
To: Marysville School District
Subject: 62A9020E-1BD4-4FD0-B9E9-C4FB41CC9109

External Email

<https://rumble.com/vtnvh3-wow-us-school-district-served-notice-of-liability.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvtnvh3-wow-us-school-district-served-notice-of-liability.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7f70ecd13c3e41ba1d6c08d9e44978c7%7C1>>

Dear Marysville School District,

Please review the attached video & consider this as you move forward with your decisions & policies regarding covid, experimental jabs & other issues.

Sincerely,

#WeThePeople & Parents of our children.

□□□□□□□□□□□□□□□□

From: Kennedy Hull
Sent: 1/28/2022 11:18:01 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Strande
Sent: 2/8/2022 9:39:41 PM
To: DOH WSB OH
Cc:
Subject: Vaccines for children vs VAERS Data

External Email

I'm a concerned parent and was wondering why the VAERS data is being completely ignored. According to this database (which was created after the pharmaceutical companies garnered complete immunity from all liability when their products caused harm with the passage of the 1986 ACT). According to this data these are NOT safe or even effective vaccines. In fact they are the MOST dangerous vaccines that have ever been developed and forced on the population.

The VAERS data was intended for use to identify safety indicators, for children in particular the risks incurred by these experimental shots are greater than the benefits. With no long term safety data available I believe it is more than unwise, but very dangerous to proceed with inoculating every U.S. child.

If you ignore this data I cannot believe you are innocent of simply making a mistake....this would indicate a strong inclination towards malice as you are knowingly placing children in harm's way in order to make yourselves feel safer. At no time in history have we sacrificed children to protect the elderly....this has always been the other way around.

Many Germans felt they too were just doing their job so long ago, in the end that did not save them from prosecution and ultimately execution. Those who intentionally harm children and claim ignorance or that you were 'just doing your job' may ultimately face the same end. Think before you continue on this dangerous path...Whatever the gov't is paying you for your compliance won't be enough, the same gov't you're counting on now will leave you under the bus to cover their own corrupt actions. Remember Benghazi...

COVID Vaccine Data (openvaers.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce3a570f0383146f583a108d9eb8e75c5%7C11d0e217>

Now that you've seen the data, you can no longer claim you didn't know.

From: Amy Robert
Sent: 2/8/2022 9:12:07 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

The Covid shot is not necessary for children. It has been proven. If they make it mandatory for students in Washington my three children will no longer attend public school and my family will strongly consider selling our three businesses and moving out of state. We will not be strong armed to do something that is not medically necessary for our kids.

Amy Robert

Fontaine Estates Winery
Fontaineestates.com
509.972.8123

From: Compton
Sent: 2/9/2022 5:58:00 AM
To: DOH WSBOH
Cc:
Subject: To The board members

External Email

Hello, I am sending this email to you out of concern for those who are desiring to have children vaccinated for covid 19. I am greatly concerned by this because there is very little research done about this. No one knows, not doctors or pharmaceutical companies what the long term risks could be. Please consider all of this before a decision is made that could be of some serious health risks which could have long lasting emotional issues as well to our children. Thank you for your time in reading my email. Have a wonderful day.

From: Kaylene Lewis
Sent: 1/28/2022 8:33:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/5/2022 3:26:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:16:28 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Health Meeting, January 12th

From: phinehas institute <phinehas.institute@gmail.com>
Sent: Wednesday, January 12, 2022 9:56 AM
Subject: Public Health Meeting, January 12th

External Email

Hello Board Members,

It has come to my attention that WA Board of Health will be discussing Covid-19 shot mandates for schools and recommendations for forcible quarantine and/or detention of those that disagree with policies. I request that you abandon the plan of forming a technical advisory group to explore COVID19 mandates and adopt a new rule of requiring products to have completed Phase 3 clinical trials before they can be added to list of school requirements.

One definition of insanity is to repeat the same mistake over and over again and expect different results. For almost 2 years we have attempted to follow the health recommendations of washing, masking, distancing, testing, isolating and vaccinating. By now it is apparent that the virus is "gonna virus" regardless of measures attempted. Thankfully, SARS CoV2 is acting in similar manner as all other viral pandemics and becoming more "virulent" (spreads easier) but less deadly. Real immunity is achieved with exposure and recovery as is evidenced by fact that those infected with SARS in 2002/3 cannot become infected with SARS CoV2 today! In contrast, Covid19 has managed to find a way to escape the vaccine as is evidenced by the incredibly high numbers of vaccinated and even boosted individuals getting sick and testing positive. Surely this fact has not escaped your knowledge!

As Health Board members, you are obligated to provide us with facts that support any and all recommendations or requirements.

1) what is the current rate of mortality for COVID19 infection and stratified according to age groups?

2) point to ANY measures that have reduced the numbers of fatalities (cases are not fatalities).

3) what is rate of all cause mortality in WA in 2020 and 2021?.....did the measures imposed reduce the number of deaths from prior year?

4) provide evidence of asymptomatic spread of SARS CoV2.

5) provide safety studies for masking children and randomized clinical trials for masks preventing spread of lab-confirmed upper respiratory viruses (not modeling of masks on mannequins).

6) make public the accuracy of testing - what is the rate of false positives and false negatives of tests and were results determined by manufacturers of the tests or unbiased 3rd party investigators?

7) provide evidence that the vaccines prevent infection and transmission and that they improve health of individuals who receive them compared to those who do not.

8) explain why so much focus on eliminating this 1 virus when human immune systems have successfully protected our growing population since the beginning of time? Are you aware that some viruses are beneficial for humans and can protect against various forms of cancers and heart issues? Did you know that your human virome contains over 380 TRILLION viruses?

Unfortunately, I do not trust that you have carefully investigated and logically determined adequate and measurable health remedies for which you are able to provide evidence. Before doubling down on measures that seem to HARM more than they HELP the overall health of citizens, please determine and make public the evidence to justify any policies.

Regarding mandating shots, know that the clinical trials will not be completed until 2023. Know that WA State has a legal definition of a vaccine that the C19 shots do not fulfill as they were never part of a living microorganism.

"Vaccine" means "a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective..."

<https://app.leg.wa.gov/RCW/default.aspx?cite=70.290.010>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>

Finally, do no harm! You cannot possibly know or care more about the health of children than do the parents of Washington children! Myocarditis is just one of the side effects that people are reporting. Heart muscle doesn't regenerate and is an

unnecessary injury to those who may suffer with for the rest of their life. How many others are now injured? What is the real rate of adverse effects following these EUA products and how can you determine if the safety studies have yet to be completed and there is no transparency of adverse event reporting?

Furthermore, how necessary or even safe is it to give a vaccine to a person who already has immunity to the pathogen? Many children by now have been exposed to the virus and have developed immunity without difficulty. Why consider a mandate for those not at high risk for adverse outcome should they become infected but who carry unknown risks of adverse reaction with getting the shot?

I look forward to hearing these concerns addressed and evidence for any and all recommendations to be presented on January 12.

Thank you.

From: Mike Hasbrouck
Sent: 2/7/2022 3:05:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Peter Shvets
Sent: 2/7/2022 4:14:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:20:01 AM
To: DOH WSBOH
Cc:
Subject: FW: Teresa Moyer

From: Teri Jobs <teri.lee.moyer@gmail.com>
Sent: Monday, January 10, 2022 9:34 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Teresa Moyer

External Email

My name is Teresa Moyer a long time Washington resident in Vancouver Washington. Please do not go forward with this mandate of vaccines for all people and especially children. There is no data or research supporting factual scientific data that these vaccines are safer then natural immunity or early treatments. Getting everyone vaccine will not stop transmission. These vaccines are causing genocide and adverse reactions off the charts. Please stop vaccines.

Saying no to

WAC 246-100-070

WAC 246-100-045

WAC 246-100-040

WAC 246-100

WAC 246-105

Sent from my iPhone

From: Hisaw, Melanie (SBOH)
Sent: 1/29/2022 9:44:13 PM
To: DOH WSBOH
Cc:
Subject: Immunization letter mailed to Board office



attachments\791BB4967D0040F4_20220129133512091.pdf

Hi Nathan,

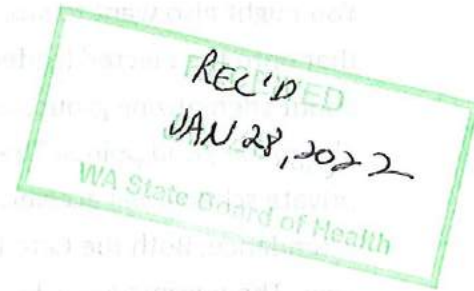
This letter came to the office in the mail. Thanks!
-Melanie

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Saturday, January 29, 2022 1:35 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 01.29.2022 13:35:11 (-0800)
Queries to: ricoh@doh.wa.gov



January 12, 2022

Washington Board of Health
111 Israel Rd SE
Tumwater, WA 98501

Dear Chairman Grellner:

The ending comments by the board at today's meeting were both disingenuous and unprofessional. The analogies about measles and tuberculosis were amateurish and lacked sincerity. The comments were intellectually lazy for such an educated board. These comments did more to erode your board's credibility than it did to enhance it. I recommend the board look at their comments introspectively.

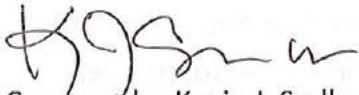
To make comparisons of measles and tuberculosis (TB) to HIV/AIDS and COVID19, damaged your credibility. As a TB converter, the Hospital Corpsman who gave it to over one hundred of us on my ship was placed into forced isolation and quarantine at the base hospital. You do not put healthy people into quarantine, you put the infectious. But you know that. Secondly, people recognize the dangers of smallpox, polio, and measles. Thus, vaccination programs at the time was welcomed, as the benefits outweighed contraction of those diseases. My father, who was my school principal, told me the reason why most people have the smallpox inoculation scar on their left (non-dominate) arm, was because the medical community at the time was fearful of the vaccine and thought an adverse reaction might require an amputation of the inoculated non-dominate arm. But again, the people took the risk to avoid the danger of the diseases as the benefits of not contracting smallpox outweighed the risks.

Therefore, it is obvious that the people can do risk analysis, they do it every day. They can find the factual data on the internet and see the overreach by the government on this issue. The risks presented by the research and analytical data doesn't justify the overreach, which explains the blood bath you received on both public comment periods as the representatives of the government. My recommendation is that you recall these comments and concerns as you deliberate.

You might also want to stop the stigmatizing of the electorate regarding vaccination status and pass that onto the elected leaders in which you report. The HIV/AIDS related comments made good points about stigmatizing groups and their medical decisions. The "our body and our choice" public comments also made good points. The current rate families are exiting public schools for home schooling or private schools will accelerate if you decide upon requiring the SARS/COVID vaccination for school attendance. Both the Cato Institute and Seattle Times have articles on the public-school exodus last year. The parents are acknowledging the SARS/COVID data for those age-groups does not support the vaccination decisions by the government or in your case, pending decisions.

I will be forwarding this letting to my elected representatives and a few legislators I personally know, so they can review the recorded board meeting today and come to their own conclusions of the board's comments.

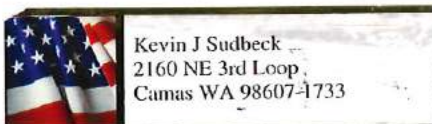
Sincerely,



Commander Kevin J. Sudbeck, USN (ret)

BS Chemistry, Oregon State University

MBA Defense Financial Management, US Naval Postgraduate School



From: Charlotte Heyen
Sent: 1/26/2022 10:05:08 AM
To: DOH WSBOH
Cc:
Subject: Nobody should have to take the poison shot. It is not a vaccine.

External Email

Sent from my iPad

From: Yves Panelli
Sent: 1/29/2022 4:07:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Josh Ley
Sent: 2/7/2022 3:36:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Martha S Weiss
Sent: 2/8/2022 8:53:23 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kim Slinger
Sent: 1/31/2022 8:36:01 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Vasey
Sent: 2/8/2022 7:27:25 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: M B
Sent: 2/9/2022 9:04:26 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I'm writing to respectfully request that Washington please add the COVID -19 vaccine to the list of required vaccines for school attendance. We hope the state reflects Science and common sense Public Health practices in their decision-making. We'd love to feel our child is as safe at school as we can support him in being , and look forward to moving on from this pandemic.

Thank you.
Sent from my iPhone

From: graceministriescs
Sent: 2/8/2022 9:52:04 PM
To: DOH WSBOH
Cc:
Subject: Vaccine for school attendance

External Email

Since Covid 19 and its variants are not vaccine preventable diseases, the alledged vaccine doesn't qualify for the list.
Current data on the benefit to risk ratio of the vaccine reveals that vaccination of school age children is pointless, or even detrimental.

By making vaccination a requirement, the Washington State board of health creates a liability for any harm the vaccination causes.

Respectfully submitted,

Ron Frantz

Sent from my Galaxy

bqebYM_pzDfp8PmUR9t1Oxfrcn7btyaX3Ym7WrE_ou36FynWjGyfboJ-
bGfHIdjLQbzuS8eT34qn3ORq6x9FHuXq55WRnWXycDqS96HGgWh2q_Of66CvYVS-
speNTUJcv0GZw3NhPzFV5fV9P6tdWQ5kv_NEhhF2gSI_QWGAV-
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Plus- prescribing drugs "off label" is important, and the "emergency" is over

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Robert W Malone MD, MS

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Feb 6

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[<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2FQCyH_Pmrak-xVvRKcEpJU8N_SKN6AZw1vbDYsaBsk5RY2en6Czsd7A5nIdoQcMb8pUikEO_a93LQ_w8-C_aCbGeKddnhh1Da1PAKqecYWD8znt065ZmszUe2wSw1cfGuLTfWzVLyo1Nb-8aNjYxnY0YUUC8xiZotGeKdpK3-LhlkIhojZmbtqHjb7a_F9aF_SBpW3pZjLtXY170EyfovIN1D4fi73ka-ZeQxYQxH9PWaIJp5A_dFVb_EP_CmFSJkvISbTNWsl5INdBjkSOWXzE1fCdqJURGc6xKqos5nMBtiCu4fi-Xmw&data=04%7C01%7CWsbob%40sbob.wa.gov%7Cc64d973725ff4c88a7f208d9ea641233%7C11d0e217](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2FQCyH_Pmrak-xVvRKcEpJU8N_SKN6AZw1vbDYsaBsk5RY2en6Czsd7A5nIdoQcMb8pUikEO_a93LQ_w8-C_aCbGeKddnhh1Da1PAKqecYWD8znt065ZmszUe2wSw1cfGuLTfWzVLyo1Nb-8aNjYxnY0YUUC8xiZotGeKdpK3-LhlkIhojZmbtqHjb7a_F9aF_SBpW3pZjLtXY170EyfovIN1D4fi73ka-ZeQxYQxH9PWaIJp5A_dFVb_EP_CmFSJkvISbTNWsl5INdBjkSOWXzE1fCdqJURGc6xKqos5nMBtiCu4fi-Xmw&data=04%7C01%7CWsbob%40sbob.wa.gov%7Cc64d973725ff4c88a7f208d9ea641233%7C11d0e217)

Strictly regular use of ivermectin as prophylaxis for COVID-19 leads to a 90% reduction in COVID-19 mortality rate, in a dose-response manner: definitive results of a prospective observational study of a strictly controlled 223,128 population from a city-wide program in Southern Brazil

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FHXgsEoUKaccIuWK2tDjIcvDAryO_z7tmUMiEK-GrqouDFRcUz7VlkptrkHXc0MV8Sgea8Xc7AWzdIzJPkxi7MaGlrab-qlxRd8zYgDnVc07Ntu-eGeguhSvF_0kOGPNQ8kBQfSDYKO4dwZxAQkLDXaclgFk9wKKG3TqMBhV-Yj5TxMarR61buYn3G_9G_TiONmNByOaxEvM2YqXj_2BpJwh2GgSf9c-anan-1BnX3UPWJEWnu3aUP6CpLmooestpe5we_lxyUtZffvz6_vWtm7VHsEXXpEHPjHLY3byUxX93QsoVvKuEQXyuE-Bfbk2eq&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cc64d973725ff4c88a7f208d9ea641233%7C11d0e

This important preprint needs to hit alternative and mainstream media now.

Background: Previously, we demonstrated that ivermectin use as prophylaxis for COVID-19 was associated with reductions in COVID-19 infection, hospitalization, and mortality rates, and in the risk of dying from COVID-19, irrespective of regularity and accumulated use of ivermectin, in an observational, prospectively obtained data from a strictly controlled city-wide program in a city in Southern Brazil (Itajaí, SC, Brazil) of of

medically-based, optional use of ivermectin as prophylaxis for COVID-19.

In this study, our objective was to explore the data obtained from the program to evaluate whether the level of regularity of ivermectin use impacted in the reductions in these outcomes, aiming to determine if ivermectin showed a progressive dose-, regularity-response in terms of protection from COVID-19 and COVID-19 related outcomes.

Materials and methods: This is a prospective observational study of the program mention above, that used ivermectin at a dose of 0.2mg/kg/day for two consecutive days, every 15 days. We obtained and analyzed the data regarding the accumulated dose of ivermectin use, in addition to age and comorbidities, to analyze the patterns of reduction of COVID-19 infection, hospitalization, and mortality rates, and risk of dying from COVID-19, according to the regularity and amount of ivermectin used in a 5-month period.

Following definitions of regularity, we considered as strictly regular subjects that used at least 180mg of ivermectin (180mg = 30 tablets), and as sporadic users subjects that used 60mg (= 10 tablets) or less during the 5-month period.

Comparisons between subjects that did not use ivermectin and these two levels of regularity of ivermectin use were performed. Analysis of the intermediate levels of ivermectin use are present in the supplement appendix of this study. To analyze hospitalization and mortality rates, we utilized the database of COVID-19 infections of all participants, from Itajaí and outside. To analyze COVID-19 infection rate and risk of dying from COVID-19 we utilized the Itajaí city database.

Propensity score matching
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FDMU24_pDMjLNuUVTaUrUbYc71kyQ3J7RReBWScnxYAESo5G1TlneRsEdM6rqSnbhSzIL6prQJE7YPEegIppwne_g_XpPCQLEv5AvXICEuSBWNpr-vViX93OqJPHbPRgdb9u2p4BPbSeH6ADHqrZT4sbieC89QluXmfdkD1u76DoihES6qD-l6I9Sg-lZsw2h398_UAFUvN49e65gooa7eHTPhS3ES8ZZd3oMgo6czb0w_hoqdaTGa19CzbM5XtzS1xenMadDe00DbXS9B9ar-y3IB-5Kqh7j_bxLQdImgHtExmdXH9nVDglq36FTGuW4cD6udF35m_JH03tvYqLz9Bakz3W5s5KsP1GHLnB0fwEj5K9>
(PSM) was employed, followed by multivariate adjusted analysis for residual differences (doubly adjusted analysis).

Results:

* Of the 7,345 cases of COVID-19, 3,034 occurred in non-users, 1,627 in sporadic users, and 289 in strict users, while the remaining cases occurred in the intermediate levels of ivermectin use. Strict users were older ($p < 0.0001$) and non-significant higher prevalence of type 2 diabetes and hypertension.

* COVID-19 infection rate was 39% lower among strict users [4.03% infection rate; ($p < 0.0001$)] than in non-users (6.64% infection rate), and non-significant 11% reduction compared to sporadic users (4.54% infection rate) ($n = 1,627$ in each group; RR, 0.89; 95%CI 0.76 – 1.03; $p = 0.11$).

* Hospitalization rate was reduced by 100% in strict users, compared to non-users and to sporadic users, both before and after Propensity score matching ($p < 0.0001$).

* After Propensity score matching, hospitalization rate was 35% lower among sporadic users than non-users (RR, 0.65; 95%CI, 0.44 – 0.70; $p = 0.03$).

Research and clinical practice show that using re-purposed drugs for Covid-19 have huge benefits. These include multi-drug, multi-staged treatments for Covid-19 disease that prevent severe disease, decreases hospitalization rates and decreases death. It is time our government and state licensing board recognize this and let physicians practice medicine.

'Off-label' drug use: an FDA regulatory term, not a negative implication of its medical use.

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Int J Impot Res. 2008 Mar-Apr;20(2):135-44. doi: 10.1038/sj.ijir.3901619. Epub 2007 Nov 15. PMID: 18004389.

Highlights:

* A doctor's decision to inform the patient of the 'off-label' status of the prescription is not relevant to the physician's standard of care for an informed consent case.

* The FDA has specifically stated that its procedures and requirements have no effect on the practice of medicine and that the FDA does not prohibit doctors from prescribing drugs in an 'off-label' manner.

* The FDA's approval of a drug is immaterial to the effectiveness in the drug's 'off-label' use. In fact, prescribing medication in an 'off-label' manner can constitute the standard of care in many cases.

* A doctor's duty is to practice medicine and treat his patient, not inform the patient of the FDA's non-medically related labeling. Therefore, doctors should not be branded with the additional duty of disclosing non-pertinent information, such as the FDA's medically irrelevant distinction, to their patients

*It is estimated that 21% of all prescription drugs are prescribed "off-label."

For fun, I took the countries that reportedly use Ivermectin country-wide and compared them to the USA, Israel and Sweden. I chose a three month cut-off, although the results were extended further. I did this because I don't know when some of the countries began ivermectin use.

Can you guess who now has the highest death rates per million? Yeh -

1. USA
2. Israel
3. Sweden

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Notes: I included - India, because although not all regions use Ivermectin - although the most populated due. Likewise Africa - which many nations treat with ivermectin prophylactically and these world maps do not break down Africa by Nations (weirdly imperialistic). I did not include Bulgaria, as although they use ivermectin - their death rate numbers are skewed for other reasons not worth delving into.

But it is still an interesting snap shot as to where much of the world is right now.

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Virginia

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From: Sam Grant
Sent: 2/8/2022 1:31:45 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

In regards to the agenda section 5 stating that this Covid vaccine prevents transmission from person to person is a lie! It has been well documented that even people who are fully vaccinated are still getting and giving Covid to others. Fully vaccinated people are also still dying in hospitals due to their other comorbidities. Unvaccinated people who are typically healthy have less than a one percent chance of dying from this. Children have even less of a chance of getting any extreme illness. This vaccine has no business being mandated! COVID-19 is not a threat to the common person. It is only a threat if you are old, obese or have other medical issues. Healthy average people do not need this vaccine!

Thank you,
Samantha Grant

From: Greg Little
Sent: 1/27/2022 5:08:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Terry Zeimantz
Sent: 1/28/2022 11:20:55 AM
To: DOH WSBOH
Cc:
Subject: Important to Consider

External Email

Dear SBOH Members,
Your decision will have a major impact on how Washington citizens live. Please take time to review the following link and be open to other perspectives.

<https://odysee.com/@bonniesmit:0/264-Dr.-Lee-Merritt---session-86-The-Fog-Is-Lifting:a>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fodysee.com%2F%40bonniesmit%2F%40264-Dr.-Lee-Merritt---session-86-The-Fog-Is-Lifting%3Aa&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0ce62540dcf643ba50e408d9e2934627%7C1>>

Sincerely, Terry Zeimantz

From: Eatonville Senior Surprise 2022
Sent: 2/8/2022 11:15:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

On the agenda notes for the Feb 10 technical meeting, #5&6, mentions that the vaccine prevents the disease, and that it reduces the transmission.

I'm confused as I thought it had been established that the vaccines only job was to lessen the severity of covid to the person that contracts it and that vaccinated people can still carry, transmit and become ill from Covid.

With that in consideration, although I am vaccinated, I do not agree with making it a requirement for schools or work places.

Thank you

Amy Rounds

Sent from my iPhone

From: Rodney Thompson
Sent: 1/31/2022 12:25:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Riva Hevia
Sent: 2/2/2022 11:13:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pamela Burger
Sent: 1/13/2022 9:30:44 AM
To: DOH WSBOH
Cc:
Subject: Agenda

External Email

Good morning,

I have a couple questions.

Why did you change your agenda?

You put out your agenda, then when people (understandably) became upset, you proceeded to put out more messages about misinformation when you were the one spreading it?

It did not go unnoticed what you have done. Many people wrote to TV stations and other news outlets hoping someone would pick up this story nationally. We will continue to monitor your actions and forward them as appropriate.

Regards,

Pam

From: Claire Brossmann
Sent: 2/8/2022 9:30:29 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear tag group,

I am a grandmother and I have three beautiful grandchildren. I am concerned about introducing the experimental MRNACovid shot to young children. I don't understand why you are considering this shot to be helpful? As I understand the MRNACovid shot no longer prevents or provides a person from the possibility of contracting Covid. There have been cases of Myocarditis in young children caused by this vaccine. The survival rate from Omicron is 99.99% for young children. I just don't understand how this shot can be helpful or beneficial to young children? I hope you will use good sense and kindness when making your decisions. The youth is so precious and our hope for the future.

Thank you,
Claire Brossmann (A Seattle resident)
Sent from my iPhone

From: rob morrill
Sent: 2/1/2022 10:09:26 AM
To: DOH WSBOH
Cc:
Subject: Gene Therapy injections for children

External Email

We, as parents, reject the gene therapy injection which is being proposed for school admissions and media outlets. We will not comply with the forced injections. If the gene therapy injections were successful, much like the common vaccines, measles, chicken pox etc. then injections would be successful. These gene therapy injections, which are NOT vaccines, cause great physical harm to individuals and are not preventing the spread of covid. Hence, the need for many injections, boosters, masks social distancing etc. The injections will not stop as the virus continues to mutate. CDC states children 5-12 are less likely to become deathly ill from covid. 1 in 1 million children will die from covid. Hardly a reason to inject an MRNA gene therapy injection into young children. I suggest you read peer reviews on the effectiveness of the gene therapy developed and the damage it is doing to the unsuspecting population that failed biology in school. Japan, Demark are currently rejecting the gene therapy drugs in favor of alternative methods, Ivermectin HCQ etc. to treat covid patients with much greater success than the gene therapy injections. You will not mandate these experimental injections in our children. You will not harm our children with forced injections. Period. Just like you tried to gain police powers to enforce this madness, denied you were, then admitted you did. You cannot tell the truth. I'm afraid the misinformation being promoted is your group in my opinion. You are a public servant. This means you will answer to us, not the pharmaceutical companies or the fake science to pass off this dangerous gene therapy you call vaccines.

Robert E. Morrill

From: Angelica Johnson
Sent: 2/8/2022 11:03:20 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I'm writing as a concerned parent of a Washington school age child. You cannot include the covid 19 shot on the school requirements schedule. It's EUA only! If you vote to include it, get ready for Nerumberg 2.0. It's genocide. It's NOT safe NOR effective! Vote NO. It's the only ethical thing to do. Please save our children.

Sincerely
Angelica in Tacoma

From: Erica
Sent: 2/7/2022 9:05:18 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

My husband was vaccinated for COVID-19 in November and was just diagnosed with a blood clot that goes from his elbow to his collarbone. This is a clot that formed in only weeks. He has never had a blood clot before and no genetic propensity for blood clots. If you mandate this mRNA injection for children there will be blood on your hands and you know it.

--

Sent with Tutanota, the secure & ad-free mailbox.

From: DAVE JAENICKE
Sent: 1/13/2022 1:08:17 PM
To: DOH WSBOH
Cc:
Subject: SUPREME COURT! SHOVE YOUR VAX MANDATE UP YOUR ASS YOU FUCK
ASSHOLES!

External Email

Sent from my iPhone

From: Kirstin Leroue
Sent: 1/31/2022 8:15:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ron Soliday
Sent: 2/7/2022 5:31:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dennis Trittin

Sent: 2/3/2022 11:27:58 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Urgent need for course change

External Email

Dear Health Board,

As an author of curriculum to prepare young people to flourish in adulthood, I was heartbroken by an article from a public school teacher on the devastating impact our health-related policies are having on children. I urge you to read this article with an open mind and thoughtfully consider an immediate course change toward mandates (current and proposed) that are destroying lives in the name of public health. The latest research from Johns Hopkins on the futility and damage from lockdown policies only confirms the need for policy reversal. Our children's futures are at stake, and we are all counting on you to do the right thing.

Here is the article for your review: <https://bariweiss.substack.com/p/im-a-public-school-teacher-the-kids>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fim-a-public-school-teacher-the-kids&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf4e3cefb22194d41127f08d9e74b2419%7C11d0e217>>

Thank you for your consideration and service.

Sincerely,

Dennis Trittin

Gig Harbor

From: Lindsey Martin
Sent: 2/9/2022 8:15:15 AM
To: DOH WSBOH
Cc:
Subject: Thursday meeting comment

External Email

I am against adding the COVID vaccine to the k-12 requirements. It has been shown that the vaccine is more dangerous to kids than COVID is. To approve this would be beyond idiotic and the result will just be more kids leaving the public system.

I can only think the reason there won't be any public comment time during this meeting is because you all already know you'll receive an overwhelming response of those who will comment against this.

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:15:02 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid meeting 1-12-22

From: Tracy Moreland <carbonriver2022@outlook.com>
Sent: Monday, January 17, 2022 2:34 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Covid meeting 1-12-22

External Email

January 15, 2021

Dear,

Kaitlyn Donahoe

This letter is regarding the Washington State Health Department meeting on January 12, 2022 to make proposed changes to allow local health officers to use law enforcement (WAC-246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246 100 045) following refusal to voluntarily comply requests for medical examination, testing, treatment, counseling, vaccination (WAC246-100-040). These specifics come from WAC 246-100. This includes the Covid-19 injections as part of school immunization requirements using WAC 246-105.

This ruling, which is not a law, but a ruling will force people to containment camps who are not vaccinated. Using the false assumption that the vaccines are only the solution to end the covid 19 and the variants is grossly negligent. There is overwhelming evidence and data showing there are many alternative therapeutics and treatment solutions for Covid-19. Such as and not limited to, vitamin c, d and zinc, black seed cumin treated early has significant positive results. Ivermectin and Hydroxychloroquine were being used at the very start of the Covid -19 pandemic with great success and continue to be used. They have no long term side effects and have been used for decades and are very inexpensive to produce and readily available. We have witnessed these two drugs save two seniors from dying from the covid 19 virus and many individuals that have used these therapeutics and treatment solutions and were cured of Covid-19.

As an elected or public official, your first obligation is to no harm, known as common law 1st, do no harm its constitutional duty. We are all equal no one is above the law, no one lives above the law. You are causing harm. Rule of law which clearly states that the government as well as private actors are accountable under the law.

I have researched by listing and reading from many Medical and Senior Law experts, which they state no one knows the long-term effects of these Covid 19 vaccines.

What I have seen on the VAERS report dated back in Aug 8th, 2021, 571,830 total reports of adverse effects, only between 1-10% of adverse events are reported in VAERS by some estimations.

Deaths 12,791, Life-threatening 13,140, permanently disabled 16,044, Hospitalizations: 51,242 Anaphylaxis 5,282 bell's palsy 4,461, miscarriages 1,505 heart attacks: 5,590 severe allergies 24,3050.

According to WHO, World Health Organization, the Vigil Access was launched by the World Health Organization in 2015 to provide public access to information in VigiBase. This is the WHO global database of reported potential side effects of medicinal products.

I have listed a few and these are the total adverse reactions:

Mumps vaccine: 713 from years 1972-2021

Hepatitis B vaccine: 104,827 from years 1984-2021

Pneumococcal vaccine: 236,307 from years 1980-2021

Influenza vaccine: 272,438 from years 1968-2021

Covid 19: 2,513,185 from ONE YEAR 2020-2021

This is illegal unlawful and unmoral. You are causing harm.

Respectively,

Howard & Tracy Moreland

Orting, Washington

From: barbaraschultz428@gmail.com
Sent: 1/26/2022 4:10:04 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

Hello, I have concerns already for the overly legalized list of vaccines mandated. We do not need to add another. Especially not to add a vaccine not having gone through and verified for safety. This would relate to Agenda Item #9

For Agenda Item #11, To prohibit change of 246-105 WAC, Must be prohibited from adding any health treatment that is not thoroughly tested past Phase III safety trials. Safety being not maiming or death, early onset or future.

From: JoeAnne Wurzer
Sent: 2/8/2022 7:39:12 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Anastasia Harper
Sent: 1/27/2022 9:24:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Suzanne Kordish
Sent: 2/8/2022 6:42:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christine Lambert
Sent: 2/8/2022 5:41:23 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Whitney Wytko
Sent: 1/22/2022 10:31:53 AM
To: DOH WSBOH
Cc:
Subject: Opposition to mandatory Covid vacc. For school entry.

External Email

I am an educator.
We don't require flu shots, why would we require Covid shots! Not a question.

My 5 th grade students asked me during a science unit about how if we breathe out CO2, how can it be good to wear a mask and breathe it in all day long....out of the mouth of babes.

This control grab needs to stop. Use your heads and stop believing the garbage you read. Stop being lazy, do your own research and stop letting people sucker money from the state.

Coronavirus has been around for centuries, it is not containable, 2 years in and you haven't figured that out??!! This virus moves through animals, but even as I print it is continuing to slow down and become less and less severe (as virus's do). Offer a yearly vaccine, such as we do with the flu. But mandate one, NO!!

We need to remain America, and continue to have and respect freedoms.
Stop making billionaires out of our pharmaceutical companies and CEOs

Whitney Wytko
WSTA Rep. 3, ESD 171
5 th Gr. Teacher

From: Robert Holte
Sent: 2/4/2022 2:47:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Timothy Ramsey
Sent: 2/7/2022 10:57:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Wendy Di Napoli
Sent: 2/7/2022 9:06:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Wanda Bowman
Sent: 2/7/2022 9:55:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brendon Cromwell
Sent: 1/30/2022 5:59:38 PM
To: DOH WSBOH
Cc:
Subject: Re: Question on Chapter 246-100 WAC

External Email

I have yet to hear a response... 2 weeks seems like a reasonable timeframe for a response.

-Brendon

On 12Jan 2022, at 1:55 PM, Brendon Cromwell <bacromwell@mac.com> wrote:

Could Chapter 246-100 WAC as written or proposed be enforced against people infected with COVID-19?

-Brendon

From: Susie Warto
Sent: 1/28/2022 3:17:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Annette Rose
Sent: 2/9/2022 8:53:52 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaccine

External Email

Please do not mandate the covid "vaccine". That would be my final straw and I would remove my kids from public education and seriously look at moving out of this state. No one on this board, or in this state, or government leader, can ensure the safety of this shot. NO ONE. It can't be done. There is no safety data. It hasn't been out long enough. And if you're doing any critical thinking at all, or research, or paying any attention to what is going on around the world, you will see that athletes are collapsing on fields and gyms in record numbers... This has never happened before. We watched as a 20 year old BYU basketball player went numb on the court, during a game, and was taken off the court. He now has myocarditis and will never play basketball again. 20 years old. 100% healthy before receiving the shots. My son is a college basketball player and we pray every day for his and his teammates continued health and safety. My sons best friend, 20 years old, just had an emergency surgery to remove a blood clot, before it made it's way to his lungs, which would have probably killed him. Just a few months after receiving his shot. My friend's 27 year old wife had a stroke right before Christmas, with in a few weeks of receiving her booster. And I could go on and on and on. There is a facebook posts with HUNDREDS OF THOUSANDS of comments about adverse reactions and death, people have experienced since getting their shots. Until Pfizer releases ALL of the safety data it is absolutely abhorrent that we are even having a conversation about adding this shot as a requirement to going to public school.

Anyone who wants the shot can get it. YOU want it? Get it. A teacher wants it? They can get it. A student wants it? They can get it. No one is saying they can't. But it absolutely should not be mandated. If my child is forced to get it and has an adverse reaction, you can bet I will be coming after every agency, the department of health, the school board, OSPI for forcing it. The drug companies are not liable. That means you are. If you mandate it you are accepting liability. You will be in violation of the Nuremburg codes, as you can not get informed consent, because no one knows what the side effects actually are. They won't tell us.

The right answer is no. PERIOD. The shot is available for anyone that wants it. That is enough. Have some morals and ethics and stand up and do the right thing. For us, our children, our grandchildren, you're children and grandchildren. Be better than a political pawn in our power hungry tyrant of a governor's game that he refuses to quit playing. We all can see it doesn't stop the spread or transmission of covid. And children have a .0000018 chance of dying from covid. So WHY??? WHY would you ever even consider making it mandatory? The risk of myocarditis becomes 1 in 6 for a male under 40, after being given this shot. Yet that same male has a 99.98% chance of surviving. It just doesn't make any sense. None of it makes sense. And it's time people that have the ability to exercise common sense and make the right choices do. For all of us little people that do not have a voice. YOU are our voices. We need you to hear us and act in our best interests. PLEASE!!!!

Annette Rose

From: kelley mcnicoll
Sent: 2/2/2022 10:47:52 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pam Halliday
Sent: 1/28/2022 6:42:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Spies
Sent: 2/3/2022 5:21:59 PM
To: DOH WSBOH, Marysville School District
Cc:
Subject: A74E0A84-4E35-4ECA-A6BC-089BEDA7DF91

External Email

<https://vaccinereport.org/aier-reports-masking-children-tragic-unscientific-and-damaging/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaccinereport.org%2Faier-reports-masking-children-tragic-unscientific-and-damaging%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C112d251f94f548635b8608d9e77ca30e%70>>

Dear Marysville School District & WA State BOH,

Please review the attached link & information. When are you going to follow the real science & truth? Masks & experimental jabs don't work to protect our children & they're very damaging to our children.

Government bureaucrats that are incompetent & being dishonest & corrupt will be held accountable for crimes against humanity & the Nuremberg codes.

Sincerely,

#WeThePeople & Parents of our children.
□□□□□□□□□□□□□□□□

From: Drew Vincent
Sent: 1/28/2022 10:09:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: j
Sent: 1/31/2022 2:45:57 PM
To: j
Cc:
Subject: Dr. Zelenko on TikTok MUST SEE!!



attachments\61ECC61F19E34620_video.mp4

External Email

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From: Eric Dillin
Sent: 1/28/2022 5:21:04 PM
To: DOH WSBOH
Cc:
Subject: Covid Tech Advisory Feedback



attachments\0F9F0991277C49EC_smime.p7m

External Email

Message was attached to: Covid Tech Advisory Feedback

From: Eric Dillin
Sent: 1/28/2022 5:21:03 PM
To: DOH WSBOH
Cc:
Subject: Covid Tech Advisory Feedback

Hello

Re: "COVID-19 Immunization Technical Advisory Group/Feedback Requested
The State Board of Health has coordinated with the state Department of Health (DOH) to convene a technical advisory group (TAG) to evaluate the COVID-19 vaccine against the Board's immunization criteria and then make a recommendation on whether to add the vaccine to the state's list of required immunizations for school entry. The WA State Board of Health is currently gathering feedback on potential inclusion"

Will there be public meetings on the above? Or where can one submit feedback?
My daughter is in elementary school at Seattle Public Schools

Thanks
Eric Dillin

From: Rance Staley
Sent: 1/29/2022 7:48:49 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Katie Parkinson
Sent: 1/31/2022 11:36:55 AM
To: DOH WSBOH
Cc:
Subject: Masking in schools

External Email

To whom it may concern:

It's been a VERY long time since us parents have gotten any communications from our district and state leaders regarding when masking for our students is going to be over. This has gone on entirely too long. Isn't it time masks should be an option for students and staff? I feel no one is advocating for us who wish to move on from this endemic. The staff and students who are vaccinated and want to continue to wear maske are advocated for but we are left frustrated and ignored.

We are one of the last states to have these mandates! Why is this "emergency" lingering for 2 years?! It's time to speak up and update us families on when this is projected to stop. It's been crickets this entire school year.

Frustrated parent,
Katie

<<https://docs.google.com/uc?export=download&id=1TbTVvdNMr35yRSYpeYgwmoOvv9Ucd0UN&revid=0B8>

Katie Parkinson | NextHome Northwest Group (kpnwgroup.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fkpnwgroup.com%2F&data=04%7C>

From: Deb
Sent: 2/8/2022 10:33:25 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I am writing to you to STRONGLY encourage you to vote NO on the vaccine mandate for school age children. You know that the majority of parents are against this and many, many more children will be leaving the already failing government school system if you do this.

Also, there is zero proof that this inoculation does anything other than cause potential harm to kids. Not sure how you all sleep at night knowing this is a huge money grab by the pharmaceutical companies and does nothing for public health.

Thank you,
Deborah Hibbs

From: S Zajonc
Sent: 2/9/2022 4:28:22 AM
To: DOH WSBOH
Cc:
Subject: Stop the vaccine mandates

External Email

Democracy requires freedom of choice.
Please preserve our democratic process and allow parents to decide for their own families.
Thank you.

Susan Zajonc MS, LMHC, NCC, RN
New Energy Cottage
www.SusanZajonc.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.susanzajonc.com%2F&data=0>

<<https://drive.google.com/uc?id=0ByB19DeWNT9nZnNqMFBSWUhCRTg&export=download&resourcekey=0-ZSdg7hWNHkOXWnV0aQIxA>>

From: Susan Garfield
Sent: 2/8/2022 9:34:24 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mindy Smotherman
Sent: 1/31/2022 11:03:02 AM
To: DOH WSBOH
Cc:
Subject: Survey questions

External Email

Dear Sir or Madam,

Just because you make something a rule or mandate does not, in any way, make it legal.

Mindy Smotherman

From: Testify Online Survey
Sent: 1/31/2022 5:22:34 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/22

2.

Agenda Item or Issue:

Covid vaccines and school requirement

3.

Your Name:

Dawn

4.

Do you have a professional title?

1. Yes

Office admin

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

dnk509@yahoo.com

8.

Phone Number (Include Area Code):

5094682996

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

The Covid vaccine requirement discussion of the advisory group

11.

Are you Pro or Con on the proposal?

2. Con

I do not believe with the amount of infections and the cdc stating it's 6x-24x the actual number of cases reported that we shouldn't look at natural immunity as part of this. We also need the next 5-8 years of data accumulated as parents to feel comfortable with long term affects. We do not require a flu vaccine, we have sent our kids to school regardless of the pandemic and the shots are available to who wants them, this should not be recommended at this time not required, the data on severity doesn't back this at all. The people at risk we know are not this age group unless obese, kidney, diabetic, heart issues. They will get vaccinated. We know being vaccinated doesn't stop cases, infections nor stop giving it to someone. Hold off for the data on these vaccines before requiring it. I am vaccinated so I can be protected but I do not want my children to be required with it at this time and they have had it and have antibodies.

From: wendy Frankenberg
Sent: 1/30/2022 2:44:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lynsie
Sent: 2/7/2022 11:35:29 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I would like to testify. My number is below

Lynsie Holt
206.818.0251
Sent from my iPhone

From: Jim Heald
Sent: 1/27/2022 7:47:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Charleen Goodrich
Sent: 2/7/2022 3:24:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tiz @ CLG / NATF
Sent: 2/1/2022 7:05:41 AM

To:

CDCINFO@cdc.gov,council@whatcomcounty.us,itccsoffice@gmail.com,LOCS@cdc.gov,regsqna@health.ny.g
WSBOH

Cc:

Subject: doctors speak out on ingredients in vax and policy change

External Email

https://rumble.com/vsek4f-confirmation-for-what-youre-seeing.html?fbclid=IwAR1VkeIOFdpBHDdNMETc6rFEdSTpTnr6IOe4KTkvb_u843ITU4jIC5BtaYM

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvsek4f-confirmation-for-what-youre-seeing.html%3Ffbclid%3DIwAR1VkeIOFdpBHDdNMETc6rFEdSTpTnr6IOe4KTkvb_u843ITU4jIC5BtaYM&data

I am

Sovereign by nature of existence; not of license nor statute, and it does not take leave based on administrations, nor does it suffer deprivation due to jurisdiction. Sovereignty remains while policies change.

"They" say that Life is what you make it.

What are we to do, upon confirmation that "they" are Liars?!

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

From: Nate Kontos
Sent: 1/29/2022 7:46:41 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccination mandate

External Email

I received a link to complete a survey for COVID-19 vaccination immunization for children. I spent over 10 minutes writing out thoughtful responses only to see that "the maximum number of responses have already been received...". Why send out a survey if you're only looking for the first 100 (or 1000) responses? (Survey is supposed to be open for another few days).

I support medical professionals' opinions. If doctors and scientists recommend children get vaccinated, I support their decision. We don't get layman opinions regarding other immunization requirements; why ask what uneducated people think when it comes to the health and safety of our children? My kids are vaccinated because I believe it's the responsible thing to do. As someone not in the medical field, I wouldn't force others to do something I'm uneducated about. But if doctors believe it's imperative to public safety, I would support a mandate/requirement- just as I do for other immunizations.

Thank you,

Nate Kontos

From: Aimee Wilkins
Sent: 1/28/2022 3:39:03 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sierra Walker
Sent: 1/30/2022 2:43:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Doug Cowan
Sent: 1/26/2022 10:00:01 AM
To: DOH WSBOH
Cc:
Subject: January 12th, 2022 zoom meeting

External Email

The original email was sent 01/12/2022. It did not arrive at its destination. Here is option #2.

Good morning and happy Wednesday.

Thank you for providing the opportunity for public input today. I only became aware of this last Friday evening. By then It was too late for public comments. I saw no public announcements except the internet rumor mill Friday evening. The only public announcements came Monday.

Perhaps better public communication by all possible means (television, radio, internet) would help.

Thank you too for the clarification of the meeting agenda, specifically what it does not include, i.e. proposed changes to WAC 246-100-070.

With that said I have chosen to leave the meeting.

I would appreciate clarification of what power the current WAC 246-100-070 actually can impose on the public concerning immunizations, exemptions and failure to comply.

As a retired 43-year veteran of public education who taught immunology (how the immune system works), the value and history of vaccines, and the benefits of natural acquired immunity in my human anatomy and physiology classes as well as being a high school football and wrestling coach all my required immunizations are up to date.

The exception is what the N.I.H. calls the experimental mRNA and DNA Adenovirus protocols produced by Pfizer, Moderna, Astrazeneca and J&J.

My issue follows on the history of the Nuremberg Trials, resulting in the 1947 Nuremberg codes.

U.S. law embraced the Nuremberg Codes with two laws:

1. 21 cfr 50.23 & 24. It is illegal to make anyone participate in an experimental program using coercion.
2. 18 cfr Section 2331 Subsection 802. Anytime a U.S. citizen is forced to do something they would not otherwise do is coercion and domestic terrorism.

To be sure, reading the text of these two laws is laborious in distilling the details into simplicity.

Two final questions:

1. If these two federal laws are accurate does the current WAC 246-100-070 stand in violation?

2. If the aforementioned laws are accurate is the Washington State Board of Health willing to be in violation? Are there exemptions? If so please explain.

Lastly, the FDA requires by law Package Inserts to be enclosed with every dispensed drug. The purpose of these P.Is is to inform the recipient of all the controlled experiments showing the efficacy of the drug, but more importantly the potential adverse effects.

The recipient now has the information necessary to give informed consent. I wonder how many ask to see the the P.I. before getting injected with these protocols.

Watch any televised drug commercial. In fine print and fast talking person these potential adverse effects are mentioned.

If I ever choose to step out of the Control group of this worldwide experiment and potentially partake in the "jab" protocols I will demand to see and read the P.I. Only when I have the evidence of the efficacy and adverse effects required in the P.I. will I be better equipped to give my informed consent. It will be my choice not coercion.

I have a lot more to say. I apologize for this not being a Laconic statement. As a former teacher and athletic coach I choose to leave no stone uncovered when committing to excellence.

Respectfully,

Doug Cowan

From: Lisa Lane
Sent: 2/7/2022 3:32:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Heather Feroy
Sent: 2/9/2022 8:37:12 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Requirement

External Email

To whom it may concern,
I am a mother of two children - 6 and 8 years old. I understand there is a meeting (zoom for the public) on Thursday, February 10th from 9am-3pm to discuss the possibility of making the covid-19 vaccine required for students k-12. Since public comment is not allowed during this meeting, I decided to email the board members. My children are healthy. They have been exposed to covid from my husband and I twice since last April. They ever showed symptoms, never tested positive, they thrived. Their bodies fought anything that came their way which is why I am **STRONGLY ENCOURAGING** you all to please consider **NOT** making the covid-19 vaccine a requirement. Children have been exposed to this and are not affected by this whatsoever. Why would we inject our children with something that is still in the experimental process when they don't need it? I am not against vaccines. My children have had all the vaccines I had when I was a child. My children no longer get the flu shot. Their immune systems are so strong and build every day. From getting natural immunity from my husband and I, their immune systems are 10x stronger than another child who receives the vaccine. There is **ZERO** science behind this vaccine. Social Media and the MSM are pushing this in so many ways and rewarding people who receive it. Does that not raise red flags? Everything about this **SCREAMS CONTROL**. My husband and I refuse to vaccinate ourselves because we have had it. People call us "conspiracy theorist" but everything we have said in the past is now becoming the truth.

We will not allow our children to get vaccinated just to attend public school. That is unconstitutional, we have our god given rights, and it is coercion.

Please **PLEASE** do not make this a requirement to attend public school. My children love going to school. They love seeing their friends and making memories. Please don't take that away from them.

Thank you for taking time out of your day to read my email.

Sincerely,
Heather Feroy
Federal Way Public School District

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Mary Collins
Sent: 2/7/2022 11:27:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Fred Sargent
Sent: 1/28/2022 12:48:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cassandra Chamberlain
Sent: 2/8/2022 11:33:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tim Caldwell
Sent: 1/26/2022 10:04:21 AM
To: DOH WSBOH
Cc:
Subject: Fwd: WSJ.com: The High Cost of Disparaging Natural Immunity to Covid

External Email

Dear State Board of Health,

How you the governing body over Washington State Policy can continue to ignore Natural Immunity, Damage to children from masking and public meeting where you pretend a WAC language has never been used in Washington pretty outrageous.

Dr Bob Lutz did use such involuntary quarantine tactics and then you unanimously hired him to the State Board shortly after his firing from the Spokane Board of Health.

Authoritarianism originates with petty bureaucrats and power hungry elected officials like Jay Inslee abusing their emergency powers to destroy small businesses and freedom of the residents of Washington State.

Why did you not stand up and follow the actual science such as cloth masks have and always will be a face decoration and nothing more. You all knew this and still let us be one of a few states with a mask mandate.

Only truly stupid people or those who crave power over others put in place and or support fake science and policy to satisfy their own inflated egos.

Next you Doctor's will be telling people leeches and blood letting are scientific cures. I ask you to find your integrity and go back to your oath of doing no harm. The opposite of what you have been doing the past two years.

There will be studies for years to quantify the damage done to our children. The OSPI of Washington is not a regulatory agency and neither is WSSDA and threatening school district for violating bad policy that everyone points to you and will be remembered.

You could have stood up to Jay Inslee and not threatened Doctors medical licenses or damaged people with erroneous policy and instead you remained silent and did nothing or worse took away medical licenses of Doctors who actually followed their oath.

Stop lying to the public as I have friends who are former military doctors and they have been prescribing Ivermectin since 1997.

People like yourselves have damaged the credibility of the medical profession in a way that will take the rest of my life to recover if it ever does.

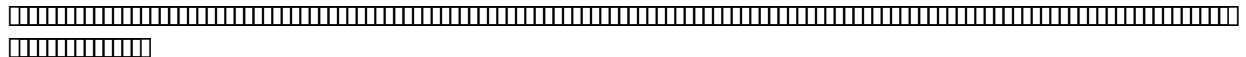
Just like Fauci during the Aids crisis he pursued a monolithic plan of an Aids Vaccine and not therapeutics which became the answer. He discounted and subverted research and people died just like they did during Covid. You and others like you are complicit in these deaths.

Sincerely,

Tim Caldwell

Begin forwarded message:

From: Tim Caldwell <no-reply@share.wsj.com>
Date: January 26, 2022 at 9:24:50 AM PST
To: Timcaldwell@comcast.net
Subject: WSJ.com: The High Cost of Disparaging Natural Immunity to Covid



[Trouble viewing this email? View in web browser >](#)

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<http://i4.cmail19.com/ti/d/7D/940/FB6/013006///csimport/header-logo-wsj_0.jpg>

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The High Cost of Disparaging Natural Immunity to Covid

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By Marty Makary

Vaccines were wasted on those who didn't need them, and people who posed no risk lost jobs.

[Read the Article >](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2Ft%2Fl-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-d-r-l%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbf7d44541314fbf135d08d9e0f60eb0%7C11d0e217>

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Olivia Munn Speaks Out After Virtual Event Disrupted With Anti-Asian Images

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Opinion | What Are Republicans For?

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<http://i5.cmail19.com/ti/d/7D/940/FB6/013006///csimport/pre-footer-devices_1.png>

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<<https://emailshare.cmail19.com/t/n/d-o-dd2ab84d7ecc11ec99e4c5f96e1137a8-l/o.gif>>

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:19:50 AM
To: DOH WSBOH
Cc:
Subject: FW: WSBOH Meeting Jan 12, 2022 - OPPOSE

From: Sharlene Greene <sharlenegreene67@gmail.com>
Sent: Tuesday, January 11, 2022 1:18 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: WSBOH Meeting Jan 12, 2022 - OPPOSE

External Email

Respectfully, Sir/Madam,

I'm writing to let you know that I am uniting with many people in Washington State to stand against the tyranny we are facing.

This letter is regarding the WSBOH meeting scheduled for Jan. 12, 2022.

According to information I have seen on the web in recent days, it appears that WSBOH will be discussing proposed policies that pertain to -WAC 246-100-070, WAC-246-100-045, and WAC 246-105.

You do not have our permission.

You need our permission.

Our kids are not your property.

Our bodies are a temple of the Holy Spirit and is not owned by the government

We are born with free will and we will retain that until death.

Thank you,

Sharlene A. Greene

From: Robert Holte
Sent: 2/3/2022 2:31:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Spies
Sent: 1/23/2022 10:20:17 AM
To: DOH WSBOH
Subject: 81B87917-DF32-465C-BEE6-FD6C217E88ED

External Email

<https://stevekirsch.substack.com/p/how-to-verify-for-yourself-that-over>
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Dear WA State BOH,

Please review this information & link. How long are you, Fauci, the cdc, the fda, the Biden regime, the dishonest corrupt government bureaucrats & the medical community going to ignore, censor, lie & deny all of the science, facts & proof?

Eventually the truth will be exposed & you will be held accountable for crimes against humanity & the Nuremberg codes.

Sincerely,

#WeThePeople

□□□□□□□□□□□□□□□□

From: DOH Information
Sent: 2/3/2022 3:25:15 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\CC72126D9E984106_image001.png

Hello,

Below is a customer inquiry regarding the survey you recently sent out about requiring COVID-19 vaccination for school age children.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, February 3, 2022 11:10 AM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Comment on the web

2.

Please enter your comments or questions in the space provided below:

Will the Department of Health open another survey for the community members to give their opinions about requiring COVID-19 vaccination for school age children? The threshold setup on the survey needs to be increased so more community member opinions can be entered. If that is not an option, please accept the follow as community feedback with regard to requiring Covid-19 vaccinations for school-aged children. I, Kim Ah Choy, a US Citizen living in Washington State for the past 41 years, strongly support a requirement that all school-aged children receive the full Covid-19 vaccination series prior to entry into any public school within the State of Washington. It is a matter of public health and safety. Mahalo Nui Loa (Thank you very much), Kim Ah Choy

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
Unavailable

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Kim Ah Choy

Email:

ahchoyk@gmail.com <mailto:ahchoyk@gmail.com>

Telephone:

808-365-7357

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

ahchoyk@gmail.com <mailto:ahchoyk@gmail.com>

From: Angela Anderson
Sent: 2/9/2022 8:36:47 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dear Covid Vaccine TAG,
I am writing to use as a concerned citizen, parent and grandparent of Washington. Please do not require the Covid vaccine for students in Washington. They are a very low risk group and there is no data on the long term affects of this biological agent. Protect the health of our children and wait for further research to be done before you require it.
Sincerely,
Angela, Shoreline

Sent from Angela's iPhone

From: Mike Borgens
Sent: 1/29/2022 2:00:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Angela Smith
Sent: 2/8/2022 8:10:42 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Edward Fisher
Sent: 1/27/2022 4:03:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: MYRON Phillips
Sent: 1/28/2022 11:24:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/26/2022 7:44:12 PM
To: DOH WSBOH
Cc:
Subject: Recordings of Possible Botched Administration of COVID Vax on Kids "Some people got the wrong one"

External Email

https://www.bitchute.com/video/yy_5vyWq-Hs/

you really need to not mandate these vaccines. you are then going to be held responsible...you are not just following orders you are creating them. Nuremberg 2.0

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Susan Peirone
Sent: 2/4/2022 12:43:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Deborah Wyatt
Sent: 2/8/2022 7:47:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Becky Ellison
Sent: 2/8/2022 9:05:33 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please vote against mandatory covid vaccines for kids. Please recognize the fact that there is no published literature on pediatric Covid-19 vaccine effectiveness for children. It is too early to know of long-term effects of this vaccine.

Thank you.

Becky Ellison
Everett, Washington

From: iLima Rogel
Sent: 2/7/2022 5:59:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lisa Degross
Sent: 2/8/2022 2:18:19 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

No Covid shots for our kids! Absolute no!

Sent from my iPhone

From: Michelle Reither
Sent: 2/7/2022 7:39:24 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jotform
Sent: 2/6/2022 9:16:57 PM
To: DOH WSBOH
Cc:
Subject: Re: Stop The Child Vaccine Mandate Petition - Barbara Cutshaw

External Email

<<https://cdn.jotform.ms/assets/img/logo2021/jotform-logo.png>>

Stop The Child Vaccine Mandate Petition

Name

Barbara Cutshaw

Email

bjcutshaw@hotmail.com

Zip

, , , , 98271

Cell Phone Number

(4253506252)

You can edit this submission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fedit%2F520>

and view all your submissions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Ftables%2F2>

easily.

From: Beth Glick
Sent: 1/27/2022 8:48:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Adriane McLaughlin
Sent: 2/3/2022 1:07:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hoff, Christy Curwick (DOH)
Sent: 2/9/2022 7:03:53 AM
To: DOH WSBOH
Cc:
Subject: FW: mandate

From: Cori Goodmansen <corigoodmansen@gmail.com>
Sent: Wednesday, February 9, 2022 6:11 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: mandate

External Email

I am emailing you in reference to the voting that is taking place today on the Covid 19 mandate for children to enter schools.

I strongly oppose this mandate. I will be home schooling if this takes place in our state- which will pull me away from my full-time Clinical Practice.

The risk for children is low for Covid-19 but the risk they are taking with the vaccination runs high (we now know there is a high risk of myocarditis).

If teachers feel unsafe they should mask and vaccinate.

Please consider all facts before voting today.

Thank you for your time.

Dr. Corene Bodily-Goodmansen

From: Richard Minami
Sent: 2/3/2022 5:49:32 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ELAINE SPURGEON
Sent: 1/28/2022 9:14:05 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jessica Patzer
Sent: 1/27/2022 4:48:39 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Holly Garcia
Sent: 2/9/2022 12:06:48 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello Board Members,

I understand that you will soon be meeting to discuss covid vaccines for kids in school settings. I respectfully ask that this not become a part of the regular vaccine schedule requirements for school age children, and that it will stay optional. There are no studies available that show the vaccine effectiveness in the K-12 setting nor does covid pose a deadly risk to 99.9%+ of children. Adding a vaccine requirement for something that is statistically not a threat to children is unnecessary. Please give us all the freedom of choice.

Thank you for your time.

Holly Garcia

From: DOH Information
Sent: 2/3/2022 3:21:28 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\11EC4B17791F49CB_image001.png

Hello,

Below is public comment regarding vaccine mandates in schools.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, February 3, 2022 12:17 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

As a teacher in Washington, I am hoping that the Department's decision on vaccine mandates for students will be based on health and not on political motivations. I am a special education teacher and many of my students are medically fragile and extremely susceptible to illnesses. Masks and social distancing have helped to keep transmission low, thankfully. I worry that the decisions to require vaccines and to do away with masks will be politically motivated and not based on the health of ALL students and staff--especially due to the fact that a survey was sent to Washington parents and not to school staff.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Bobbie Kidd

Email:

bobbiekidd@gmail.com <mailto:bobbiekidd@gmail.com>

Telephone:

2069107398

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

From: Paul Blauert
Sent: 2/1/2022 9:10:45 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Bennett
Sent: 1/27/2022 11:21:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Theresa Lane
Sent: 2/4/2022 1:00:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Timothy Read
Sent: 1/28/2022 11:40:57 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Rasmussen
Sent: 1/27/2022 4:46:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stephen Eneberg
Sent: 1/31/2022 8:26:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Chelsea Ochoa
Sent: 2/8/2022 3:05:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Samuel Warren
Sent: 2/8/2022 3:26:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Vaccines and Masks do not work for COVID anymore. The nonsense has to stop! Please stop it.

From: Suzanne
Sent: 2/9/2022 9:16:51 AM
To: DOH WSBOH
Cc:
Subject: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

External Email

To Whom it May concern,
I would like to know if this is a vote that the community will be able to have a say? I don't see any option for public comment for this meeting like the last one. Please advise.
Thanks
Nicole Bishopp

From: Sergio Valencia
Sent: 2/8/2022 9:41:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maija Pizzano
Sent: 2/7/2022 3:47:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maria Leonard
Sent: 2/1/2022 10:00:36 PM
To: DOH WSBOH
Cc:
Subject: K-12 grades- Please Mandate Covid vaccination

External Email

Good evening,
We are hoping that a mandate will be implemented for Covid vaccination for K-12 grades.
Masks and vaccinations will hopefully help get our kids back to In-person in the Fall of 2022.
The vaccinated should be in schools and those that do not wish to vaccinate can zoom.
We have been patiently waiting.
Just like chicken pox, MMR , and other vaccines required to attend school, the Covid vaccine should be of utmost importance.
Thank you for your time,
The Leonard family

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Jason Brester
Sent: 1/29/2022 4:56:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: xavier.figueroa
Sent: 1/29/2022 10:47:06 AM
To: DOH WSBOH,DOH Secretary's Office
Cc:
Subject: Checking on receipt status



*attachments\2E1AC4DC478440B6_BoH Jan 23 2022 - COVID19 Inoculations
Final.pdf*

External Email

Dear Members of the BoH, DoH, Secretary of Health Shah and the Office of the Secretary of Health,

I am following up on two emails that I sent and have not received read receipts on.

In order to ensure that the emails and their attachments are confirmed as received, I am sending my email in a PDF format, just in case the size and format of the email has been flagged by email software as suspicious.

Very Respectfully,

Xavier A. Figueroa, Ph.D.

Keith Grellner, R.S., Chair
Dr. Thomas Pendergrass, Vice Chair
Elisabeth L. Crawford, Mukilteo Council Woman
Temple Lentz, M.S., Clark County Council Woman
Vazaskia Crockrell, M.B.A candidate
Fran Besserman, B.A.
Bob Lutz, MD, MPH
Umair Shah, M.D., M.P.H. and designee of Secretary Shah, Tao Sheng Kwan-Gett, M.D., M.P.H.

Members of the Washington State Board of Health, Department of Health and the Office of the Secretary of Health,

I write to you today on the issue of COVID19 inoculations, mask mandates, and the use of lockdowns. You are all officers on the board of health for Washington State and two of you are elected officials in council member positions. Four of you have advanced medical and scientific training. All of you are failing in your designated duty to protect the health and safety of the citizens of Washington State and in upholding the rule of law.

The recent denial of ICWA's petitions on January 12th, 2022, that was meant to remind the Board of Health (BoH) that federal and state laws are required to be upheld, was summarily dismissed on the grounds that, to quote Dr. Pendergrass, "I do not want to be in the setting where I am preventing some future event from occurring." It is concerning that members of the board agreed and voted to allow future boards to potentially violate state, federal and international law. As the board should be aware, all the COVID19 inoculations are still under E.U.A. and the provisions under 21 CFR section 360bbb3(a) are still in effect. It is impossible to provide informed consent if you do not have the necessary data to provide to physicians and recipients of medical products, as the clinical trial are ongoing.

A concerning aspect of the BoH's position on the COVID19 inoculations for children and the technical advisory group (TAG) convening is that the TAG should never have been formed in the first place. The BoH holds that the TAG was convened to review all the data on the COVID19 inoculations, but that cannot be possible. SARS-CoV-2, for our younger population, does not demonstrate a significant morbidity or mortality risk compared to pneumonia and influenza (P&I; Figure 1). The current totality of scientific evidence already demonstrates a far greater threat to the health and safety to our children from these experimental therapies (Pfizer/BioNTech, Moderna and Janssen) than the SARS-CoV-2 virus ever did (Figure 2). What is apparent is the bias displayed by the Washington State DoH in presenting data to the BoH and overreliance on the Western States Scientific Safety Review Workgroup. This does not relieve the BoH of its responsibility to demand a complete review of the existing data. If the Washington State BoH was solely reliant on the Western States Scientific Safety Review Workgroup recommendations, the BoH has left gaping holes in its review of the totality of scientific, epidemiological, safety and medical data that it needed to analyze.

I am sure that I do not need to remind the BoH that all PCR/NAAT and antigen tests are in the market under an emergency use authorization (E.U.A.). They are not cleared to diagnose or even have a guarantee of being accurate or reliable. Medical and technical publications on the reliability of the PCR/NAAT tests show a wide range of false positivity

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7934325/>; BMJ 2020;369:m1808 doi:

10.1136/bmj.m1808; <https://www.jwatch.org/na52823/2020/11/30/accuracy-rapid-sars-cov-2-antibody-test-kits-limited>), as well as the need of verifying the ability to culture virus in order to guarantee that PCR tests have a modicum of reliability at Ct values above 30 cycle times (<https://academic.oup.com/cid/article/72/11/e921/5912603>). The indicated articles are just a sampling of what has been published.

The reliability of the 6 month results from the Pfizer clinical trial as an indicator of the outcomes of the general population have been questioned (<https://blogs.bmj.com/bmj/2021/08/23/does-the-fda-think-these-data-justify-the-first-full-approval-of-a-covid-19-vaccine/>) and the post-authorization (note: this is not a post-marketing surveillance report) review by Pfizer itself shows a higher than expected morbidity and mortality (**5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021**; <https://phmppt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>): 1,223 deaths out of 42,086 patients (a 2.9% risk of death). This is unprecedented and concerning that the BoH has not addressed or acknowledged the Pfizer report and event. I am unaware that the Western States Scientific Safety Review Workgroup has even commented or reviewed this information.

The totality of evidence in the United States of America is indicating that there is a tightly linked correlation between COVID19 administration and reports to the VAERS system (Figure 2). Until coroners and local pathologist begin the critical autopsy work on these patients, we have to rely on these systems to make health policy choices. So far, the roll out of the COVID19 inoculations are indicating a higher rate of AEs, SAEs (stroke and myocarditis) and death than historical averages for all recent vaccine reports (Figure 3). Even comparing all VAERS deaths from 1990 up to 2021, the totality of deaths is orders of magnitude higher than the closest comparable year (2018-2019) and exceeds six-sigma deviations (Figure 4). I have not seen a single statement by the BoH and the Western States Scientific Safety Review Workgroup comment or review any of the data presented here in this letter.

The reports submitted to VAERS are supported by over 1022 peer-reviewed medical article (see references) that align with the list of expected side effects that were disclosed at the FDA Vaccines and Related Biological Products Advisory Committee – 10/22/2020; (<https://m.youtube.com/watch?v=1XTiL9rUpkg>). The potential side effects are listed:

1. Guillain-Barré syndrome
2. Acute disseminated encephalomyelitis
3. Transverse myelitis
4. Encephalitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
5. Convulsions/seizures
6. Stroke
7. Narcolepsy and cataplexy
8. Anaphylaxis
9. Acute myocardial infraction
10. Myocarditis/pericarditis
11. Autoimmune disease
12. Death
13. Pregnancy and birth outcomes
14. Other acute demyelinating diseases
15. Thrombocytopenia

16. Disseminated intravascular coagulation
17. Venous thromboembolism
18. Arthritis and arthralgia/joint pain
19. Kawasaki disease
20. Multisystem Inflammatory Disease in Children
21. Vaccine enhanced disease

Thrombocytopenia/ Thrombosis	Stroke	Ischemia/ischemic	Myocarditis	Pericarditis	Guillain-Barre	Myelitis	Adenopathy	Cancer	Bell's Palsy	Encephalomyelitis
306	12	12	212	60	15	18	52	10	26	1

The table above highlights the most common reported post-vaccine associated side effects that are in the attached list of Articles/Reports. The articles were collated and prepared by the Save us Now network (<https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal/>), but I was able to confirm that all are peer-reviewed articles or related to the post-vaccine effects or programs/policy to reduce vaccine hesitancy.

This should be more than sufficient to cause a moment of pause by the members of the BoH and to re-assess the appropriateness of continuing with the current path.

As part of my writing to you, I have a few questions that I would like answered by Secretary Shah, his designee or the members of the DoH and the BoH.

1. When the COVID19 vaccination program began in Washington State, where any members of the Secretary of Health's office, the Washington State DoH or the BoH provided with the list of potential side effects that were presented to the Vaccines and Related Biological Products Advisory Committee? Did the Western States Scientific Safety Review Workgroup review the data available or the known and unlisted components of the COVID19 inoculations?
2. If a potential list of side effects was not provided, what steps (if any) did the Secretary of Health's office, the Washington State DoH or the BoH take to acquire a list of potential side effects and the ingredients in the injections? Was there a request sent to the Western States Scientific Safety Review Workgroup to provide you with such information?
3. What steps (if any) did the Secretary of Health's office, the Washington State DoH or the BoH take to ensure that physicians, clinicians, nurses, pharmacists, and other health care professionals could provide informed consent to individuals receiving these COVID19 inoculations?
4. Where there any discussions or meetings held by the Secretary of Health's office, the Washington State DoH or the BoH to establish a stopping condition for the COVID19 inoculation program?

5. Where there any attempts or recommendations by any members of the Secretary of Health's office, the Washington State DoH or the BoH to request or review deaths or serious adverse events that may have been linked to any of the COVID19 inoculations in Washington State?
6. Have any members of the Secretary of Health's office, the Washington State DoH or the BoH attempted to collect or review autopsy or pathology data on adults or children reported to have died following or be suspected of dying from one of the COVID19 inoculations?
7. The Western States Scientific Safety Review Workgroup announced on May12, September 24, October 22, November 19 of 2021 and January 5, 2022 that they had reviewed the data from the Pfizer, Moderna and Janssen clinical trial and were continuing to recommend COVID19 inoculations from Pfizer, Moderna and Janssen, as well as the boosters. Has the Western States Scientific Safety Review Workgroup commented on or analyzed the Pfizer CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021? Has the Secretary of Health's office, the Washington State DoH or the BoH reviewed the same?

I am sure that I will have more questions as time and information from public and private sources become available. I look forward to receiving your information and learning more about the process and decision making used by the various offices and departments. I hope that this dialogue will help to support the health and safety for all Washingtonians.

Very Respectfully,

Xavier A. Figueroa, Ph.D.

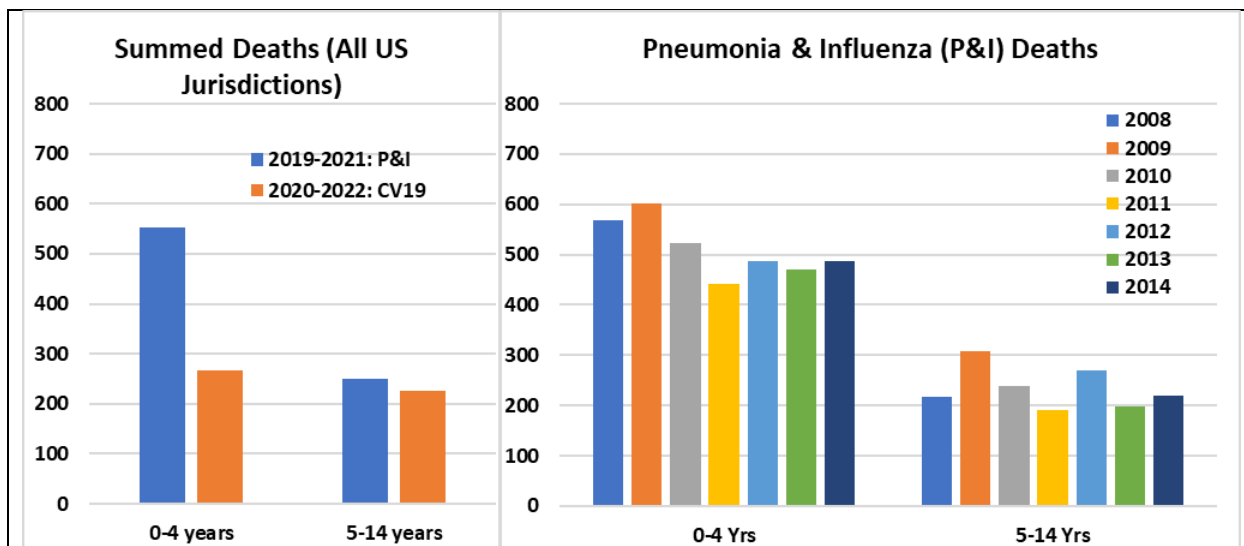


Figure 1 – Comparing the death rates between seasonal P&I and COVID19 cases. Left, comparison of 2019-2021 P&I and 2020-2022 COVID19 deaths. Right, all deaths from 2008-2014 from P&I in the age groups.

COVID-19 Data: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Age-in-Years-/3apk-4u4f>; Pneumonia & Influenza data: <https://data.cdc.gov/NCHS/AH-Monthly-Provisional-Counts-of-Deaths-for-Select/65mz-jvh5>; P&I data from 2008-2014: https://www.cdc.gov/nchs/data/health_policy/influenza-and-pneumonia-deaths-2008-2015.pdf

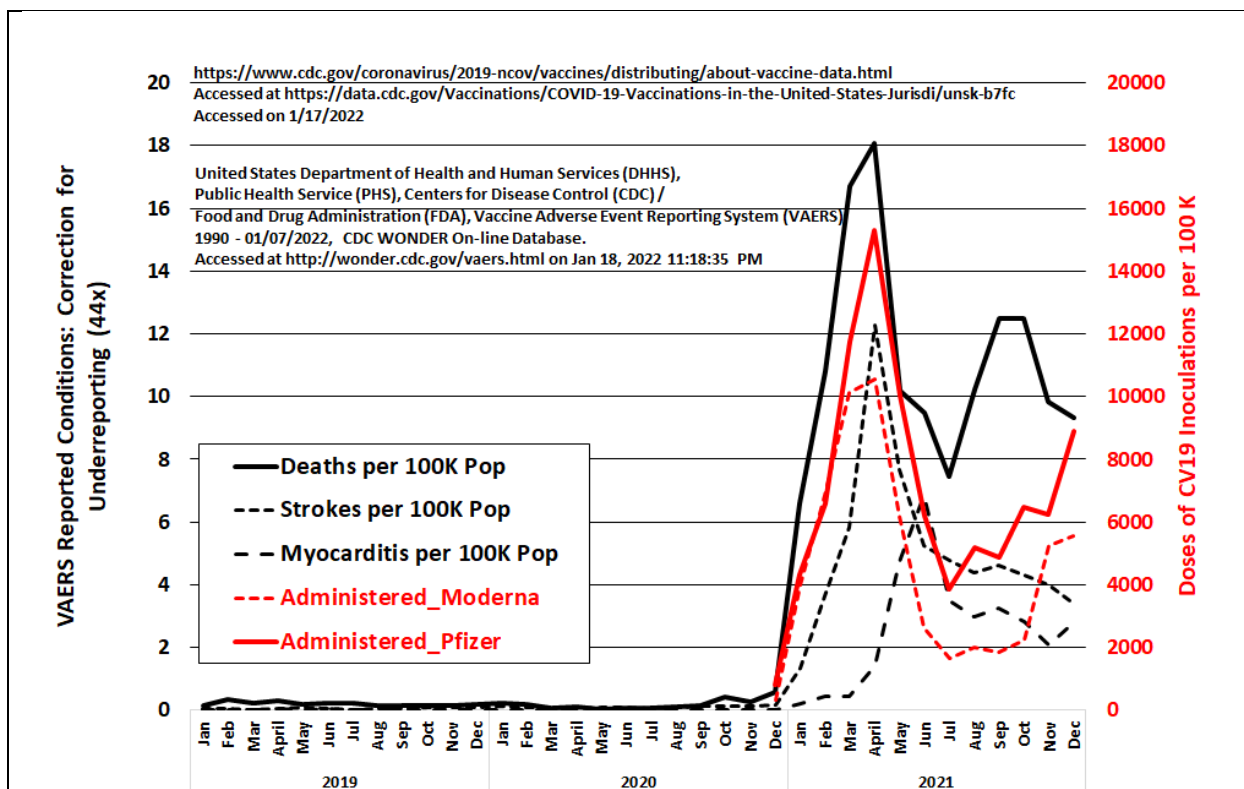
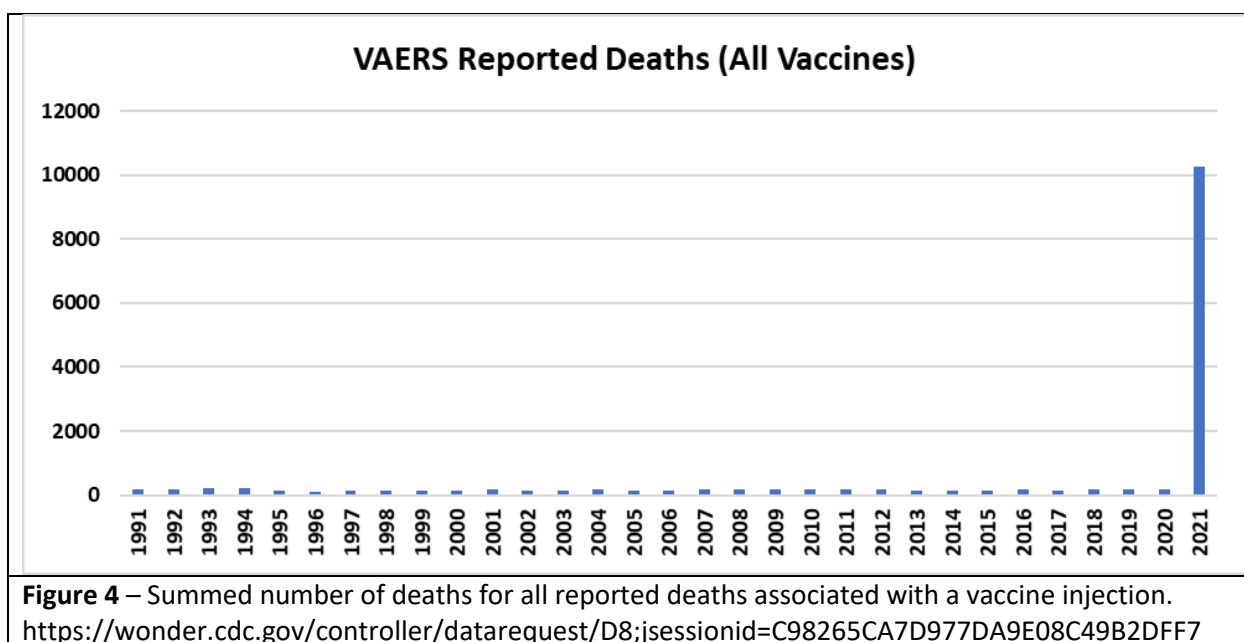
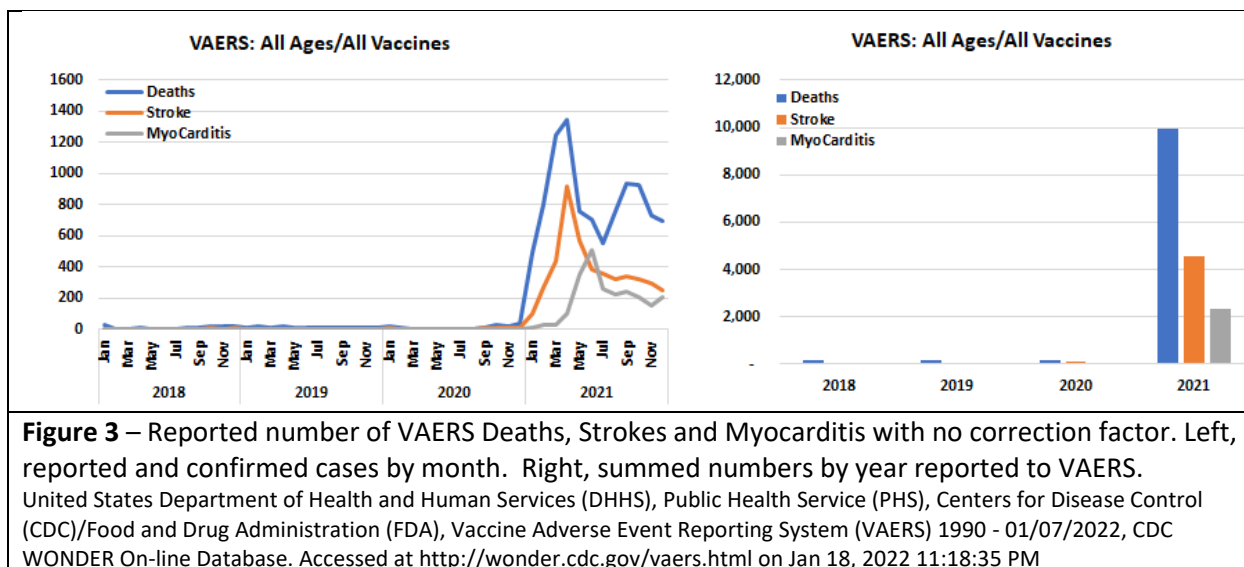


Figure 2 – Temporal correlation of Pfizer/BioNTech and Moderna inoculations on the general population and reported cases of adverse event to the Vaccine Adverse Events Reporting System (VAERS) The VAERS data



Articles/Reports
Cerebral venous thrombosis after COVID-19 vaccination in the UK: a multicentre cohort study: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01608-1/
Vaccine-induced immune thrombotic thrombocytopenia with disseminated intravascular coagulation and death after ChAdOx1 nCoV-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1052305721003414 3.
Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/
Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: https://www.sciencedirect.com/science/article/pii/S2666602221000409
Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
Acute thrombosis of the coronary tree after vaccination against COVID-19: https://www.sciencedirect.com/science/article/abs/pii/S1936879821003988
US case reports of cerebral venous sinus thrombosis with thrombocytopenia after vaccination with Ad26.COV2.S (against covid-19), March 2 to April 21, 2020: https://pubmed.ncbi.nlm.nih.gov/33929487/
Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccine: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00197-7/
Management of cerebral and splanchnic vein thrombosis associated with thrombocytopenia in subjects previously vaccinated with Vaxzevria (AstraZeneca): position statement of the Italian Society for the Study of Hemostasis and Thrombosis (SISST): https://pubmed.ncbi.nlm.nih.gov/33871350/
Vaccine-induced immune thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with COVID-19; a systematic review: https://www.sciencedirect.com/science/article/pii/S0022510X21003014
Thrombosis with thrombocytopenia syndrome associated with COVID-19 vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0735675721004381
Covid-19 vaccine-induced thrombosis and thrombocytopenia: a commentary on an important and practical clinical dilemma: https://www.sciencedirect.com/science/article/abs/pii/S0033062021000505
Thrombosis with thrombocytopenia syndrome associated with COVID-19 viral vector vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0953620521001904
COVID-19 vaccine-induced immune-immune thrombotic thrombocytopenia: an emerging cause of splanchnic vein thrombosis: https://www.sciencedirect.com/science/article/pii/S1665268121000557
The roles of platelets in COVID-19-associated coagulopathy and vaccine-induced immune thrombotic immune thrombocytopenia (covid): https://www.sciencedirect.com/science/article/pii/S1050173821000967
Roots of autoimmunity of thrombotic events after COVID-19 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S1568997221002160
Cerebral venous sinus thrombosis after vaccination: the United Kingdom experience: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01788-8/fulltext
Thrombotic immune thrombocytopenia induced by SARS-CoV-2 vaccine: https://www.nejm.org/doi/full/10.1056/nejme2106315
Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in “23 male patients, including 22 previously healthy military members,

myocarditis was identified within 4 days after receipt of the vaccine”: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601
Thrombosis and thrombocytopenia after vaccination with ChAdOx1 nCoV-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104882?query=recirc_curatedRelated_article
Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: https://pubmed.ncbi.nlm.nih.gov/34374740/
Thrombotic thrombocytopenia after vaccination with ChAdOx1 nCov-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104840?query=recirc_curatedRelated_article
Post-mortem findings in vaccine-induced thrombotic thrombocytopenia (covid-19): https://haematologica.org/article/view/haematol.2021.279075
Thrombocytopenia, including immune thrombocytopenia after receiving COVID-19 mRNA vaccines reported to the Vaccine Adverse Event Reporting System (VAERS): https://www.sciencedirect.com/science/article/pii/S0264410X21005247
Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination: https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478
Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine. Brain MRI revealed an intracerebral hemorrhage (ICBH) in the left temporal lobe in a 52-year-old man. https://www.sciencedirect.com/science/article/pii/S2589238X21000292#f0005
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Hypothesis behind the very rare cases of thrombosis with thrombocytopenia syndrome after SARS-CoV-2 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S0049384821003315
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From: Amy Galbreath
Sent: 2/8/2022 9:33:38 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dear Technical Advisory Group,
I would like you to consider the fact that including a Covid-19 shot for K-12 school children is not a wise thing to do.
There is no published research at this time that shows it is effective in this age group. Just released last week, a large study by John Hopkins compiled over the past two years has shown that lockdowns, masks and vaccines has had little to no effect of stopping the Covid-19 virus.
Deaths in children of this age from Covid are very few in comparison to others on the list. In fact, because of the isolation, etc. suicide is the 3rd leading cause of death for teenagers ages 15-19.
Then consider the side effects from this vaccine, and it is all the more reason why I would never have my child vaccinated. I would hate to find out my child was one of the ones that died or had permanent bad effects for a lifetime.
Please vote NO on requiring this vaccine. That is a parent's decision.
Thank you.
Amy Galbreath

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:55 AM
To: DOH WSBOH
Cc:
Subject: FW: Emergency order to detain persons due to Covid

From: Vicki Wolford <vickiwolford@yahoo.com>
Sent: Tuesday, January 11, 2022 3:20 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Re: Emergency order to detain persons due to Covid

External Email

As a retired RN I am asking you to vote against this plan to detain people.

This will prove to be damaging and illegal..Vicki Wolford

Sent from Yahoo Mail on Android
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>>

From: Sean & Amanda Davis

Sent: 2/9/2022 9:23:44 AM

To: DOH WSBOH

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please do not add the covid-19 vaccine to the list of requirements immunizations for school. We do not know the long term effects on our children or fully understand the efficacy. Our children are not at risk of death or severe sickness from the virus. Please continue to allow and advocate for informed consent and medical freedom.

Thank you

Amanda Davis

From: Josh Lane
Sent: 2/7/2022 3:32:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

Jodi Dotson

1013 Liljedahl Rd
Port Angeles, WA, 98363
(360)460-7508
jdotson_99@yahoo.com

8th February, 2022

**State Board of Health Washington
Olympia, WA, 98504**

Dear State Board of Health,

I am writing to you on behalf of all the children in Washington State. This is in regards to the issue of mandating children to be inoculated with the Covid19 gene therapy (vaccine). First of all can you please provide a copy of the ingredients that are in the children's vaccine that you are preparing to mandate? Then can you provide a copy of the testing done that proves the gene therapy is safe and effective?

All the studies done on animals with the Covid 19 gene therapy show the animals died. So, don't tell me you are going to just use the children as test subjects? You all are the Public Health Officers and one would hope you took an Oath to keep people safe from harm. The numbers are staggering on the injuries and deaths from the Covid 19 gene therapy for adults yet, you are willing to just go ahead and push for the children to receive the deadly toxins. How can you people justify this in your conscience? How many children need to be harmed or dead before you stop the push on this stuff.

The psychological damage alone from the masks, lock downs and school closure is heartbreaking. How can you justify putting the children's life at risk to save face? I am bewildered that you would just look the other way and not do the right thing which is to stop this madness. I am a mother, grandmother, nurse educator, and a wife plus I have been in health care for over 35 years and this is absolutely heartbreaking to think you would consider such a thing. If the scenario was different and the (vaccine) gene therapy had passed a rigorous testing and studies proved it was safe then I would agree. This is not

the case whatsoever and children are being harmed and only GOD knows what the true numbers are on vaccine injuries. One would think if this virus was that deadly, then we would be picking people up off the floor, the streets, and find them lying all over the place. This is just not the case and the children are at lower risk of catching it or spreading it.

I plead with you to reconsider this before it is too late and you cannot take it back. My heart just drops to the very pit of my soul when I think about the harm you people are about to instill on the children.

Sincerely,

Jodi Dotson

From: John Wirts
Sent: 1/31/2022 10:28:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brandon Dumont
Sent: 1/27/2022 3:50:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Wayne Howerton
Sent: 2/8/2022 10:11:27 PM
To: DOH WSBOH
Cc:
Subject: Child vaccine requirements

External Email

As you are preparing to answer the questions before you as the BOH TAG regarding COVID "shots" for school children I implore you to Please, Please, Please study the document sent to you by Informed Choice WA responding to all 9 criteria. These "shots" fail the test of all 9 of the criteria.

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. .

..... Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent.....

Adding these shots to the child vaccine regimen flies in the face of science, medical freedom, informed consent, parental rights, and several well know health and experiment doctrines, ie; Barrington, Nuremberg et al.

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is removing the parents from making the healthcare decisions for their children.

Remember your own criteria.....

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

Harm to others cannot be prevented by requiring children attending school to take this vaccine.

In closing:

I challenge your group to make the right decision.

I challenge you to step up to the plate and do something that will positively impact the children in our state for the remainder of their lives.

Your decisions will ultimately impact the rest of our nation's children and possibly children around the world.

Dare to be a hero for all, do not allow these shots to be included in the child vaccine regimen.

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Darla Ridilla
Sent: 1/27/2022 4:21:31 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello Washington State Board of Health,

I am writing to request that the Covid-19 Vaccination not be requirement for children to go to school in Washington State. What you are requiring is against the constitution and against science. This is being pushed against people's will. The Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. This is still being pushed for your own benefit!!!! The blood will be on your hands if you continue participating in this evil.

Darla Ridilla

360-801-6118

darlaridilla@gmail.com <mailto:darlaridilla@gmail.com>

"Ask not what your country can do for you – ask what you can do for your country." JFK

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbef2ad31b2e04248>

Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbef2ad31b2e04248>

From: Rich Brough
Sent: 1/27/2022 9:51:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Free American
Sent: 2/9/2022 7:49:14 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Vaccines for kids

There is no published literature on pediatric Corona virus vaccine effectiveness in the K-12 school setting. Suicide is the NUMBER 3 killer of children in the 15-19 age range for Washington state. Corona virus vaccines for children should not be our priority unless and until proven data is published to justify making it so.

Jeneen Breshears

From: Katsiaryna Bautista
Sent: 1/30/2022 5:00:24 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Janet Stump
Sent: 2/7/2022 8:44:06 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Troy Lenssen
Sent: 1/27/2022 5:49:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marsha Stockdill
Sent: 2/8/2022 8:45:46 PM
To: DOH WSOB
Cc:
Subject: TAG meeting 2/10/2022

External Email

Dear WA State Board of Health members:

I am writing to express my opposition for adding the COVID-19 injection to your vaccination schedule for school admission, or for any other such rule or mandate.

The COVID-19 injection is not a "vaccine". By its very name — a "vaccine" it does not fit within the parameters of your vaccine schedule.

The COVID-19 injection is an Emergency Use Authorized, experimental drug. It does not stop transmission — one shot, two shots, or boosters. COVID-19 is just like the regular flu, and it's going to be in our midst — variants and all, just like different strains of the seasonal flu.

Has a flu shot ever stopped the flu? No, it has not.

Under these circumstances, a COVID -19 shot should not even be considered for the school schedule of vaccinations. To do so is an overreach of your authority.

Below is a link that the entire Board of Health must review. It is a legal summary before a Grand Jury of a worldwide indictment against the COVID-19 pandemic. This summation was presented on 2/5/2022, and legal proceedings will be underway this very week.

This is not a long video. It is excellent. Please view this — your entire Board, and put this information in your "thinking caps".

Thank you
Marsha Stockdill

<https://www.brighteon.com/855817be-f802-4383-965d-58d073e9f171>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2F855817be-f802-4383-965d-58d073e9f171&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc76a47c5d96e46560fa008d9eb86edd0%7>>

From: Susan Hopkins
Sent: 1/27/2022 9:04:12 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marky Olson
Sent: 2/7/2022 6:14:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: frieda stephens
Sent: 2/9/2022 9:19:48 AM
To: DOH WSBOH
Cc:
Subject: AGAINST jabs (Covid shot) for Children 6 mos - 5yrs

External Email

AGAINST This: In face of the medical evidence, this is blatant medical malfeasance. And subject to future criminal proceedings. It causes myocarditis, blood clots, inflammation of heart, stokes/heart attacks. This was even documented in your circulation journal of November 8, 2021.

Frieda

From: Corey Stephens
Sent: 2/2/2022 8:57:18 AM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

To Whom It May Concern:

I wish to be heard regarding the board's upcoming determination as to whether or not to include the COVID-19 vaccination to a list of required childhood immunizations. I implore you to carefully consider the safety data of this vaccine as it relates to usage in children. In my view, when weighed against the CDC death rates due to COVID-19 regarding children 0-18 years of age, in light of Director Walensky's relatively recent admission that individuals who have succumbed to COVID-19 had an average of four comorbidities, the reported side effects from this vaccination when administered to otherwise healthy children is simply not worth the risk of administration. This is simply about risk assessment and, frankly the medical community, public health, and governmental authorities have failed the public repeatedly in this regard throughout this pandemic. From the beginning, the primary focus should have been on the vulnerable. Fortunately, within the context of this virus, children are generally not that vulnerable to death. There is a rather large contingent of the public who do not consider administration of this vaccine to children as acceptable. It's my personal prediction that if the board decides that the COVID-19 vaccine is to be added to the required immunizations list the result will be that many parents will withdraw their children from public education. The fallout will be truly catastrophic. To proceed in this direction would be truly wrongheaded.

Thank you for your thoughtful consideration.

-Corey Stephens

Sent from my iPhone

From: Kaylana Rottle
Sent: 2/3/2022 9:23:54 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/8/2022 10:49:59 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Carpenter
Sent: 1/28/2022 9:26:15 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Patrick
Sent: 1/27/2022 8:59:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lauren Hollenbeck
Sent: 2/7/2022 4:56:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 2/7/2022 3:09:29 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:06 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Kahler,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Tiffany Donigan
Sent: 1/28/2022 8:32:32 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joseph Mack
Sent: 2/2/2022 5:52:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Toni Cross
Sent: 1/28/2022 4:08:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ben Gifford
Sent: 2/7/2022 4:16:41 PM
To: DOH WSBOH
Cc:
Subject: WSBOH survey corruption, possible negligence in policy-making, and applicable law.

External Email

Concerned parties:

A week ago, the The Washington State Board of Health's Technical Advisory Group (TAG) was gathering public opinion for use in decision and policy-making via an online survey regarding the creation of policy requiring Covid-19 Vaccination for children in schools at the URL:

Microsoft Forms

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLoFfcwSfXLeFTdB7APrJAvkZ64U-RFNVUQTIGRFVMOFM1MEVNVU1Ktk9DN085REhZNy4u&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb5>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLoFfcwSfXLeFTdB7APrJAvkZ64U-RFNVUQTIGRFVMOFM1MEVNVU1Ktk9DN085REhZNy4u&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb5>

Microsoft Forms

It has sine been taken down as it expired per their own terms.

The survey is flawed in that there was no identification required of survey participant (anyone [or bot] could say they live in Washington), but more importantly, there was no restriction to HOW MANY TIMES the survey could be taken by the same IP address (person, or bot). Hypothetically, an internet bot could have registered any amount of responses, corrupting the data. Individuals from private interest groups could answer multiple times (to an unknown maximum of survey entries).

We were alerted to this flaw on Twitter and confirmed our device could supply answers and submit to the data pool more than two times.

There has been no indication or statement from the WSBOH on this flaw or corrupted data pool being used to decide policy on this volatile issue.

This implicates similar errors (and possibly intentional interference) may have already been part of the TAGs practice.

Actions should be taken immediately to make new gathering tools and retake an accurate survey that is not tampered with.

We are considering notifying news agencies, and searching applicable laws that protect

citizens from using corrupt data for decision and policy-making.

From: Christina Hartman
Sent: 1/28/2022 3:50:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maggie Rody
Sent: 2/7/2022 5:55:35 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Immunizations TAG members,

I would just like to say that I hope you folks have done due diligence on this subject. There is a lot of current information from the CDC, scientists, doctors, etc. with updated concerns for the Covid-19 shots. VAERS has a lot of reported side effects that are very concerning!! Please table this and DO NOT agree to add this shot to the list of required vaccines in WA state schools. This mRNA shot is still so controversial and WA state is so over the top still with the mandates the government is still requiring. Entire countries are discarding their mandates and we have so many states here in the US that are not mandating anything! But WA state is so bent on continuing this erroneous shot and all the mandates connected to it for some unexplainable reason. People are getting so fed up and I don't doubt that there will be an even larger exodus from the school systems of kids whose parents refuse to take the risk of their children's health, than what has already happened. Our children deserve so much better!

A vote to NOT recommend the Covid-19 shots for school age children in WA state would be appreciated.

Thank you,

Maggie Rody
Puyallup, WA

From: Alisha Klein
Sent: 2/7/2022 4:22:15 PM
To: DOH WSBOH
Cc:
Subject: Board emails

External Email

Could you please provide a list of emails for who to send comments to in regards to the Covid vaccine for school age children.

Thank you,

Alisha Klein
509-660-3230

From: Ronne Fletcher
Sent: 1/27/2022 5:18:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Walz
Sent: 2/7/2022 3:03:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steve Bandy
Sent: 2/7/2022 8:31:24 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kolin Kozlowski
Sent: 2/7/2022 5:15:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bradley Urquhart
Sent: 1/31/2022 5:33:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alan Coppess
Sent: 2/7/2022 7:16:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steven Carpenter
Sent: 2/7/2022 9:00:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: deborahborgens@gmail.com Borgens
Sent: 1/28/2022 10:57:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jeanne Myers
Sent: 2/1/2022 1:13:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:10 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid meeting January 12, 2022

From: Mary Geiselman <marykgeiselman@gmail.com>
Sent: Tuesday, January 11, 2022 10:26 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Covid meeting January 12, 2022

External Email

Dear Miss Donahoe,

In the event that you "take Possible Action" regarding Chapter 246-105 WAC please know that I am absolutely NOT in favor of Covid vaccine requirements for children for school and daycare. This would definitely be overreaching and immoral. If you refuse to allow unvaccinated children to attend then give them their education dollars and they can go elsewhere.

I won't lie... the following item also has me very concerned. The thought that a local health officer has sole discretion to do something like this is incredible.

WAC 246-100-040

Procedures for isolation or quarantine.

(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court ex parte for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW 43.20.050

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx>>
(4) and 70.05.120

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx>>

.

Where are the rights of "We The People" when it comes to this sort of action. The fact that they only have to have a "reason to believe" is crazy.

I think it's pretty obvious that these items need to be changed in light of where we find ourselves today and the massive overreach of our existing government.

Sincerely,

Mary K Geiselman

From: DOH Information
Sent: 1/20/2022 6:46:59 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Monday, January 10, 2022 12:39 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

-

2.

Please enter your comments or questions in the space provided below:

Under no circumstances should your department be given the authority to authorize police to arrest & quarantine Washington residents ... Concerned voter in Camas WA

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Mickie Hoff

Email:

mickieoutriding@gmail.com <mailto:mickieoutriding@gmail.com>

Telephone:

(no answer)

From: Shelly Smith
Sent: 1/28/2022 4:52:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tami Kee
Sent: 1/22/2022 6:11:58 AM
To: DOH WSBOH
Cc:
Subject: Mailing list

External Email

I have previously asked to be added to your mailing list, but I am not receiving your emails. Could you please add me to the list?

Thank you.

Sent from my iPhone

From: gary kincaid
Sent: 2/7/2022 4:04:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darla Bales
Sent: 1/28/2022 8:49:09 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: krisabc
Sent: 2/9/2022 7:20:06 AM
To: DOH WSBOH,kels.gordon
Cc:
Subject: Communicating With Board Members

External Email

We will NOT allow any of our family members to take any experimental drugs of which this drug is being called a "vaccine" for the virus that the Chinese government horrifically spread to the world two years ago. This "vaccine" is not a vaccine because it does prevent one from contracting the Chinese virus or spreading it. Moreover, children are the least likely to get sick from it or being vectors. We will homeschool and/or move from this state need be.

Kristina A. Binder, RN BSN

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

From: William Hauser
Sent: 1/27/2022 8:58:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:21:12 AM
To: DOH WSBOH
Cc:
Subject: FW: SBOH Vaxx, Involuntary Commitment to Quarantine Camps & Other UnConstitutional Silliness

From: Van Byington <silentbrave@yahoo.com>
Sent: Thursday, January 6, 2022 10:21 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: SBOH Vaxx, Involuntary Commitment to Quarantine Camps & Other UnConstitutional Silliness

External Email

Dear Policy Advisor Donahoe, Washington State Board of Health Members, et.al.

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group.

Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets the vaccine, one group gets a placebo. More people died in the Pfizer vaccine group than in the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

A matter of fact was a double blind study that was done with only 4,000 adolescents, aged 12-15. A study this small will not show up risk. Of the inoculated group of 1,005, zero tested positive for C-19, while the placebo group of 978 had 18 who tested positive for C-19. The Pfizer group claimed great results. However, since adolescents are a statistically 0% risk of death from Covid-19, and a very low risk of severe illness, the inoculation is of little benefit to them. Instead, it presents a very real risk of adverse events.

The Pfizer study wasn't actually designed to find those. A serious Adverse Event, including death, that occurred at a 1/800 rate might not even show up in a sample of 1,005 people. But, in this case, it did. Among the 1,005 adolescents, there WAS at least one serious adverse event - the death of Maddie de Garay.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA-approved version of the vaccine is Comirnaty, which is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions have historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Van Byington

Tacoma, Washington

Sources/links for above statements:

<https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386%2Fdownload>

Doctor analyzes death rates in Pfizer's trial:

<https://m.youtube.com/watch?v=crAyJvyDygM&feature=youtu.be>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%3DcrAyJvyDygM>

12-15 Adolescent Trial: All Risk, No Benefit:

https://t.me/Real_JudyMikovits/63

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2FReal_JudyMikovits%2F63

Pfizer's 6-month data shows they do more harm than good:

<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C>

<https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2Funcategorized%2F2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C>

<https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2F17%2Fvaers-summary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C>

<https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F21%2F360bbb-3&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C11d0e2>

From: Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal
Sent: 1/31/2022 11:20:46 AM
To: DOH WSBOH
Cc:
Subject: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case

State of Washington Secure Email Portal

<https://emailencryption.twsegcloud.com/branding/trustwave_watech/en_US/images/emailBanner.gif>

"Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> has sent you an encrypted message via State of Washington Secure Email Portal. You have 1 day(s) left to collect this message before it expires.

* Subject: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case
* Sent: January 2, 2022 11:19:36 AM, PST
* Expires: February 1, 2022 11:19:37 AM, PST

The State of Washington Secure Email Portal has changed providers. You will need to create a new account to access your message. We apologize for the inconvenience.

Once you've created your account, you can view your messages you receive from "Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> directly from your State of Washington Secure Email Portal account:

* Email: wsboh@sboh.wa.gov

Create your account and read your message

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F>>

Need help? Visit the State of Washington Secure Email Portal online tutorial

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F>>

.

Do not reply to this message; this message was auto-generated by the sender's security system. To reply to the sender, first create your account and read your message.

From: Janice Webley
Sent: 2/7/2022 3:20:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brittany Adkins
Sent: 1/27/2022 7:45:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sara Williams
Sent: 1/30/2022 12:04:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Megan Boswell
Sent: 1/31/2022 1:22:52 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/25/2022 10:16:24 PM
To: DOH WSBOH
Cc:
Subject: Senate convened hearing on covid vaccine safety problems.

External Email

<https://banned.video/watch?id=61f08a740388fd1a8a6afca9>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbanned.video%2Fwatch%3Fid%3F>

There is a push to have Nuremberg style tribunals over the deaths and crippling reactions to the C19 vax rollouts. I would advise listening to these experts convened together by Senator Ron Johnson of Wisconsin. Many of these individuals are world renowned experts in their fields. You want to consider vaccing children when the rise in myocarditis has been reported to be catastrophically high, especially in young males. The world will not forgive if you abuse your powers to cause harm.

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

From: Andrea Ware
Sent: 2/8/2022 3:55:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good Afternoon TAG,

Firstly, our children cannot be subject to an experimental vaccine that is still under the EAU. Furthermore, the FDA approved Comirnaty and Spikevax are not even available at this time in the US for any person.

Secondly, it typically takes 15 years for a vaccine to be approved. We don't know the long term effects of this vaccine, let alone the short term.

Thirdly, kids are not getting sick from covid, let alone dying from it.

Fourthly, those who have had it are inoculated, just like any other virus, such as chicken pox. What makes Covid any different other than a catalyst for a means to control and undermine people.

CHILDREN ARE NOT AT RISK! IT'S AN EXPERIMENTAL THERAPEUTIC THAT DOES NOT EVEN CREATE IMMUNITY!

Kindly,

Andrea

From: Janette Belcher
Sent: 2/7/2022 3:06:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Zachary Olson
Sent: 2/8/2022 2:35:13 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members



attachments\D081B660BABA4732_Screenshot-2022-02-08-133758-1024x552.png

External Email

To whom it may concern ,
We need to have a discussion on natural immunity if my child has had Covid I see no reason for a vaccine that may or may not have an affect on my child. Namely heart or blood clot issues
Also it should be a choice if the child wants to wear a mask or not this is detrimental to the learning process and is has had major issue in children's physical and psychology. This group of children are not dying of Covid but may have it in conjunction with a myriad of differing co morbidities which results in death (rare)
I don't want to have to homeschool my children. Love our faculty and staff at our community school, I don't want to have to choose between this or homeschool so I'll caveat let's make it optional to get a vaccine or wear a mask. I believe in Free agency and I'm against any mandates of any kind.
Thank your for your time a very concerned parent.
Zach Olson

Sent from my iPhone

From: Piper Germick
Sent: 2/8/2022 9:07:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: vernon boyce
Sent: 2/2/2022 12:00:55 PM
To: DOH WSBOH
Cc:
Subject: Panel of Doctors discussing the issues with the Covid Vaccine

External Email

Please, if you are seriously considering implementing the requirement for Covid vaccine, watch this video and think about the serious consequences you may be placing on young children. Also think about the culpability you will be placing on yourselves and the Washington State School systems if you require this vaccine and then in years to come have a rash of new cancer diagnoses for children, myocarditis, or other yet unknowns of this vaccine. You can have your own opinions on these Dr.s, but you have to be honest with yourselves that there is some truth to what they are saying. We DO NOT know what these vaccines could possibly do to our children, we do not know the long term side effects, we do not know how this vaccine will be viewed in the years to come. PLEASE leave it to parents choice!

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FciuRLFLoLL0&data-source=filtered-message>

From: Jenelle Arkills
Sent: 2/8/2022 12:56:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am emailing to urge you to not include the Covid vaccine in the vaccines required for children to attend school. Thank you so much.

Jenelle Arkills

From: Jesse Bornfreund
Sent: 1/29/2022 10:38:09 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Monica Huckleberry
Sent: 1/22/2022 6:40:34 PM
To: Davis, Michelle (SBOH)
Cc:
Subject: Yep

External Email

https://m.theepochtimes.com/half-of-quebecs-patients-hospitalized-with-covid-not-admitted-for-covid_4227401.html?utm_content=News_CA_Half_of_Quebecs&utm_medium=email_BN&utm_source=news-22-2022-noe-Canada-paid-sub-1&est=romana%40romanadidulo.com
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.theepochtimes.com%2Fhalf-of-quebecs-patients-hospitalized-with-covid-not-admitted-for-covid_4227401.html%3Futm_content%3DNews_CA_Half_of_Quebecs%26utm_medium%3Demail_BN%26news-22-2022-noe-Canada-paid-sub-1%26est%3Dromana%2540romanadidulo.com&data=04%7C01%7Cmichelle.davis%40sboh.wa.gov%7C9c>

Sent from my iPhone

From: Tamaerab Mcclimans
Sent: 2/7/2022 5:25:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Thomas McNitt
Sent: 2/7/2022 7:30:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alison Taylor
Sent: 1/27/2022 7:09:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: (null) kimberley06
Sent: 2/8/2022 9:32:52 AM
To: DOH WSBOH
Cc:
Subject: COVID vaccine

External Email

I would hope that taking into account

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

That you all will realize that this vaccine does NOT prevent this virus.

This vaccine is just like the flu shot and shouldn't be required for attending school.

Sent from my iPhone

From: Tammy Nakamura
Sent: 2/9/2022 7:11:59 AM
To: DOH WSOH
Cc:
Subject: C-19 shot for children

External Email

Hello,

There is no published literature currently on pediatric covid-19 effectiveness in K-12 school setting.

And let me just add that every person is different and we don't all tolerate everything the same, any vaccine, medication, or treatment for ANYTHING should be a decision between parent, physician, and child. These are basic rights we have and it is NOT the decision of the school or any other to force anything, especially an EXPERIMENTAL DRUG.

Imagine if you will, this is YOUR CHILD OR GRANDCHILD, and your doctor has many concerns about the treatment and health of YOUR child.

Imagine he says "I would NOT advise this shot, medication, or treatment. But YOUR CHILd MUST get it NO MATTER WHAT! The company that makes the drug, has no liability if HARM comes to YOUR CHILD. You would just say, " oh well they say we must so who cares if you have adverse reaction or death.

I really doubt any of you would put YOUR CHILD up as a genie pig, ESPECIALLY when they already have NATURAL IMMUNITY, from having covid already, and/or they have very small if not no risk. You can still get and spread covid vaccinated or unvaccinated COMMON SENCE says those two are the same.

Respectively, you , the state or GOVERNMENT are NOT the boss of people, or their children or family.

This is unconstitutional, and in my home YOU ARE NOT GOD. The risk is ours, we can take it or not ... NOT YOUR DECISION.

Tammy Nakamura

From: Glenda Martin
Sent: 2/7/2022 4:12:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jenny Mcfarland
Sent: 2/7/2022 7:36:02 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karen Demaree
Sent: 2/8/2022 8:54:55 PM
To: DOH WSBOH
Cc:
Subject: covid injections

External Email

Dear WABOH:

I write to strongly OPPOSE adding the COVID injection to those required of school children. These shots are still experimental. We have to wonder why the FDA pushed to conceal for 75 years, the data collected by Pfizer on adverse reactions. Children are not at great risk from Covid.

I urge you to VOTE NO.

Sincerely,

Karen Demaree

From: Jay Varley
Sent: 2/7/2022 3:43:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christina Kaiponen
Sent: 2/1/2022 11:52:11 AM
To: Erin Prince
Subject: Vanessa Thacker Absence 2/1/2022 & 2/2/2022

External Email

I am very disheartened by discrimination I am experiencing from Green Mountain Elementary School. My 5th grade daughter, Vanessa Thacker, is not allowed to attend school on 2/1/2022 & 2/2/2022 against my will.

I received an email and phone call on Monday 1/31/2022 that my daughter was "exposed" to covid through the bus ride to/from school last week. I was informed that she is only allowed to continue to attend school if I sign over my rights to let a nurse give her a covid test on 2/2/2022. This would allow her to attend 2/1/2022 and 2/2/2022. However, if I chose to test her myself as her parent and legal guardian, she is NOT allowed to attend school until she can provide a negative test performed on 2/2/2022. This means she misses a full two days because I am not willing to sign the test to stay document. If I desire to test her as her parent, then she is not "safe" to attend class on 2/1/2022 and 2/2/2022.

Her rights as a student have been taken away. This is completely absurd. Where is the science that says if a nurse has a list with her name on it, waits 48 hours to see her to perform a test, indicates she is safe enough for her to be in attendance of her class?

To take away any student's right to learn in this manner is pure discrimination.

I believe it is completely unfair to push these children around like pawns, as if their education doesn't matter.

Covid is no longer an emergency. Vaccinate or mask up for hours during school is unethical. The survival rate for children is 99%!!! Why would we continue to put children up to unknown long term side effects of an EUA vaccination (this vaccine is still in investigatory stages)? Studies prove vaccinated individuals still receive and pass along the virus. Risk of vaccination is significant and STRONGLY outweighs any proven benefit.

Following mandate(s) risks:

1. Unknown long term and short term side effects of Vaccination.
2. Limited oxygen intake to the body and brain due to masking during normal and athletic activities for hours at a time.
3. Unknown long term and short term mental health issues.

4. Unknown long term and short term communication issues.

All risks for a benefit of what? Surviving a disease that is treatable. Surviving a disease that has a survival rate of 99% in their age group? Also, what about natural immunity?!

United States COVID - Coronavirus Statistics - Worldometer

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa%2F>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa%2F>

United States COVID - Coronavirus Statistics - Worldometer

United States Coronavirus update with statistics and graphs: total and new cases, deaths per day, mortality and ...

The above link will show that the survival rate is 98% as of 2/1/2022.

* 6,638 new cases and 271 new deaths in the United States

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa%2F>

My ultimate wish is for us to come together to treat our youth with integrity and dignity for our community's sake. End the mandates, and put it all behind us for a better than ever 2022!

Thank you and may God Bless you,

Christina Thacker

From: Stephen Tkach
Sent: 1/28/2022 8:56:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Shannon Nauert
Sent: 2/4/2022 11:44:26 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ontheboatagain@gmail.com
Sent: 2/9/2022 9:18:54 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Why???? Covid vax...we still do not know long term consequences/side effects of this new technology. Vaxxed are getting sick too. Shut this BS down ☐☐☐☐ the sake of future generations. End vax mandates. End mask mandates. Keep American FREE!!!

Make it make sense ☐☐☐☐☐

Corri Rathbone

Sent from my iPhone

From: Jennifer Bandy
Sent: 2/7/2022 9:58:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Mock
Sent: 2/7/2022 3:05:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/4/2022 9:05:11 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Hearing about Dr. Lutz inquiry



attachments\D20C044554964028_image002.png

Hi Nathan,

If I recall right, this was something that is jurisdiction of the Board, was it not?

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, February 3, 2022 3:34 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

What ever happened to the hearing concerning Dr Lutz's illegal firing by Amila Clark ? I thought it was suppose to be January 18, it is now February 3 . Is this meeting ever going to happen? A response would be appreciated.Thanks

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Linfu Silver

Email:

lk52silver@gmail.com <mailto:lk52silver@gmail.com>

Telephone:
5099990819

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Lk52silver@gmail.com <mailto:Lk52silver@gmail.com>

From: Alice Larson
Sent: 2/7/2022 9:01:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mark Elster
Sent: 1/28/2022 9:41:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Morna Gilbert
Sent: 1/22/2022 9:48:54 AM
To: DOH WSBOH
Cc:
Subject: Very insightful information

External Email

This video will be very important for you to know in your position on the Board. Thank you for watching it!

Please let me know what you think!!!

<https://tinyurl.com/4r9kkk2e>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftinyurl.com%2F4r9kkk2e&data=0>>

The Gilbert's

From: Gwyn Burden
Sent: 1/29/2022 10:15:06 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Redman
Sent: 1/31/2022 9:47:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comment follow up letter for testimony Jan. 12, 2022 Washington State Board of Health meeting



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External Email

Jan. 31, 2022

Dear WBOH Board of Directors, and
Technical Advisory Group (TAG) members,

Comments on the topic of "constructive oversight of communicable diseases & general health of Washington residents" - related to concerns around the genetically engineered COVID vaccines.

Here is the current job description (on 1/20/2022) of your group from the Dept. of Health website [.https://www.doh.wa.gov/AboutUs/PublicHealthSystem/WashingtonStateBoardofHealth](https://www.doh.wa.gov/AboutUs/PublicHealthSystem/WashingtonStateBoardofHealth):

"The 10-member Board of Health provides a citizen forum for the development of public health policy. It recommends strategies and promotes health goals to the Legislature and regulates a number of health activities including drinking water, immunizations and food handling. The Board is housed with the Department of Health although it is an independent entity."

1. I want you to remember that "The Supreme Ruler of the Universe" is in our Preamble of our State Constitution, and that the Declaration of Independence can be seen as a Primary Preamble to our U.S. Constitution - and we can interpret its phrase "All Men are created equal" to "God loves all humans as good-hearted parents love their children. God may have a special plan for each person's soul, determined before birth."

Thus, I ask you individually to consider being thankful to the Supreme Ruler of the Universe and attempt to align our Department of Health to please The Supreme Ruler of the Universe.

Residents need to look at the Bible as a whole, culminating with the New Law (people filled with the Holy Spirit, thus having an internal law or conscience), and Jesus' guidance to fight spiritual rather than physical battles with the great help of God and Jesus. Residents need to notice that peacemakers since the time of Jesus are to be considered "sons of God" (a highest position).

The Bible teaches us to move from animality to being "upright" / civil.

I hope each resident can come to know in this state that this is their choice: to be animalistic or to follow God and Jesus to be "upright" and civil.

Caring for our health, not putting into our bodies toxic things - that is upright and civil behavior. To just eat what tastes good, that is what children do who have not yet learned important things about health.

I realize there are many residents and maybe many staff members who haven't looked closely at most of the 66 books in the Bible (some are only a few pages like the book of Jonah and Paul's letters), and so many would not know these things about God, Jesus' Heavenly Father, and the Holy Spirit, Jesus' Heavenly Mother, or Jesus and his teachings. I think it is important for individuals in this state to not only look at the guidance towards civil code of conduct in the Bible, but to notice how God guided many cultures around the world to be upright and civil with many of the same customs - like marriage is between a man and a woman. We see the virtues being honored and developed as well. To be human is to be humane. We have a ways to go.

Another important reason for us to recommit ourselves *individually* to looking up to The Supreme Ruler, is that when we look to, give thanks to, and try to please The Supreme Ruler of the Universe, (who I understand as the God of Abraham, or Self-Existent One), then we don't get "Relative Morality." We don't get some powerful people who decide some of TSRUs children are of no value and thus should be killed.

Not everyone notices that God told Abraham in Genesis 12:3 that all nations shall be blessed from him. And not everyone notices that Paul (who it seems spent 3 years learning from Jesus before his ministry started) told the Galatians in chapter 3:29, that if gentiles follow Jesus, that they are Abraham's seed.

If we look to TSRU (Self-Existent One) and *individually* seek TSRU's (Self-Existent One's) wisdom in the Bible, more of us will see what [he] told Jeremiah in Chapter 1 of the book Jeremiah: "I had plans for your soul before you were in the womb."
<https://biblehub.com/interlinear/jeremiah/1.htm> So, if we come to believe this, we thank Self-Existent One by caring for all humans, even those in the womb. If a woman doesn't want to care for the baby, later she might want to, but we can think the child is God's child and care for it as such.

2. I believe you Washington State Board of Health members can best serve The Supreme Ruler of the Universe if you create a completely separate Washington State Department of Holistic Health - separate from the current Washington State Department of Health. The latter can more accurately be renamed the Department of Medical Intervention. The staff of both departments should be personally thankful to the Supreme Ruler of the Universe [the Heavens] and willing to put God above the dark spiritual leader "mamona" that has to do with putting the pursuit of money over The Supreme Ruler of the Universe.

At first the new department would be best housed at a different building, with staff to review research done around the world. State employees who are thankful to The Supreme Ruler of the Universe and who chose not to get injected with the artificial and possibly toxic, Nano items during this pandemic would be good candidates to work in this department.

This department would analyze and share information that might help people regardless of whether or not anyone can make money off the modalities. In the Bible's book of Matthew,

Chapter 6 verse 24, Jesus said: It is not possible to serve two masters...Jesus (listening to his Father in Heaven, The Supreme Ruler of the Universe ["the Heavens"]), called followers to serve God, rather than "mamona" (the god of money/wealth/shiny things).

<https://biblehub.com/interlinear/matthew/6-24.htm> Some of this information would be what nutrient help boost people's immune systems, and what tests indicate a strong immune system.

3. In the Preamble of our State Constitution residents are called to thank "The Supreme Ruler of the Universe."

It makes sense to clarify "the Supreme Ruler of the Universe" as the God of the Bible.

If we clarify The Supreme Ruler of the Universe is the God of the Bible, we stay consistent with the law of our nation - as we consider the Declaration of Independence and how we fought and won Independence from Great Britain, with the God in the Bible in the picture. So it makes sense we would offer thanks to this God--who claims to be a Supreme Ruler of all things created in Heaven and earth (see <https://biblehub.com/interlinear/colossians/1.htm>, verses 15-17. It sounds like some connection with DNA to me) -- for this victory, and other blessings. Because we won the war, we can worship God freely and not have the Church of England, and other English leaders overseeing our nation today.

Signers of our Declaration of Independence had the God of the Bible in mind when they "put their lives on the line" in calling for our independent, "united states of America." They signed that document feeling that the God of the Bible would help us to win our freedom from tyranny. Residents prayed to God --"in the name of Jesus"-- to help them survive and be victorious in that war. Many of the Revolutionaries drew strength from biblical stories where God helped his followers first physically conquer barbaric opponents (in the Old Testament), and then spiritually conquer unseen malicious opponents (in the New Testament) with Jesus/Yeshua.

4, The term "Supreme Ruler of the Universe," allows us to explore how the "God Almighty" we see in the Bible may have guided other cultural groups around the world.

(we look at the moral law - however we are looking at if they follow the law that coincides with our laws: the law 2.0 in the New Testament - Love God and love one another, as Jesus demonstrated love, and as we love ourselves. Also the New Testament Law or moral code of right and wrong can be within each person as they directly connect to God's Holy Spirit for best action and guidance. Paul talks about this "new law" in his letter to the Galatians -- when we ask for and are filled with the Holy Spirit, we want to do the right thing.

5. How does our State Constitution Preamble relate to encouraging health for our residents?

It should be helpful for health and wellness if residents are encouraged to talk to one another about "The Supreme Ruler of the Universe" and the varied religious and philosophical belief systems here where the areas of overlap are and where the areas that differ are. Religions and philosophies that guide people to do things that are "right" and "good" according to how Jesus clarified these things, should be compatible with our laws.

We can thank God by caring for ---furthering the health of--- our species, other species, our ecosystems, and our atmosphere of our planet. Our health is connected to the health of all of these things. Helping the health of ever creature on earth comes back to help out the health of our residents. We can thank God by protecting our amazing DNA and our amazing immune systems. We thank and honoring God by protecting God's design, God's creations.

We can also thank The Supreme Ruler of the Universe, by pleasing this God. People should know that early founders read the Bible and understood we are to follow the New Testament Law 2.0 that Jesus demonstrated. It was to focus on loving God and loving one another as Jesus showed love, and as we love ourselves.

Our laws in the U.S. and State follow "God's law 2.0" in the New Testament of the Bible that Jesus demonstrated.

According to God's law 2.0 of the Bible, "the Body of believers is the Temple." Also each human body is a temple. We are to care for each of our bodies as together they are the new temple to God. Each body of a believer can house God's Holy Spirit.

Things may go better than worse for us in our state if we will individually encourage one another to learn about, and thank this God, by putting this God above other "small g" gods such as science, pursuing money (mamona is the god of money/wealth/shiny things). This is the first part of "God's law 2.0" which corresponds to the first few of the 10 Commandments - to love God above other things.

It can help save lives to let people know that if they are not aware of the need to ask for the guardianship of the Holy Spirit, then they can acquire a downward-pulling spirit. This is also an issue of health - downward-pulling spirits are involved in depression, suicide, drug abuse.

6. What about residents who don't like to hear the title "The Supreme Ruler of the Universe?"

If people are possessed by a malicious spirit, or are not familiar with the stories of Father God, the Holy Spirit, or Jesus, or for other reasons, they sometimes don't want to hear these sorts of spiritual terms.

I know of 2 young adults who have gone through the public educational system in Washington State without parental coaching about God and the Bible when they were in elementary school. Later, even with a parent encouraging them to read some of the Bible or listen to stories, they want to avoid the topic of Bible stories, lessons, and learning about God. They may have learned in public school to NOT look into who "The Supreme Ruler of the Universe" may be. It seems for the health of our state, it would at least be good for public school curriculums to have teachers point to The Supreme Ruler of the Universe being in the Preamble of our Constitution, and encourage students to get with their parents and look into who this is to them. And that students should feel free and be encouraged to relay experiences with this Divine Being that have led them to believe in the existence of this God above other gods. It seems teachers could support an atmosphere of respect and encouragement for any students to share their understanding and thanks for this God.

If people don't think this God exists, or don't like this God, it should be reasonable if they can voice their concerns in a respectful way and put up with a reasonable amount of thanksgiving of others in public forums.

We also can thank God by reminding one another it is okay to take time in public settings to recall and share God's wisdom and guidance in the Bible.

It may be helpful to let doubters learn that scripture in the Bible indicates that if we do not search for God, God will leave us alone. (See the book of Jerimiah, around Chapter 29). It could help if non-believing residents could learn of testimonials of how some residents believe they were helped by "The Supreme Ruler of the Universe." It could help if non-believing residents could know that God loves them.

Since your role is to

More residents might value the Bible and it's teaching stories, and take it more seriously if they knew scriptures have been carefully copied and Modern Hebrew was developed to have a number associated with each letter so that numbers above each line could be tallied up at the end of each line to ensure correct copying of each line. This occurred ~500 years B.C. during the Babylonian Exile. In the 1940s and '50s, many of the scriptures in the Bible were found including books with Ancient Hebrew, written before ~500 B.C.. The entire book of Isaia from ~700 B.C. was found. The books were in the form of scrolls. They were stored in long clay jars in the Dead Sea Caves. This showed that the content of the books had not changed over time. Most residents probably don't know about many important archeological findings that point to the Bible being a collection of stories rooted in historical events.

To help with the peace (low-stress=health) between our residents, somehow it would help if more parents could read the Bible and teach God's law 2.0 to their children. We can have greater peace in our state if more residents come to understand God's plan is to treat each other as beloved brothers and sisters. We can view The Supreme Ruler of the Universe like a loving father and a loving mother. ("Father God" and "The Holy Spirit" -- in the Old Testament

The Holy Spirit is described with "female gender" Hebrew words such as breath, healing, and wisdom.)

connecting with other residents to know that it is a free-will choice if they want to read and study the teaching stories in the Bible and then to see the merit of following God. We can encourage parents to study the Bible and teach it as it makes sense to them.

If residents know moral guidance in the Bible as Jesus clarified, then residents can compare and contrast how other religions and philosophies match up. It is likely God spoke and guided cultures all over the world with similar moral teachings.

There is still free choice. Some people become angry at God, or haven't seen, or heard proof of, God's existence, (i.e. testimonies from people they believe), so they don't believe in God. We can ask one another which of these things is happening. Some people also haven't heard stories of God's benevolence and justice.

Harboring negative emotions we now know can lead to various states of physical dis-ease. The Christian counselor Charles H. Kraft, in his book *Deep Wounds Deep Healing*, tells of many Christians getting released from negative spirits just by giving negative memories over to Jesus.

I understand "The Supreme Ruler of the Universe" to be "LORD" or "Yahweh." Yahweh is from YHWH - Modern Hebrew alphabet letters. The Ancient Hebrew term was YHVH - pronounced Yod-Hay-Vav-Hay. Some of us understand the name to mean "Self-Existent One." There has recently been a vision of an initial cubish design (Logos/Frequency/Utterance) with balls at the corners that began the creation of this universe (or multiverse). This was uttered by this God.

The term "Lord" in the Bible tends to generally refer to Jesus. People can resolve some conflicts by looking at the original Hebrew terms in the Old Testament and original Greek terms in the New Testament. One can find these at Biblehub.com with the Interlinear Chapters version. Jesus to be a God above other "small g" gods, but not the God of Creation.

a.) Regarding the topic on Jan 12 WSBOH Public Meeting Agenda about adding Washington Code language to reduce stigma, fear, and prejudice for people with HIV, and about allowing people to legally use a gender pronoun that is not aligned with their birth gender.

Because our Constitution calls residents in the Preamble to thank The Supreme Ruler of the Universe," and because this mirrors our U.S. Constitution which has our Declaration of Independence as a Primary Preamble,

And because our early lawmakers sought to bring God into discussions of public policy,

And because early residents read the Bible, and so held up the God of the Bible above the government, (as we see in our preamble statements),

We can clarify that “God” and “The Supreme Ruler of the Universe” are the same as the God in the Bible.

Some see God as one in the same to include Father God, the Holy Spirit and Jesus.

Some of us see God as “Self-Existent One” -- The Supreme Ruler of the Universe/of the Heavens -- who encompasses a Father aspect (“Father God”), and a Mother aspect (“The Holy Spirit”). And we see Jesus also as a God, a God above other “small g” gods, specific to overseeing our planet and humans, and maybe this area or the cosmos. We understand Jesus works in unity, as One, with Self-Existent One. And we understand “Self-Existent One”/The Supreme Ruler of the Universe” gave Jesus all authority over Earth and the Heavens. However, since we see Jesus sitting on the right hand of his Father after his ascension to Heaven, it is not apparent in scripture that Jesus accepted that invitation.

So as we affirm our laws are consistent with the teachings of Jesus, the son of Self-Existent One, sent for humans especially, we can note that Jesus clarified the most important laws for our time by demonstrating that humans are to be civil and to care for one another.

Since our laws are based on the Bible, residents having any pathogen can know to look to The Supreme Ruler of the Universe, and love one another as Jesus demonstrated love.

Thus we don’t need an extra clarifying code for how we should treat people with Human Immunodeficiency Virus (HIV). They should be treated with kindness, because they are God’s children. (But humans have free will, so we can pray that people come to know this guidance, and the realness of God/Self-Existent One/The Supreme Ruler of the Universe.)

However, there is ignorance about this virus and how it transmits. Thus, people need to know adequate information so that they can understand what their personal risk is regarding the transmission of HIV. People need to know if it is true that if HIV-positive people are doing certain things to keep their immune system in good shape, and if the virus is on any fluids like from a paper cut, that if the fluid doesn’t get into their fluid, they should not get the virus.

People need to know if it is true that if they have their immune system in an optimum condition, even after exposure to HIV or many pathogens, including SARS Cov2 and variants, that they will not likely catch this, or it will not likely spiral out of control. There is a need for state testing and state-verified data around pathogens.

Any laws concerning HIV could possibly extend to SARS Cov2 because I saw Luc Montagnier saying the HIV genome is within the SARS Cov2 genome. (!) We could look into this. Luc Montagnier, is originally from France. He won a Nobel Prize for discovering HIV. Wikipedia

relays that he now works at a University in China. As we consider saying anything about this code, it should be wise to determine if HIV *is* within the SARS Cov2 genome or not.

Whether or not this is the case, it should be helpful to be open about this along with reducing stigma by pointing out how great it is that people with HIV have been able to reduce even the transmission of HIV if they are diligent to care for their health and/or also use retrovirus drugs to keep the virus in remission.

Stigmas even happen now with the COVID injected and the COVID19-uninjected people.

A simple answer is that we can just go back to the simplified law to love God, and love one another as Jesus demonstrated.

People need to have support to do what they feel is the best to care for their bodies as their temple (if they are going to follow Self-Existent One's guidance in the Bible relayed by Jesus).

b.) Regarding the topic on Jan 12 WSBOH Public Meeting Agenda about adding Washington Code language to allow people to legally use a gender pronoun that is not aligned with their birth gender:

As far as introducing new gender descriptive terms to our code of law, I recommend that as we point out that many residents remain thankful to God, the Supreme Ruler of the Universe (or multiverse),” for helping earlier settlers win the war to be Independent from the Church of England and Monarchy of Great Britain. Two Washington residents understand it is God's plan for people to "stick with the gender they were born with." Thus to remember God I recommend we identify people according to their birth gender. People could say, “(name), birth gender: (M or F), so for formal processes they could be referred to according to pronouns that fit with their birth gender. This will also help in their medical care and to prevent things like men acting like women and winning women's races, men acting like women and sneaking into women's locker rooms, and other acts of deception.

God allows freedom of choice, but it can be seen as against God's plan for residents to try to change their identity to different than their birth gender.

Parents should know the first Chapter of Jeremiah in the Bible. It is where God says he had a plan for Jeremiah before he was in the womb. So this may be true for all humans. It is my opinion that we can try to discern the plan by looking at the family structure and maybe the place we were born into, as well as our gifts and any prayers righteous people may have given before our birth.

Parents should also know that “God is angry with parents who allow mutilation of any child's birth gender.”

<https://peacewellness.wordpress.com/2021/07/05/god-is-angry-with-any-parent-who-mutilates-their-childrens-birth-gender/>

c.) Wise Management of the Earth's systems - and Sexual Self-Control

It is my understanding that God has intended sexual self-control and that sex is for creating children. It was created to be pleasurable so that our species would "be fruitful and multiply."

In my opinion the words that got translated as "have dominion over" and "subdue the earth" can be better interpreted as "manage" (the Earth) -- and wisely manage makes sense. So until we do better to feed, clothe, and educate every human it seems (this is my opinion) we should try to encourage residents to try to limit the number of biological babies we have - like to 1 or 2.

All residents over around age 16, not just eunuchs, could read the first few chapters of the Bible's book Romans. Residents can notice Paul was encouraging people to practice sexual self-control.

d.) God and Jesus both said "Marriage is between a man and a woman." This is so children can have a role model of their gender.

We can encourage parents to look at Genesis, Chapter 2, where God said marriage is between a man and a woman, and where Jesus repeated this in Matthew , Chapter 19. It is up to parents to teach this to their children if they so desire. Parents can decide if it may be that God has this plan so that children can have a role-model for their gender. Parents can decide if they want to follow the wisdom of "The Supreme Ruler of the Universe" [of the Heavens] or not, and if they want to teach this information or not to their children.

e.) Eunuchs who align with God, can have high place in Heaven, and Jesus hints that it is better for eunuchs not to marry.

In Matthew, Chapter 19, Jesus encouraged married couples (if possible) not to divorce. Then a listener commented, "so it is better to not marry."

(<https://biblehub.com/interlinear/matthew/19.htm> -- verse 10) Jesus answers this statement "so it is better not to marry" saying "some eunuchs were born that way, some were made that way." So we in this state can align with God by calling LGBTQ+ residents, "eunuchs." Then we can direct these residents to the first part of Isaiah, Chapter 56, (<https://biblehub.com/interlinear/isaiah/56.htm> -- verses 4 and 5) where God says if eunuchs please [The Supreme Ruler of the Universe], they can have a place within the walls of [The

Supreme Ruler of the Universe].— they will have a name better than that of sons and daughters.

There is also a story of a trusted, noble, God-aligned Ethiopian eunuch in the Bible's book Acts. This eunuch was pondering the book of Isaiah when Apostle Philip met him. Philip showed him how the scripture pointed to Jesus as the awaited Redeemer-Messiah. God allows the Ethiopian eunuch to accept Jesus as the prayed for Messiah, and after hearing the story of Jesus, he asks to be baptized. So we could call eunuchs to also look at the story in the Books of Acts.

f.) Without God, people can come to sacrifice infants and children to “small g” gods.

[The Supreme Ruler of the Universe] gave the prophet Ezra a prayer, the Amidah, for the “Faithful Remnant” (called “Jews” because they were from Jerusalem during their exile in Babylonia; they followed God’s prophet Jerimiah to go to exile in Babylonia). So after they returned to Jerusalem and rebuilt the temple, Ezra had them pray the Amidah “the Standing Prayer” three times a day. In the prayer they asked God to redeem the family of Israel of their great sins of turning away so many times.

Some of the Israelites who were not the “Faithful Remnant,” had turned from God in different ways, including sacrificing infants and children to “small g” gods. I understand this practice went on even in the times of Abraham.

Some humans still sacrifice infants for various beliefs today. This still happens in Uganda today and even in this state for occult practices.

Some view abortion as not honoring that God’s has stated he has plan for each human before their soul is in the womb.

7. I oppose SARS Cov2 vaccine mandates and forced injections in this state. This is in regards to a rule that appears to be on the Washington Code (WAC) 246-100. I understand these codes were put in the books around 2003.

I oppose any vaccines being administered without fully informed consent. Pediatricians and other general doctors in this state have not been fully informing residents of adverse effects of all vaccines as I have seen. Residents should be told if there were successful court cases regarding vaccine injuries as well as summaries of known vaccine adverse effects.

One part of this code sounded like police might be able to forcibly inject someone with a vaccine (or a medicine). I am opposed to this - especially if it is genetically modified material, and contains toxic chemicals in it. Also if the person doesn't really know or trust what is in it. If people are being dangerous, even coming off a strong opiate, there are calming tones and

detoxification foods, and teas that could be offered if a person asked for them. Also a person in a mental hospital or some sort of facility with oversight, should be offered the choice to see if reading scripture might help.

I object to hospitals or any care facility to vaccinate someone against their will.

I have heard of two cases where young vulnerable women were recently in different King County hospitals --for mental health reasons /one was on a floor also for drug rehab I believe, both were possibly considered homeless -- and both were forcibly injected with a professed anti-COVID vaccine! One was the daughter of a friend of mine. This friend now lives in another state. Her daughter was in a King County or Seattle-area hospital around November, and escaped the hospital to avoid getting vaccinated against her will for a second time. She made it to the state her mother is in. I think these two young women should get a representative to get some compensation for stress. Can you look into this and let me know how we can help get justice for these travesties and prevent others?

8. Powerful economic entities in our state and in our world seem to have influenced our health policies towards profiteering rather than pleasing God. I want you to consider walking in solidarity with our founders who chose God as their ally.

Until our Department of Health can be more aligned with what pleases God, I want the Washington State Board of Health to call for a separate "Department of Holistic Health" to educate residents about

Jesus said to choose to serve God or mamona/money. (Mamona is a "small g" god - a god of money, wealth, shiny things). As we drifted away from studying and seeking God in this state, and aligning our people with God-- above the government-- we put "Economic Growth" or "Economic Progress" up as a false idol.

It can improve health and save lives if more and more residents decide to put "The Supreme Ruler of the Universe"(or Multiverse) above other things - like the pursuit of profit. Many residents here--including parents, teachers, school board members, professors, business leaders, politicians-- don't know or have forgotten that thanking "The Supreme Ruler of the Universe" is mentioned first, above our highest state law, our Constitution.

Take courage if pressured by seemingly powerful "economic entities" by looking at the Old Testament battles where God led a large group of shepherds and former slaves to have victory over opponents who were giants and cold-hearted leaders. God led Gideon to have victory over powerful opponents who were as numerous as sands on the beach.

Work for a "Department of Holistic Health" independent from the current "Department of Health" which could better be named the "Department of Allopathic Medical Intervention."

9. The God Gene - Genetically-engineered spike-protein, or other vector, mRNA vaccines could alter people's DNA and should be considered illegal in Washington State and the United States.

Gene-therapy-type injections can attack a gene that helps people connect with God.

A search on Wikipedia around October of 2021 indicated that there was a book called *The God Gene*. It was published around 2003, and authored by Dean Hamer...

Hamer writes in the book that he wrote the book on the side of his normal job at the National Institute of Health (NIH). He said he got the funding for the book's topic via the Templeton Foundation of Pennsylvania. This organization has a huge fund to direct money at the topics of Science and Religion. Temple sounds like it could be related to the Israelites who don't believe in the New Testament, but I only see that a man with the last name of Templeton died and left his fortune to this foundation.

In the book, Hamer indicates a PCR test was used to isolate and compare a certain part of the human genome. He interviewed many people who were drawn to connecting with a higher power. He also compared genes of siblings where one had a great interest in seeking spiritual experiences while the other did not have this interest or a gift in this area. He claims to have discovered a specific group of associated genes (I believe it's called an allele) that corresponded to whether or not a person had an inclination for having a mystical experience.

The Bible has important people that God designates to be spokesperson for God. In the first Chapter of the Bible's book Jeremiah, God (YHVH - Yod Hay Vav Hay/ YHWH "Yahweh") says that he had plans for Jeremiah before he was born. It is possible that God intends what person gets a God gene and who doesn't. We also hear God say at one point that those who sacrifice their babies and children to "small g" gods - are taking his children. In the time of Moses, God said at one point that followers are to give their firstborn child and their firstborn son to [him].

Since we thank God in our Washington State Constitution's preamble [for helping us win the Revolutionary War], it is not consistent with a thankful attitude to allow possible harm to anyone's birth DNA.

Even if someone does not currently seek to follow "Yahweh," at some point in the person's life, they may want to. It is not at all informed consent to not tell people that their DNA, and possibly unique ability to connect with "Yahweh" could be altered with this gene-therapy-like injection.

People who read the Bible should be able to see a major point is that there is a war of unseen forces of good and evil. Injections containing toxins appear to many of our residents to be in the category of entities that are malicious. In the Bible, we see teaching stories of humans who

acquire malicious entities. Sometimes people get these and are not aware they are being controlled. Around 2003 people were learning that thimerosal, a mercury derivative, was in many vaccines.

10. Encouraging Civil Culture - via Civil Genes, Healthy Brains, Healthy Hormone Levels, Encouraging the Holy Spirit in People

We must be on guard for any less-than-virtuous/less-than-human behavior. We must try to discern if it is due to

--estrogen reduction like from hormone organ damage, (men as well as women produce estrogen - a hormone which may allow one to be more caring.)

--brain injury and/or brain inflammation (some head injuries may make people violent). Inflammation can be from chronic environmental mold, immune reactions to foods, toxins, drugs, accumulated nano genetically-engineered spike proteins, or a type of microbe.)

--a gene group (allele) associated with animalistic behavior. (If we find such a type of allele, we might invite individuals with this to try gene therapy to see if those alleles can be altered to make a civil allele. Or maybe we need these groups of humans to defend our species from outside attacks.

--drugs or toxins that affect people's brain structure or chemistry.

--malicious spirits (These can be drawn into people if they don't know how to protect themselves. Reading and studying the Bible --especially the first 5 books of the New Testament-- helps, baptism helps, asking Father God, the Holy Spirit to be around, "in the name of Jesus," helps. People can also acquire these also after any trauma—including when the human body, "or temple," is punctured, such as with a vaccine or injection. When people don't know that malicious spirits can exist, they can be vulnerable to becoming possessed by these spirits. Malicious spirits can cause drugged or severely depressed persons, for example, to harm themselves or others.)

--low blood sugar issues

If a civil society is a goal, then insurance carriers could be required to pay for people to get SPECT scans if they want, and incentives could be made, to check if our brains are as healthy as they can be.

People should be able to self-refer to get SPECT brain scan imaging, the kind that is done in Dr. Amen's clinics.

Our mental health professionals could check for possible brain inflammation from food by referring patients to the kind of naturopathic doctors who can order and assess IgG blood tests

for food and toxins. If we want to encourage civil society, we would also have insurance companies to pay for this sort of thing.

Do mental health professionals in this state have these things listed in their diagnostic manual? I think these things should be added as things to screen for in this state.

Then the counselors could also encourage and assist clients to follow through with testing. They could also suggest a possibly possessed client read some books like *Deep Wounds, Deep Healing*, by Charles H. Kraft, and /or *The Bondage Breaker*, by Neil T. Anderson, and visit a trained and successful Christian or Roman Catholic team of exorcists.

At the time of Jesus the Israelite religious leaders were doing special cleanliness rituals that poorer and physically challenged people could not do. The Israelite priests took a high path to the temple after cleanliness rituals, but then at the Temple, I understand they were clubbing unclean, poor, and disabled people to force them out! Jesus demonstrated this was NOT "the Way." Instead he demonstrated the "narrow path" -- to focus on the moral law to love and care for the needy, even if they had "unclean" diseases.

Jesus showed the connection between malicious spirits and dis-ease, and he showed how to cast out troublemaking spirits. He worked with God's Holy Spirit to heal people and raise the dead.

So counselors could also tell clients that the New Testament gives clues to getting clear of negative entities by asking for God's the Holy Spirit to be in and around a person --continually.

A key thing to learn is in the New Testament, Jesus showed us about spiritual warfare. It is helpful for all residents to learn that God, the Holy Spirit, and Jesus can help people who pray - even silently - to overcome any challenge. This relates to physical and mental health.

Malevolent spirits can assist people to get more depressed, more anxious. Their goal is to "take a person down" completely - to die in a mental state apart from God. So if a person in mental distress as well as physical distress can just ask for Jesus to be with them, and then read some passages of the Bible out loud-- this can help to physically as well as spiritually save lives. And doesn't cost anyone any money. (People can usually acquire a Bible for free at a church or from many Christians - or there are free apps like biblehub.)

11. Ensuring homeless waste is cleaned up - public sanitation

Each city could have teams to clean up after homeless who may leave clothes, needles, human feces. Dogs could be trained to help people find the spots to clean up. Human waste could just be buried in 1 foot deep holes.

At each of the Day Shelters there may be people who are open to volunteering to help. It can be pointed out that if they do well they can maybe get recommendations for other jobs - maybe even jobs with the city.

12. We might be able to simplify our excessive codes and laws if we follow the example of how Jesus simplified the excessive laws.

Jesus simplified the complex and excessive laws the Israelites had developed by his time (some were ritualized cleanliness rituals that not everyone could do and it is possible some were made up by the Levite priests, maybe there are some in the book of Leviticus).

We can see early in the book of 1 Samuel that only the spokespeople God chose were supposed to be the leaders. So by the time of Jesus, the Levi priests were not to be claiming authority to make up excess rules and then look down on people who were not able to follow them.

Here is how we can simplify our laws and codes: Jesus clarified that loving God and caring for one another—all humans, all of God's children—is the most important law. Moses relayed this same law from God in earlier times. So we don't need lots of detailed laws if we will just encourage people to read the teaching stories in the Bible and understand the teachings culminate with the clarifications that Jesus demonstrated.

Thank you for reading this and considering these concerns.

In service to The Supreme Ruler of the Universe [of the Heavens],

Linda C. Redman,
Auburn, WA

- International Relations, Humanities, Studio Art, Scripps College, Claremont, CA
- B.A. Peace and Global Studies, Earlham College, Richmond, IN
- Pre-med and Nutrition courses, Kenai Peninsula College, Univ. of Alaska, Anch., Homer, AK
- BioAcoustics training with Sherry Edwards, (3 classes)
- Working Guest, Optimum Health Institute (3 months)
- over 30 years learning and working around immune issues
- <https://ecopeacevision.wordpress.com>

From: rose rangel
Sent: 2/8/2022 8:50:23 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To BOH Board Members:

I respectfully urge you all, NOT to mandate Covid vaccines for school children. Thank you for your time and consideration :)

Sincerely,

Rose Rangel
15226 9th Avenue SW
Burien, WA 98166

Sent from my iPhone

From: Randall Walker
Sent: 1/31/2022 10:05:02 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darin Padur
Sent: 2/3/2022 10:52:12 PM
To: DOH WSBOH
Cc:
Subject: Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by History of COVID-19 | Coronavirus (COVID-19) | JAMA | JAMA Network

External Email

Natural immunity is better than vaccines. No NOT mandate this for kids. There is no reason. Stop this madness and let us get back to normal. It's over.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama>

Darin Padur
dpadur@comcast.net
(253) 335-7917

From: Dan Bogar
Sent: 2/7/2022 5:20:55 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandates - Informed consent and not mandates are the ethical direction.

External Email

Board of Health: To Whom it may concern

I think temporary paralysis, motor control deficiency, and behavior problems in children are not physician recognized as associated with current COVID vaccines, but they are showing up in the VAERS database. Neurological effects may be underreported in VAERS if they are not identified as associated with the vaccines. VAERS database number 1951967, a 13 year old boy in Wa State fully functional in daily activities but with a known DNA defect (deletion) prior to injection with Pfizer BNT. Two days post second injection began non stop talking 27/7, insomnia, and random giggling and became unable to follow a single command at school. He lost personal independence in daily activities. MRI of head and lumbar puncture and EEG were accomplished. No outcome listed as of three months following onset as listed in the VAERS detailed event report. Mother requested help with the situation in VAERS. I hope someone from the state health department has looked into this case to see what help can be given to this mother. I hope this case [DNA deletion] and impact with mRNA mediated vaccine is investigated. It may shed insight into other behavioral changes reported in VAERS.

Children 17 and younger in 2021 VAERS reports had 44 heart disease cases and 5 serious neurological problems. Forty-three heart disease cases in children followed the second dose and one followed the first dose of the Pfizer Biontech. For the child affected following the first dose of Pfizer Biontech is the state going to mandate a second shot?

I read several hundred of the detailed reports on VAERS regarding deaths and serious injuries to people of Washington State. Quite a few of them are written by doctors and are useful. Almost all of the 44 serious heart reactions in children 17 and under were evaluated by doctors and included data on Troponin, C-Reactive Protein and or Brain Natriuretic Peptide levels and likely diagnosis.

The International Alliance of Physicians and Medical Scientists published a declaration now signed by 17 thousand physicians and medical scientists that healthy children should not be subject to forced vaccinations. They included a link to the evidence supporting that position.

Review of patient survival rates among patients who receive early treatment rather than waiting to go to a hospital shows government is not good at innovative solutions. After two years of dealing with COVID, the CDC website still has no protocol for early treatment of COVID in spite of hundreds of studies proving early treatment statistically benefits patients.

Myocarditis and pericarditis were listed in the Emergency use Authorizations but not determined to be a symptom directly related to the vaccines in all the manufacturer testing and in all the rounds of vaccine release which took place over many months from older to younger and was not identified as a risk until children developed heart disease. That one patient who developed heart disease after the first Pfizer dose had a medical history of autism.

The International Alliance of Physicians and Medical Scientists published a declaration now signed by 17 thousand physicians and medical scientists that healthy children should not be subject to forced vaccinations. They included a link to the evidence supporting that position.

My son experienced thrombocytopenia and bleeding in mouth, skin and brain from a vaccine. Some people in my house have allergic reactions to vaccinations. COVID already ran through our house. Is the government is considering mandating vaccines to the whole population?

I have not read any studies proving the gene therapy vaccines slow spread of COVID transmission, but I did read one study that showed an inverse relationship. Possibly because more people with mild cases don't know they are sick but are still capable of spreading virus.

Also civilized people would not consider coercing Amish, Ortodox faiths, native Americans, into taking vaccines if it was against their choice. I believe it is clear, informed choice in a free society is the only way ethical people would administer these new gene therapeutical COVID vaccines.

Thank you for your work
To everyone's health
Very Respectfully
Dan Bogar

From: Jenelle Arkills
Sent: 2/8/2022 8:38:09 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

Please do NOT require the covid vaccine for children to attend school . This mRNA vaccine is unlike others and it has had an extremely large amount of adverse reactions .
Thank you

Jenelle Arkills

From: Terry Kolasinski
Sent: 2/8/2022 11:36:29 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Hopkins
Sent: 1/27/2022 9:16:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: David Edwins
Sent: 2/7/2022 7:26:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: COL (Ret) RONALD AVERILL
Sent: 1/27/2022 8:53:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Molly Fleming
Sent: 1/29/2022 9:07:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lee Schilling
Sent: 1/29/2022 1:45:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sharon Gilchrist
Sent: 2/7/2022 6:20:03 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Melanie Smeenk
Sent: 1/27/2022 4:31:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kim Burkhardt
Sent: 2/7/2022 1:21:09 PM
To: DOH WSBOH,newsroom@kuow.org,jmartin@seattletimes.com
Cc:
Subject: Washington State Board of Health: hospitals sidelining medical treatment for vaccinated patients



attachments\953F2FC710E74BA2_COVID medical treatment.pdf

External Email

THIS COMMUNICATION - BELOW - IS ALSO PROVIDED IN ATTACHED DOCUMENT.
PLEASE RESPOND. Kim Burkhardt, Washington State Voter.

Kim Burkhardt

414 NE Ravenna Blvd

Ste. A #1066

Seattle, WA 98115

Landline: (206) 525-5056

Email: kimstress@gmail.com <mailto:kimstress@gmail.com>

Feb. 7, 2022

Washington State Board of Health

ATTN: Dr. Umair Shaw

PO Box 47990

Olympia, WA 98504-7990

Phone: (360) 236 - 4110

email: wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>

website: <https://sboh.wa.gov/Rulemaking/AgencyOverview>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FRulemaking%2F>

CC:

Governor Inslee. Fax: (360) 753-4110

Senator Patty Murray. Fax: (206) 553-0891

Senator Maria Cantwell. Fax: (206) 220-6404

Multiple news journalists

RE: Billing the Washington State Board of Health for Your Outcomes (or lack thereof)

A specific matter of public health policy surrounding COVID – or lack thereof – is resulting in myself and other Washington State residents being denied timely and efficient healthcare. This creates unnecessary anxiety, unnecessary pain and suffering, and – sometimes - negative health outcomes and/or financial distress. I am contacting you to have you correct this matter of public health policy.

CONTEXT: From both a public health perspective and an individual health perspective, the medical system has existing policies regarding certain medical transplants and joint replacements. Specifically:

1) I have a neighbor who needs a knee replacement. Medical providers refuse to do a knee replacement until my neighbor quits smoking. She's being required to participate meaningfully in her own health outcomes. She won't quit smoking, she is now hobbling around with mobility devices as a result of her unwillingness to stop smoking to receive a needed knee replacement.

2) A friend of mine also needs a knee replacement, but she is medically obese. Doctors told her that she needs to lose weight before they will do a knee replacement. She's already lost at least 30 pounds so that she can get a knee replacement.

3) When heavy drinkers (alcoholics, et. al) need a liver transplant, medical providers often require such individuals to achieve a period of sobriety before they become eligible for a liver transplant (six months sober or?). There aren't enough liver transplants available to meet public need, so it's in the interest of public health for liver transplant recipients to be in a position to have positive outcomes (i.e., quit drinking).

HOWEVER, THE SAME PRINCIPLES ARE NOT BEING APPLIED BY HEALTHCARE PROVIDERS AND/OR THE WASHINGTON STATE BOARD OF HEALTH TO THE COVID PANDEMIC. Unvaccinated COVID patients are being allowed to overwhelm our medical system to provide them with avoidable hospital care that could be avoided if such persons were held responsible for participating in their own medical care (i.e., requiring vaccinations for hospital admittance). As a result, myself and multiple other vaccinated Washington State residents who need non-COVID medical care through no fault of our own are being denied access to timely medical treatment because hospitals are swamped with unvaccinated COVID patients. See: <https://www.npr.org/sections/health->

shots/2022/02/04/1078029696/americans-get-sicker-as-omicron-stalls-everything-from-heart-surgeries-to-cancer

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fhealth%2F2022%2F02%2F04%2F1078029696%2Famericans-get-sicker-as-omicron-stalls-everything-from-heart-surgeries-to-cancer&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca644499192fd4bc23a4408d9ea7f688b%7C11d0e2>

In my case, I have pain – sometimes debilitating pain – in my left shoulder and left hand. Doctors determined that I have a pinched nerve in my shoulder. A surgeon at Harborview Hospital (Seattle) determined that the first course of treatment should be physical therapy.

Thus, I was scheduled to see a physical therapist at Harborview starting on Monday, January 24. However, one of Harborview's staff called me the Friday before my appointment and told me, "We have to reschedule your appointment because we are swamped with COVID. The physical therapist has been moved to working with COVID patients. We can't get you in until March." A two-month delay in medical treatment because of unvaccinated COVID patients.

We all know that the VAST MAJORITY of COVID patients who require hospitalization are unvaccinated.

Therefore, given that COVID vaccinations are widely available in the United States..... the only reason that our hospitals are overwhelmed and having to delay necessary medical care of various types to vaccinated patients (from cancer surgeries to joint replacements to physical therapy is because of COVID patients who have CHOSEN NOT TO GET VACCINATED. THIS IS AN APPLES-TO-APPLES COMPARISON TO GIVING LIVER TRANSPLANTS TO ALCOHOLICS WHO CONTINUE DRINKING WHILE DENYING LIVER TRANSPLANTS TO PEOPLE WHO AREN'T DRINKING ALCOHOLICALLY (see page one).

In my case, I am in too much pain to "sit around waiting" another two months for medical care – i.e., to receive physical therapy that would be covered by my health insurance. Therefore, I am experiencing financial hardship to now start paying out-of-pocket to go to a chiropractor for medical care for my pinched nerve (Apple Health doesn't cover chiropractors). I have been forced into economic hardship (paying out of pocket for a chiropractor – using a bank loan - when I can't afford to do so to get medical care because Harborview can't get me in to provide care that would be covered if I went to Harborview for physical therapy) as a direct result of hospitals providing COVID treatment to unvaccinated Washington residents (and Idaho residents?) at the expense of vaccinated Washington residents such as myself whose medical care is sometimes being delayed.

HOSPITALS SHOULD BE EXERCISING THE OPTION OF DENYING MEDICAL CARE TO UNVACCINATED COVID PATIENTS, PARTICULARLY WHEN THEIR COVID MEDICAL CARE IS JEOPARDIZING OTHER PATIENTS. SUCH UNVACCINATED PATIENTS CHOSE TO NEED

HOSPITALIZATION BY NOT GETTING VACCINATED AND HAVE THUS CHOSEN TO DELAY MEDICAL CARE PATIENTS FOR VACCINATED PATIENTS LIKE ME.

Were hospitals allowed to decide whether or not to provide medical care to unvaccinated COVID patients (hospitals still could provide such care if they wanted to and/or have the capacity to do so), then hospitals would be more able to provide medical care to vaccinated patients such as myself.

THEREFORE, until such time as you – the Washington State Board of Health – decide to give hospitals the OPTION of denying medical care to unvaccinated COVID patients, I am contacting you to be reimbursed for my medical expenses - \$300/to date; my out-of-pocket expenses are expended to reach \$600 - \$900. I look forward to and appreciate immediate reimbursement.

Kim Burkhardt

Washington State Voter

Kim Burkhardt
414 NE Ravenna Blvd
Ste. A #1066
Seattle, WA 98115
Landline: (206) 525-5056
Email: kimstress@gmail.com

Feb. 7, 2022

Washington State Board of Health
ATTN: Dr. Umair Shaw
PO Box 47990
Olympia, WA 98504-7990
Phone: (360) 236 - 4110
email: wsboh@sboh.wa.gov
website: <https://sboh.wa.gov/Rulemaking/AgencyOverview>

CC:

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Senator Patty Murray. Fax: (206) 553-0891
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Multiple news journalists

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Kim Burkhardt
Washington State Voter

From: Kelli Jenkins
Sent: 2/8/2022 11:18:40 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To whom it may concern,
Please vote NO on making covid 19 vaccine a requirement for children in school. There is not enough data on this vaccine in the first place and definitely not enough understanding of the side effects long term for children. Children who have a 99.98% chance of surviving covid 19. The vaccines do not stop transmission. If someone wants to protect themselves against covid 19 because they are older and are in a higher percentage of death or health issues from covid that is their choice to vaccinate themselves. To require vaccination for children is just irresponsible, there has not been enough time or trials to know how this will effect them.

With much concern,
Kelli Douglas
Sent from my iPhone

From: Shell Rasmussen
Sent: 2/9/2022 8:26:39 AM
To: DOH WSBOH
Cc:
Subject: Feb 10th waboh meeting

External Email

Good morning,

I am reaching out in response to the scheduled meeting for February 10th to discuss the Covid vaccine inclusion in WAC chapter 246-105. I oppose this and all vaccine mandates. As the vaccine has proven to be ineffective at preventing viral spread or infection within the state, and since children are the least at risk for severe disease, there is no public health benefit from mandating this vaccine. Doing so exposes children to unnecessary unknown risks, with negligible benefit.

A very concerned citizen,
Shelly Osmonson
Edgewood, WA

Sent from my iPhone

From: Lydia Zibin
Sent: 2/9/2022 8:10:55 AM
To: DOH WSBOH
Cc:
Subject: TAG mtg - No to COVID-19 shot for students

External Email

Please vote NO to require students to take the shot. I know you've been presented all the data - please consider reading the real science.

Currently there is no published literature on pediatric Covid-19 vaccine safety and effectiveness in K-12 school setting.

Respectfully,

Lydia Zibin
Bellevue

From: Monica Huckleberry
Sent: 1/22/2022 1:17:02 PM
To: Davis, Michelle (SBOH)
Cc:
Subject: Still in play?!



attachments\2AF768251EDC4377_image4.png



attachments\72BA51DEA833429A_image9.png



attachments\4C0B762C6676434E_image3.png



attachments\51866AA7084C4B8E_image6.png



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attachments\F3FD3403F1154162_image11.png



attachments\4A0A3113A866403A_image5.png



attachments\22C475AE015749DF_image8.png

External Email

Sent from my iPhone

From: Estera Carp
Sent: 2/7/2022 11:22:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: David White
Sent: 2/8/2022 9:21:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rosanne Metzler
Sent: 1/31/2022 9:00:42 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sean Lawler
Sent: 2/8/2022 7:35:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good evening,
As a parent of school age children in the state of Washington, I strongly encourage the TAG to vote against implementation of any COVID-19 vaccine requirements for school attendance. The science has shown there is minimal to no benefit of vaccination for children due to their inherent robust immune system.

Voting to include COVID-19 vaccine requirements will create a massive divide in our communities and lead to no actual health benefit.

Concerned parent,
Sean Lawler

From: Jay Fratt
Sent: 2/8/2022 4:07:03 PM
To: DOH WSBOH
Cc:
Subject: BOH TAG Meeting Comment

External Email

Dear BOH:

Please share with your TAG committee:

Response to # 5-6 on your criteria:

Please be advised. I am a Washington State citizen, and a parent. The edicts coming down from Federal agencies are counter to the data they have collected. It is up to you to stand against this corruption that suits to assist profit, and not the health of our children.

From VAERS and VigiAccess reporting it is clear that children have a far higher likelihood of an adverse event from the vaccine than they do contracting Covid-19.

The money that comes from the top corporate structure through government agencies, that is then distributed to bureaucratic decision makers, breaks the intended mission of our health agencies to serve and protect the citizenry. Through this bribing scheme, corporate interest then have the mandate of government to purchase and distribute it's product at ZERO LIABILITY to themselves.

Stop this attempt to get children on a vaccine schedule that will insure no liability.

Stand firm. Stand up. Do you job.

Sincerely,

Jay Fratt
Washington State Citizen

From: Jessica Wexler
Sent: 2/9/2022 8:39:09 AM
To: DOH WSBOH
Cc:
Subject: Support of Vaccines

External Email

Hello,

I am writing in support of requiring the covid-19 vaccine for children 5-11 in schools. As the owner of a private business that runs youth summer programs, having a required covid-19 vaccine for schools will help ensure the safety of all of our children. It will make programming easier to implement, lower absences, and provide a sense of security for families. We are going to be requiring proof of vaccination or a negative test for our summer camp, but having it as a statewide requirement will make it easier for us to manage the implementation of our policies. We polled our camp families and over 75% were in favor of a vaccination requirement. I know this is a hot-button topic and appreciate your thoughtful consideration.

Thanks,
Jessica

--

Jessica Wexler, M.A. Ed (she/they)

Executive Director

Girls Rock Math

Office 206.408.8078

Cell. 206.226.9240

www.girlsrockmathematics.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.girlsrockmathematics.com%2F>

<https://drive.google.com/uc?id=16XC7yQuTZUDUPztSb1MW5Owc3C_wUXUi&export=download>

The mission of Girls Rock Math is to provide thought-provoking, creative experiences in math, empowering girls to develop confidence in their skills and a life-long interest in mathematics.

From: Lucy Deibert
Sent: 2/6/2022 1:42:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nancy Smith
Sent: 1/28/2022 5:54:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christi Ellefson
Sent: 1/25/2022 11:43:47 PM
To: DOH WSBOH
Cc:
Subject: Watch Sen. Johnson's COVID panel with Drs. Robert Malone, Peter McCullough –
ClarkCountyToday.com

External Email

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews-sen-johnsons-covid-panel-with-drs-robert-malone-peter-mccullough%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce06c0522f5da4593f68d08d9e09f5f5>

Sent from my iPhone

From: Samuel Dickerson-Edgington
Sent: 1/28/2022 12:23:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lucia Richardson
Sent: 2/8/2022 8:59:43 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please do not require children to take the Covid 'vaccine'. There are no long term studies on this genetic altering injection and since children are at such a low risk of poor outcomes should they get Covid it doesn't make sense for them to get the vaccine. Plus it should be their parent's decision if they get the vaccine.

Sent from my iPhone

From: Kathleen Dwyer
Sent: 1/28/2022 9:16:13 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Croisier
Sent: 1/29/2022 10:41:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: lauriely
Sent: 2/8/2022 8:43:54 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To the TAG committee on school vaccines and the WA Board of Health:

Please consider that our children are at a very low risk of mortality from Covid-19. The chance of an adverse reaction is a higher risk. These Covid-19 vaccines have not undergone long-term phase 3 clinical trials and should not be required for any school age child. Myocarditis is a risk reported by the CDC. This is not a mild disease at best. Young people who previously had no comorbidities now cannot exercise for minimally six months and are put on several heart medications. The known outcome for myocarditis is not good. No one should be required or be coerced to get a vaccine that could do this harm and possibly do it long-term. Please bring in other doctors that can give the other side to this story. It is not wise to listen to only one side when it comes to scientific consensus. I urge you all to recommend a NO when it comes to school covid-19 vaccine requirements. Thank you. Laurie Buhler

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

From: Marty Nauert
Sent: 2/4/2022 11:45:13 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jorja Starr
Sent: 1/29/2022 11:04:01 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Elizabeth Walgamott
Sent: 1/31/2022 4:17:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathleen Fitzgerald
Sent: 1/27/2022 5:27:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Schultheis
Sent: 2/7/2022 8:09:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Minerva Rohmer
Sent: 2/8/2022 8:52:59 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 1/28/2022 6:16:49 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement feedback



attachments\F65CC69864E44395_image002.png

Hello,

I believe this is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 21, 2022 1:34 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

Time to do some reading before you okay the covid-19 vaccines to children!!!! This report just came out. <https://jessicar.substack.com/p/a-report-on-myocarditis-adverse-events>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjessicar.substack.com%2Fp%2Fa-report-on-myocarditis-adverse-events&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9b28957db64b442b3c6b08d9e2cd6763%7C11>

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response? If you would like to receive email confirmation of your submission, please enter your email address in the space below.

Tell us how to get in touch with you.

Name:

jamesutigard@yahoo.com <mailto:jamesutigard@yahoo.com>

Telephone:

5097233082

5.

If you would like to receive an email copy of your submission, please enter your email address in the space below.

jamesutigard@yahoo.com <mailto:jamesutigard@yahoo.com>

From: L P
Sent: 2/8/2022 10:33:32 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Parent AGAINST mandating the covid vaccine for children

External Email

WAC 246-105-030

"A child is required to be vaccinated against, or show proof of acquired immunity for, the following vaccine-preventable diseases before attending school or a child care center..."

Many parents in the State of Washington are firmly against adding the current covid-19 vaccine to the list of required vaccination prior to school entry. My reasons for opposition are as follows:

1) The available covid vaccine for children (Pfizer's BNT162b2) is still under emergency use authorization (in addition, the only FDA approved covid vaccine is COMIRNATY, which is for ages 16+ and not readily available in the USA). No vaccine has ever been added to the list of required childhood vaccinations while under EUA.

2) Pfizer's phase 2/3 clinical trials for children ages 5-11 were underpowered, including only 1,518 children that received the vaccine prior to FDA review on October 26, 2021. These children (along with ~1,500 additional children in the expanded group) will be actively monitored in the years to come. However...

3) Passive surveillance is being utilized to monitor the larger population of children. The limitations of VAERS is well known and insufficient in order to demonstrate the safety of a vaccine.

4) Children are at minimal risk of serious covid complications. Healthy children have been found to have zero risk of death: "Children without comorbidities were found to be significantly less likely to suffer from a severe or fatal disease course. The lowest risk was observed in children aged 5-11 without comorbidities. In this group, the ICU admission rate was 0.2 per 10,000 and case fatality could not be calculated, due to an absence of cases." (<https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

5) The current covid vaccines do prevent infection or transmission of the virus and therefore Covid-19 is not currently a "vaccine-preventable disease".

6) The impact of vaccinating children that have already acquired natural immunity against Covid-19 is unknown.

7) The CDC has recently released an analysis of cases and hospitalizations by Covid-19 vaccination status and previous Covid-19 diagnosis. In the CDC's analysis, those with infection-based immunity fared as well or better than those with vaccine-based immunity. (<https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes/71/wr/mm7104e1.htm>

The decision to vaccinate a child against Covid-19 should be made by the child's

parents in consultation with the child's doctor. It is inappropriate for the State to mandate Covid vaccinations.

Thank you for you time and consideration.

Sincerely,
Leanna Pan
(mother to three young children in Seattle)

From: Darin Padur
Sent: 2/2/2022 2:04:31 PM
To: DOH WSBOH
Cc:
Subject: No mandates for kids

External Email

Our children are not lab rats. They are not toys for you to experiment. No mandates for vaccines as the risks of the vaccine outweigh the rewards. Stop this political nonsense now.

Darin Padur
dpadur@comcast.net
(253) 335-7917

From: theresalane@comcast.net
Sent: 2/3/2022 7:40:39 PM
To: DOH WSBOH
Cc:
Subject: Attn TAG K-12 Covid Mandates - 12 Countries Roll Back COVID Restrictions,
Israel Scraps 'Green Pass'

External Email

Hello TAG,

There is just so much information for you to consider.

<https://childrenshealthdefense.org/defender/12-countries-covid-restrictions-israel-green-pass/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/12-countries-covid-restrictions-israel-green-pass%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b0065b48ce94a00367408d9e78fefbf%7C11d0>>

Please explain to me why you are even considering the Covid Shot for WA children?
Covid shots are harmful and Not effective.

Sincerely,

Theresa Lane

Very Concerned WA parent

From: replysafe-emailreply@yahoo.com
Sent: 2/2/2022 9:05:37 AM
To: DOH WSBOH,OEOInfo,Thomas, Jamila (GOV),DOH Secretary's Office
Subject: Data/studies for school testing and masking for children

External Email

To whom it may concern,

I'm writing out of frustration and a lack of understanding to what is happening in our schools to our children. We are requiring "test to stay" for children that may have been "exposed" even if those children being tested have ZERO symptoms. Have you watched young children being tested? As a father of three, two who attend public elementary, it is traumatizing to watch you child cry as a swab is placed their nose just for them to remain in school unless they quarantine for 10 days.

Why are we allowing this to be done to our children? Why are we enforcing this notion that our children are always "sick" instilling irrational fear in their lives. What is the science or data that unequivocally supports testing them due to a possible "exposure"? Can anyone answer that intelligently, purely with the science and data? I believe it really comes down to adults irrational fears and partisan politics being forced on our children.

Second, why are we masking our children in school? Can anyone provide me the data, studies, and science on masking children. Correct me if I'm wrong but the CDC, HHS, and others have admitted to cloth masks having no effect on transmission/spread and surgical masks having very limited effect. In fact most studies indicate the N95 isn't effective unless properly fitted, used, etc.

So again I ask what is the proven studies, data, and science behind masking our children? They have no idea what their teachers and classmates look like, they can't see the lip/mouth movement during instruction, and they constantly touch their masks getting who knows what germs inside. Why can adults attend events, go out to eat, etc maskless but we mask our children. Do you realize how absurd the policy makers look? A disease that largely doesn't effect children, who aren't majors vectors of transmission, being forced to wear something that is proven ineffective. Why are you so settled on looking back at this terrible decision/policy and being on the wrong side of history?

V/r,
Kerry

Included is a link to an article written by a doctor, Vinay Prasad, at UCLA. I ask that you read it, opinion piece or not, it has plenty of citations of data to back up the article.

The Cult of Masked Schoolchildren

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4ca89a5e5a5b4459c81d08d9e66e3911%7C>>

Links in the message

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4ca89a5e5a5b4459c81d08d9e66e3911%7C>>

<https://s.yimg.com/lo/api/res/1.2/_q23IipWTIAe8gJZ5nBxUg--~A/Zmk9ZmlsbDt3PTgwO2g9ODA7YXBwaWQ9aWV4dHJhY3Q-/https://tablet-mag-images.b-cdn.net/production/58476ea001b94f3123303976a2b7c56f0a957c54-3900x2600.jpg?w=1200.cf.jpg>

The Cult of Masked Schoolchildren

From: ganymeade3
Sent: 1/26/2022 7:12:10 PM
To: DOH WSBOH
Cc:
Subject: Gab deaths current in Australia disturbingly high

External Email

<https://gab.com/Footdoc/posts/107691855610139561>

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Joe Lewis
Sent: 2/9/2022 9:22:21 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jerad Greenwood
Sent: 1/31/2022 7:42:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michelle Ranous
Sent: 2/8/2022 9:53:09 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

STOP trying to force covid shots on our kids! Make it stop! Get out of my family decisions.

Michelle Ranous

From: Sara Bedient
Sent: 2/8/2022 10:46:33 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccine

External Email

Dear TAG:

I ask that you NOT approve the covid vaccine to be added to the school list. This vaccine is still experimental and our children are not lab rats to be tested on.

Sara Bedient
Concerned parent
Tonakset, WA

From: Robert Holte
Sent: 1/30/2022 11:46:34 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: rikki.leigh@yahoo.com
Sent: 2/2/2022 8:22:33 PM
To: DOH WSBOH
Cc:
Subject: Child vaccines

External Email

Please don't do this to these children. It's senseless. Somebody has to listen. Doesn't anyone care anymore? Or brave enough to stand up for what is right? At least watch this short video and do the necessary research

COVID-19: A Second Opinion

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F9jMONZMuS2U&data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F9jMONZMuS2U&data>

COVID-19: A Second Opinion

Thank you, Rikki Lambert

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Terry Zeimantz
Sent: 1/25/2022 10:54:50 AM
To: DOH WSBOH
Cc:
Subject: Request to each Board Member

External Email

I implore that you consider the facts, take in all the information, before voting to revoke our civil rights in Washington State. You have an enormous responsibility, and your actions will be remembered in the history of our State and the future of our children.

Please take the time to review 'a second opinion';

<https://rumble.com/vt62y6-covid-19-a-second-opinion.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C14374d9cc1ee4bcd15b308d9e034298f%7C1)

[opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C14374d9cc1ee4bcd15b308d9e034298f%7C1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C14374d9cc1ee4bcd15b308d9e034298f%7C1)

Sincerely, Terry Zeimantz

From: j
Sent: 1/30/2022 10:46:27 AM
To: DOH WSBOH
Cc:
Subject: STOP ALL UNHEALTHY MANDATES NOW!!

External Email

STOP ALL UNHEALTHY MANDATES NOW!! As you know, of course, the world world is in REVOLUTION over the MANDATE scam! All those who participated with the evil cabal in their plan to illiminate 90% of the world's population will be tried and executed. I suggest YOU start to 'back pedal' quickly. When the parents of 'injured children' start telling their stories.....well...

<https://scontent-lax3-2.xx.fbcdn.net/v/t39.30808-6/272848876_10225031518308754_1124579632380003648_n.jpg?_nc_cat=106&ccb=1-5&_nc_sid=5cd70e&_nc_ohc=i61JezLDnV0AX8crQMT&tn=WjX_8EV-tRz-cZWL&_nc_ht=scontent-lax3-2.xx&oh=00_AT9gU83pT2CT0qDYZc6pO-Izvz31Tp2O8RbHpc_m7Z8KIg&oe=61FB75B0>

From: Tatyana Samolovov
Sent: 2/3/2022 10:15:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:19:55 AM
To: DOH WSBOH
Cc:
Subject: FW: vaccine mandate

From: ezcollec@aol.com <ezcollec@aol.com>
Sent: Monday, January 10, 2022 9:40 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: vaccine mandate

External Email

I sent you an email last Friday but it was mostly relevant to mandates being imposed on the school age children of WA State. Today I learned that most of your discussion tomorrow is going to be on whether or not force adult citizens of WA State to take the vaccine. And if they don't, to be forced into internment camps until they do comply. This sounds like Nazi Germany, I never thought I would be hearing that my own government would even consider such a thing.

Over the last two years we have had to listen to the BLM cries of injustice done to them by a generation long past. We listened to 'My body, my choice' when it concerned abortions for unborn babies. But now, we adults seem to have no choices if it were to be left to the government - you know, the people we voted to put into office - to protect us, to work on our behalf. All I can do - all we can do - AT THIS TIME - is to present you with a few of the most important reasons why I and a majority of concerned citizens feel that you should do all you can to uphold our rights as human beings and United States Citizens.

1. Mandated vaccines are a direct interference with families by forcing medical treatment without consent, and are thereby a violation of Article 12 of The Universal Declaration of Human Rights.

2. Article 7 of the 1966 International Covenant on Civil and Political Rights as put forth by The Geneva Convention states: No one shall be subjected without his free consent to medical or scientific experimentation. Experimental vaccine ties it directly into the Nuremberg Code, which says that we cannot be experimented on [without consent]. We always have the right to accept or refuse a medical treatment.

3. The Universal Declaration of Human Rights, put forth by The United Nations, states:

Article 12: No one shall be subjected to arbitrary interference with his privacy, family,

[or] home. ... Everyone has the right to the protection of the law against such interference. Mandated vaccines are a direct interference with families by forcing medical treatment without consent, and are thereby a violation of Article 12 of The Universal Declaration of Human Rights.

Article 18: Everyone has the right to freedom of thought, conscience, and religion; this right includes freedom...either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship, and observance. Similar to The First Amendment of The US Constitution, any law that denies parents a vaccine exemption for religious reasons is a violation of the protected right of Americans to freely exercise their religious beliefs as they see fit for themselves and their family. Denying a philosophical exemption is also a violation of personal beliefs and philosophy as described by Article 18. In addition, any law mandating vaccines that calls for the quarantine or banishment of "the unvaccinated" from a public space, such as a school or market, simply for exercising their right to practice their religious or personal beliefs through use of a vaccine exemption is a violation of Article 18.

4. Mandated vaccination is a violation of medical ethics. The Hippocratic Oath states: (Traditional translation) Traditional translation: I will keep them [patients] from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.

5. The American Medical Association's Code of Medical Ethics states: Informed Consent: The patient should make his or her own determination about treatment. ... Informed consent is a basic policy in both ethics and law that physicians must honor, unless the patient is unconscious or otherwise incapable of consenting, and harm from failure to treat is imminent. The AMA's Code of Medical Ethics specifically states that physicians must honor the patient's wishes regarding their treatment; it is not optional.

6. There is no imminent, impending, or otherwise immediate threat of bodily harm that would result from declining vaccination. The true bodily harm has been shown to come to those who have gotten the Covid Vaccine and boosters. And without imminent danger to others, there is no legitimate reason for EUA (Emergency Use Authorization) of any of the Covid vaccines. So you must ask, what then are the reasons - when the FACTS are out there - the vaccines are eminently more dangerous and lethal than any of the Corona Virus variants.

Four standards that must be fulfilled for an EUA. If any of these criteria are not met, EUA cannot be granted or maintained.

(a) First, the secretary of Health and Human Services has to declare and maintain a state of emergency. If the emergency were to go away, all EUA products would have to come off the market. And that doesn't just mean vaccines. It also includes the PCR tests and even surgical masks.

(b) The second standard is evidence of effectiveness. Historically, vaccines had to show a

70% or greater effectiveness, as measured by a fourfold increase in antibody levels, in order to qualify. For an EUA vaccine, the efficacy threshold is only 30% to 50%. In another departure from prior vaccine approvals, the COVID vaccine clinical trials relied on the RT-PCR test, not antibodies, to demonstrate effectiveness in the small "challenge phase" of the trials. (Now, you probably heard that the Pfizer shot was 95% effective when it first rolled out, but that was 'relative risk reduction', not 'absolute risk reduction'. Confounding these two parameters is a common strategy used to make a product sound far better than it actually is. The absolute risk reduction for Pfizer's shot was just 0.84%.³ (For ex: if a study divided people into two groups of 1,000 and two people in the group who didn't get a fictional vaccine got infected, while only one in the vaccinated group got infected, the relative risk reduction would be reported as 100%. In terms of absolute risk reduction, the fictional vaccine only prevented 1 in 1,000 from getting the infection - a very poor absolute risk reduction.)

(c) The third standard is that the known and potential benefits of the product must outweigh the known and potential risks of the product. In the case of COVID shots, there's overwhelming evidence showing they do more harm than good.

(d) The fourth and last standard that must be met is there can be no adequate, approved and available alternative treatments (drugs or vaccines). "This is why hydroxychloroquine and ivermectin were quashed," Mayer says. This is also another reason Comirnaty is not treated as a fully approved product in the U.S., because if it were, then all the other COVID shots that are under EUA would have to be removed from the market.

7. Mandated vaccination is a violation of legal accountability and medical science. we object to being denied our right to decline a medical procedure or product in which: The manufacturer cannot be held liable for any injury or death occurring from the use of their product (The National Childhood Vaccine Act of 1986) ----- The government recognizes that the product and procedure is "unavoidably unsafe" (US Supreme Court ruling, 2011) The manufacturer admits in the package inserts that the product: 1.Has not been tested for carcinogenic or mutagenic potential 2. Has not been tested for safety in the populations targeted for product use 3. Can cause serious permanent injury and death 4. Can cause the very illness and disease the product is designed to prevent.

Product safety and efficiency studies are funded and conducted by the product manufacturer and/or the federal government instead of by an independent and neutral third-party which has no stake in potential profits from product sales.

The product: 1. Has been "fast-tracked" for approval without undergoing basic safety and efficiency studies (HPV vaccines) 2. Has not undergone proper randomized, double-blind, placebo-controlled safety and efficiency studies 3. Has not undergone long-term safety and efficiency studies. The manufacturer is facing multiple federal charges of scientific fraud in regards to product efficiency (Merck's MMR vaccine)The Centers for Disease Control and Prevention (CDC) is facing allegations of scientific fraud in regards to product safety (Merck's MMR vaccine)

From: Timothy Grey
Sent: 1/28/2022 7:50:12 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Samuel Comfort
Sent: 1/28/2022 1:09:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Keri Kono
Sent: 1/28/2022 1:10:58 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: randall hallum
Sent: 1/29/2022 11:50:49 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine for Children

External Email

To whom it may concern:

I have seen in the media that the Washington State Board of Health is considering making the emergency use of a experimental vaccine mandatory for school children.

This so called "vaccine" should not be made mandatory for school children.

More children have died from the vaccine than from Covid-19.

More children have died from suicides due to lock-downs than from Covid-19.

This vaccine is toxic to humans. It doesn't take much research to see the damage to individuals that have taken the vaccine especially to young males.

The survival rate for children that catch Covid-19 is above 99.8% There is more risk in children in taking the vaccine than catching the virus.

Please don't consider the Covid-19 vaccine for school age children.

Regards,

Randall Hallum
300 Lakeview Court
Richland, WA

Sent from my iPad

From: April Yancey
Sent: 2/7/2022 3:19:34 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Extremely concerned that you are having a conversation to add this to the WAC. The last meeting was that you were tabling this until you had more information about it and allow the people to weigh in. Covid vaccine is no different than the Flu vaccine and should be treated the same. Flu vaccine is not required and neither should Covid vaccine. I know several more people that were vaccinated who had and spread Covid to others including the unvaccinated! I also know personally that unvaccinated did not have to go to the hospital or treatment, they were not as sick as the media portrays. I know many parents that will remove their kids from public schools if you put this in the WAC to require the vaccine. We need to stop creating segregation of the people!!!

From: Ryan Talen
Sent: 2/3/2022 1:22:37 PM
To: DOH WSBOH
Cc:
Subject: Pro Covid Vaccination for Schools

External Email

Dear WSBOH,

I am writing to urge you to require Covid Vaccination to attend schools in the State of Washington.

Ryan Talen

From: Joseph Thurman
Sent: 1/30/2022 2:31:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: scott fairbrook
Sent: 1/29/2022 2:08:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Viatcheslav Laban
Sent: 1/30/2022 7:26:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Arne Christensen
Sent: 2/8/2022 4:42:20 PM
To: DOH WSBOH
Cc:
Subject: masking requirement

External Email

Hello:

Why isn't there a Covid mask exemption allowed for individuals who are psychologically distressed by wearing a mask? For example, I have heard accounts from women who were sexually abused, and the abuse included their breathing being stifled. They say they relive that abuse when forced to wear masks. They should not have to try to get a medical exemption in order to not wear masks.

Arne Christensen

From: Jeff VanCoevern
Sent: 1/29/2022 9:58:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tracy Wade
Sent: 2/1/2022 11:14:22 AM
To: DOH WSBOH
Cc:
Subject: Do not make it mandatory

External Email

Do not make it mandatory for the COVID-19 shot for entry into the schools, daycares, etc., for our children.

You are a small group of people making decisions on thousands of children. Therefore, more and more parents are opting out of all shots together.

And the comment that was made about "parents being scared to send their children to the public pools" regarding Polio. What really was happening is that the pools were being sprayed with a chemical to fight the mosquitoes and when people came in contact with it - it caused Poliovirus symptoms.

I know many young parents that are opting out of all vaccines because of this one shot that is the hot topic.

They are doing their research and learning what they have done to their children and they regret following the protocol of the shots given to their children.
For example: most did not know they were given their children a vaccine for the chicken pox. They are learning and opting out since they as parents have had the chicken pox.

Please do the right thing to gain trust back with the young parents.

Thank you
Tracy Wade

From: Levy, Susan (Susie)
Sent: 2/3/2022 10:23:08 AM
To: Jennifer Lazo,DOH WSBOH
Cc:
Subject: RE: Health survey for requiring COVID vaccine for students

External Email

Dear Jennifer Lazo,

Thank you for your emails. I want to let you know this is not an issue within the jurisdiction of the King County Board of Health.

Thank you,

Susie Levy

Susie Levy, MPH (she/her)

Government Affairs Analyst

Public Health – Seattle & King County

Phone: 206-263-8328

slevy@kingcounty.gov <<mailto:slevy@kingcounty.gov>>

From: Jennifer Lazo <jlazo125@hotmail.com>
Sent: Thursday, February 3, 2022 9:47 AM
To: Levy, Susan (Susie) <slevy@kingcounty.gov>; wsboh@sboh.wa.gov
<wsboh@sboh.wa.gov>
Subject: Re: Health survey for requiring COVID vaccine for students

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

To add to my previous email:

The Pfizer vaccine for kids under 5 years old fails on at least three of the four criteria above.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
TN7PgQ0X5nKv5V3Zsc37CgTTgW6CbT231GDvFYW1TkKH22_vvVqN9fdIYD2-
j_IW4GDhGt2TmWy6W83DCTx1nv2-

are “with Covid” rather than “for Covid.” This means that the child was hospitalized for another condition, injury, or infection, but tested positive for Covid on admission. Thus, the risk of Covid in kids this age doesn’t qualify as an emergency, and the first criterion hasn’t been satisfied.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
TN7PgQ2J3q90JV1-

W2pV8yK5vSf3S3jYj1&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C0a6938f3019d4db2c05a08d9e7423

Third, we don't know enough about the potential risks of the Pfizer mRNA vaccine in kids under 5 years of age. Pfizer claimed that "no safety concerns were identified" in their initial trial, but the number of participants was small—they initially enrolled 4,500 young kids, but it's not clear how many actually participated in the trial.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
TN7PgO0X5nKv5V3Zsc37CgWvJTzc7x7v8gmIW4pjnCw3HYtJzW60vj5q8sR5RLW6cyN4L3XCQx W7hMz4-

m77pQ6n3k0k1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a6938f3019d4db2c05a08d9e742391f% from the Centers for Disease Control and Prevention (CDC) suggesting that the risk of an adverse effect from the Covid vaccines in 5- to 11-year-olds may be as high as 1 in 1,104. If the risk of an adverse event is even close to this in kids under 5 years old, it doesn't make any sense to approve a vaccine in this age group when we have absolutely no evidence of benefit. Thus, the third criterion hasn't been satisfied.

Nevertheless, Pfizer has submitted an EUA application, and the FDA will review it on February 15. I cannot for the life of me understand how the FDA can review an EUA application when there are no data on the vaccine's efficacy to support the application!

This is incredibly disturbing. The FDA seems to be rushing to approve a completely

forced mandate on a broad scale.

I strongly reject the idea of a vaccine mandate for school age children in the state of Washington. I live Bothell and my 7 year old attends the North Shore School District. With weekly testing the North Shore District has not had any major outbreaks. With weekly testing and proper remote school technology options in place, there is no need to risk kids life from having irreparable side effects.

I have been suffering from an adverse Pfizer vaccine reaction that has completely impacted my quality of life. I had no prior medical issues and now have daily neurological symptoms for which I am seeing 5 different doctors from neurologists, to immunologists, to holistic specialists for detox and 6 months later, I still have no relief after spending tens of thousands of dollars. I have reported it to VAERS, CDC and Pfizer and no one cares to help those injured from the vaccine.

I am not alone, there have been over 1MM adverse reactions reported to VAERs in the US alone. So many other countries are doing away with mandates and many colleges in the US have done so already.

If you enforce this mandate, you will thousands of parents pull the kids out from public schools which will greatly reduce you funding.

Please take this into have a proper survey via a proper survey tool to capture proper feedback.

Thank you for your consideration.

Jennifer Lazo

Sent from Mail

< https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%
for Windows

From: Kahler, Kelie (SBOH)
Sent: 2/2/2022 7:40:36 AM
To: DOH WSBOH
Cc:
Subject: FW: Please forward to School Vaccine TAG group - RE: VAERS analysis

From: Wayne Espy <espyw@aol.com>
Sent: Wednesday, February 2, 2022 7:28 AM
To: kelie.kahler@sboh.wa.gov <kelie.kahler@sboh.wa.gov> <kelie.kahler@sboh.wa.gov>
<kelie.kahler@sboh.wa.gov>
Subject: Please forward to School Vaccine TAG group - RE: VAERS analysis

External Email

Attn: TAG group studying school vaccine recommendation regarding COVID

Please read the original message below and view the presentation at the link provided.

It's specifically qualified author discusses extreme variability of adverse effects to the anti-COVID injection when evaluated by lot number. This indicates "adulterated product" which should not be administered to anyone, and particularly not children.

Wayne Espy

Everett, WA

cell: 206-276-2743

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

From: Wayne Espy <espyw@aol.com <mailto:espyw@aol.com> >
To: kelie.kahler@sboh.wa.gov <mailto:kelie.kahler@sboh.wa.gov>
<kelie.kahler@sboh.wa.gov <mailto:kelie.kahler@sboh.wa.gov> >
Sent: Mon, Jan 10, 2022 9:05 am
Subject: Jan 12 meeting comment - VAERS analysis

VAERS analysis of COVID vaccines by lot show EXPONENTIAL variability of event counts compared to flu vaccine history.

Primary discussion of this starts at 40 minutes into the video linked below. Particularly see discussion and graphs starting at the 45 minute to one hour time-period.

Couple this with indications that medical facilities are increasingly directing personnel to not report incidents to VAERS, which would reduce counts for more recent batches.

Presenter is Dr. Mike Yeadon, former vice-president of respiratory research for Pfizer.

<https://www.brighteon.com/f879d865-e078-4dab-9f88-e8d1f348b14f>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2Ff879d865-e078-4dab-9f88-e8d1f348b14f&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce48b91eb79744c8f116708d9e66259c5>

From: Sarah Burke
Sent: 1/28/2022 10:42:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

Sent from my iPhone

From: Hugo Mertens
Sent: 2/1/2022 1:48:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Douglas Brew
Sent: 1/27/2022 4:40:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Haag, Hannah R (SBOH)
Sent: 1/31/2022 9:28:50 PM
To: DOH WSBOH, Kahler, Kelie (SBOH)
Cc:
Subject: Fwd: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –



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attachments\94E058CA02AE4BF3_article.jpg



attachments\48280E847F5C4EB8_fraud response3.jpg



attachments\36E9E43B015642F6_fraud response1.jpg

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From: Jennifer Fang <fang.zhouzi@gmail.com>
Sent: Monday, January 31, 2022 8:14 PM
To: Haag, Hannah R (SBOH)
Subject: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –

External Email

Dear Ms. Haag,

Thanks for holding a great Technical Advisory Group meeting on 1/12/2022.

After the meeting, I notice SBOH put out a survey at:

[https://forms.office.com/Pages/ResponsePage.aspx?id=F-](https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u)

[LQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u](https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>>

in an effort to continue collecting public comments, which is also great.

However, it has come to my attention that a Chinese anti-vaxxer has been organizing a flooding of fake data against the survey in an effort to mislead the health opinions of the general public to try to influence the public policy maker.

This person's online Telegram name is: □□□□, and he is agitating all his 12.2k followers all around the world to storm this survey with anti-vaxxing responses in order to cause WA BOH to make ill-formed decisions.

According to the published public comments, I notice this person also sent several emails

From: rudolphwest17
Sent: 12/28/2021 11:39:43 PM
Subject: Attention: Please do not add Covid19 vaccine to "required" list of child vaccination

You can find his incentivizing article at:
<https://t.me/s/ruldophwest17>
 <[https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2Fs%2Fruldophwest17&data](https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2Fs%2Fruldophwest17&data-source=forbiddenreasons)

[illegible]

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04
)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQE4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQVRQUDIEVzJFVkfKNkM4NUJYQ1UyV1dCMi4u&data=04>

1/21 In the evil state of Washington, last week, the Board of Health failed to include "Use law enforcement to detain the unvaccinated" and "vaccination mandate in school" in their

agenda. But they would not accept their failure. They know there are all kinds of left-wing White, Black, Yellow, Spanish here, so they put out an online survey, in an effort to support their "adding COVID-19 vaccine as a requirement for school entry" proposal.

NO MATTER WHERE YOU ARE, I want you to help me fill this out which can be done in just 1 minute. Your small effort will help me bring debacle to these evil fake health officials' attempt to harm my children. Join us, let your voice be your weapon.

As far as the first question is concerned, just use "Washington School District".

Obviously, he is encouraging 12k people, many of whom are not even living in the US, let alone WA state residents, to flood the survey with faked WA residents data, which obviously pose a serious threat to the public health of the community and commit a crime. In the screenshot, you can also see he is openly asking people (including non-US citizens) to submit the survey more than once and in vulgar languages.

In particular, his agitation scheme to sway health official opinions could result in tremendous health risk consequences to the millions of children in Washington state.

Please ask the appropriate department to step in, investigate and defeat this egregious cyber attack! At the minimum, denounce such fraud in your next public meeting with this evidence.

Thanks to you for keeping the Washington state communities and children healthy!

Jennifer

From: Gerald Steel
Sent: 2/2/2022 5:52:50 PM
To: DOH WSBOH,Bill Osmunson
Cc:
Subject: Re: HB 1684 Fluoridation

External Email

Great letter, Bill.

Gerald Steel RCE PE
Retired Attorney
7303 Young Rd. NW

Olympia WA 98502
Tel/Fax (360) 867-1166

On Wednesday, February 2, 2022, 09:56:54 AM PST, Bill Osmunson
<bill@teachingsmiles.com> wrote:

Dear Washington State Board of Health, Keith Grellener, Tom Pendergrass, Elisabeth Crawford, Temple Lentz, Vazaskia Crockerell, Fran Bessermin, Bob Lutz, and Umair Shah,

The Legislature has asked the Board of Health for advice on HB 1684 Fluoridation to be provided within 10 days. Ten days is not enough time for the smartest person in the world to carefully review all streams of evidence on all sides. Tradition supports fluoridation. Please consider science rather than endorsements.

The US Food and Drug Administration and the Washington State Board of Pharmacy, all Pharmacopeias and most developed countries have determined fluoride when marketed for ingestion with the intent to prevent dental caries is a legend (prescription) drug.

The research is clearly showing too many (70%) of children have dental fluorosis, a biomarker of excess fluoride exposure.

The research is clearly showing mothers on fluoridated water and infants ingesting fluoridated water used to make their formula result in developmental neurotoxicity (lower IQ). In the last 4 years, 22 human studies report lower IQ. Grandjean et al 2021 reported 5 IQ loss with mother's urinary fluoride concentration at 0.7 ppm. Urine fluoride concentration mirrors the fluoride concentration of water the mothers and infants are ingesting and a Benchmark Dose for only 1 IQ loss is 0.2 ppm.

HB 1684 is built on historic tradition without looking at the current science. Dental caries are not highly contagious or lethal like COVID and fluoride ingestion should not be mandated when so many are showing signs of excess fluoride. Makes no sense to give those with too much fluoride even more.

Fluoride is now considered as lethal to the developing brain as lead. Although HB 1684 does not mandate fluoridation, it pressures more water purveyors to fluoridate their water.

Proponents have never answered the most fundamental question of how the fluoride gets from the blood in the tooth to the surface of the tooth where caries start or have started.

No known mechanism for fluoride transfer through the tooth is known. Researchers are now reporting swallowing fluoride has little chance of reducing dental caries. No metabolic function requires fluoride. Fluoride is not a nutrient.

Proponents rely on endorsements, tradition and one side of the science. Please review the attached for more evidence. The Board has a great deal of historical evidence from previous submissions.

Please advise the Legislature to not pass HB 1684 until a more thorough and careful review of the science can be achieved.

Sincerely,

Bill Osmunson DDS MPH

From: Heather Stratz

Sent: 1/25/2022 2:30:00 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: TAG



attachments\6295B8F8AC614D18_C19V PK Summary.docx

External Email

Please review the document. Do the right thing.

From: Gayle Baker

Sent: 1/22/2022 7:20:07 PM

To:

aunthank@co.clallam.wa.us,bmeyer@cityofpa.us,clallam@nomandate.us,cmccaugh@cityofpa.us,investigato

Peach,Mark Ozias

Subject: COVID Declaration backed by 17,000 Doctors and Medical Scientists from
Around the World.



attachments\62F8EFDF48154AC7_image.png



attachments\92AFD60D31414593_image.png

External Email

Dear WA State BOH TAG, Dr. Allison Berry and Clallam County Commissioners:

I am fairly certain that Olympia is not sharing this information with you, but I thought it might be of interest to your group(s).

[https://rwmalonemd.substack.com/p/press-release-on-the-eve-of-](https://rwmalonemd.substack.com/p/press-release-on-the-eve-of-washington?r=ta0o1&utm_campaign=post&utm_medium=web)

[washington?r=ta0o1&utm_campaign=post&utm_medium=web](https://rwmalonemd.substack.com/p/press-release-on-the-eve-of-washington?r=ta0o1&utm_campaign=post&utm_medium=web)

[<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%2Fpress-release-on-the-eve-of-washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws)

[release-on-the-eve-of-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%2Fpress-release-on-the-eve-of-washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws)

[washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%2Fpress-release-on-the-eve-of-washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws)

Quote from the Declaration:

Sincerely,

Gayle Baker

Sequim, WA

From: Jeff Hancock
Sent: 2/7/2022 10:18:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

CDC released data demonstrated natural immunity was 2.8 times as effective in preventing hospitalization and 3.3 to 4.7 times as effective in preventing COVID infection compared with vaccination.

COVID survivors should not be required to be vaccinated. Their previous infection provides significant protection for themselves and the community.

Children are not a threat to other people and the infection is rarely dangerous for kids. Children should not be required to be vaccinated against COVID. The risk of vaccination outweighs the benefits.

--

Jeff Hancock

From: Humbal1
Sent: 2/5/2022 4:57:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To The Washington State Board of Health and the Public It Serves::

We the free and united people of America and the world are writing in regards to the unlawful and corrupt actions taken by the healthcare industry, bureaucrats, and media regarding COVID-19. The actions taken for nearly two years now have stripped people of their rights, decimated the US Constitution, violated the principles of international law embodied in the Nuremburg Code, and ignored basic and inalienable human rights. The people behind this have leveraged their privileged positions to make billions of dollars at the expense of humanity and we are unwilling to allow this to continue.

For decades, the field of public health has researched the use of fear as a tool to manipulate people into action. The use of that tool has now been perfected and implemented against the people of the world with COVID-19. Evidence of this knowledge can be found in a CDC presentation, other DHHS materials, and in numerous academic journals. The intentional use of fear to sow hate, division, and discord is unethical, unacceptable, and must stop immediately. The reality is that COVID-19 has a 99%+ recovery rate in most of the population and approximately a 94% recovery rate in the most vulnerable. Compare this to the original SARS which had approximately a 9% case fatality rate and the original MERS which had over a 30% case fatality rate. We did not lockdown, mask, or even widely acknowledge these diseases when they were prevalent despite the fact that they had similar rates of spread to COVID-19. This fear has been used as a marketing tool to attempt to justify previously unthinkable actions by bureaucrats and public health figures around the world; the most egregious of which is the forced injection of gene therapy drugs into healthy people. Gene therapy literally alters the 1 genetic makeup of a human being and simply cannot legally, morally, or ethically be forced on anyone, ever. If the decision to alter one's own genetic makeup does not rest with the individual then there can be no argument that freedom is lost. Not only are the COVID "vaccines" admittedly a gene therapy, they are inarguably unsafe.

The swine flu vaccine was pulled from the market after just over 20 deaths, the Chevy Volt was recently recalled over the potential for battery fires, but the Pfizer shot was given expanded authorization despite the high recovery rate from COVID-19 and the fact that Pfizer's own documents, submitted to the DHHS show that over 1200 people died in less than the first 3 months of authorization. This is nothing more than corruption. The COVID shots are also ineffective. A recent Department of Defense document stated that 71% of new cases of COVID-19 in the Medicare population are in fully vaccinated individuals and 60% of hospitalizations are in the fully vaccinated. This same document also stated that the injections are even less effective in North American Natives, Hispanics, and "Blacks" (the document apparently was unconcerned with political correctness).

If the 1 Moderna acknowledged in SEC filings that mRNA technology is a gene therapy. This has also been acknowledged in documents from Pfizer and by numerous scientists. "vaccines" do not stop the spread, do not stop hospitalization, alter our genes, and have not even existed long enough for long term testing, why are we attempting to violate people's inalienable rights by forcing them? The fact is that we are now moving ahead as quickly as possible with these COVID shots. We are even authorizing them in children despite the fact that people under 30 are at ZERO statistical risk of death from COVID-19

and the shots appear far more dangerous to children than the disease. Further, we are doing this with no transparency. The DHHS has done everything possible to cover up the side effects and dangers of these injections, even going so far as to request 55 years to release the documents they relied upon to authorize/approve these deadly injections.

How can informed consent be given without a true understanding of the risk? This situation is untenable and we demand that it be remedied. We the free people of this nation and world will no longer comply with mandates that fail to consider our inalienable rights. In the spirit of Martin Luther King, Gandhi, and Jesus Christ we will spread our message through peace and we will resist peacefully, but make no mistake, we WILL resist.

The accompanying presentation found at www.renz-law.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.renz-law.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb076036d6c184754389008d9e90b5155%7C>

supplies you with additional data to demonstrate everything stated here. We now demand the following from our elected leaders, and vow to remember your actions or inaction when it comes time to vote and donate:

1. The resignation/termination of Anthony Fauci and civil/criminal investigation of his actions by a truly INDEPENDENT prosecutor;
2. The criminal and civil investigation of those involved with any gain of function research that may have been responsible for the creation of SARs-COV2;
3. Investigations – criminal and civil – into the deceptive and misleading push for the gene therapy injections that have been falsely labeled as vaccines (only after the definition of “vaccine” was changed); a. This should include RICO and fraud claims (as is appropriate) involving the “Trusted News Initiative”, the drug companies, hospital systems, and some government actors;
4. Transparency legislation that gives the public immediate access to the raw data and submitted documents related to the shots and COVID “pandemic” – If there is nothing to hide NO ONE should oppose transparency; a. This should be passed on the state level as well;
5. Liability for injury from vaccines under the same rules as any other product – if they are safe there should be no opposition to liability to help those that have been injured;
6. Legislation that recognizes the absolute right to reject medical treatment or vaccination of any type for ANY reason;
7. NO funding or state/federal contracts with ANY organization that discriminates based on vaccination or health status;
8. Funding for the hundreds of thousands of individuals injured by job loss and “vaccine” injury;
9. NO on vaccination status tracking legislation; and
10. Our local law enforcement to uphold their oaths to uphold the Constitution and refuse to enforce unconstitutional mandates and rules.

Submitted by: _____YOUR NAME HERE_____ The preceding is submitted on behalf of the free people of the world and with the support of: Thomas Renz, Esq Renz Law Renz-law.com

Joey Gilbert, Esq Joey Gilbert Law joeygilbertlaw.com

Pam Popper Make Americans Free Again makeamericansfreeagain.com

American Frontline Doctors americasfrontlinedoctors.org

Truth for Health Foundation www.truthforhealth.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.truthforhealth.org%2F&data=>

Christian Revolution christianrevolution.net

Kevin Jenkins

Susan Sweetin Urban Global Health www.urbanglobalhealthalliance.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.urbanglobalhealthalliance.com>

Jeff Witzeman President Health Freedom for Humanity

www.healthfreedomforhumanity.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.healthfreedomforhumanity.org>

Leslie Manookian President, Health Freedom Defense Fund HealthFreedomDefense.org

Christiane Northrup, MD MaineStandsup.org New Mexico Stands Up Nmstandsup.org

Leigh Dundas, Esq President, Advocates for Citizens Rights www.citizens-rights.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.citizens-rights.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb076036d6c184754389008d9e90b51557>

Michael A. Hamilton Cornerstone Law, PSC www.cornerstoneattorney.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cornerstoneattorney.com%2F>

Ron Jenkins, Esq Meridian 361 International Law meridian361.com

Robert J. Gargasz, Esq Jonathan Diener, Esq N. Ana Garner. Esq

Garner Law Firm Patricia Finn, Esq

Reiner Fuellmich, Esq

Dr. David Martin www.davidmartin.world

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.davidmartin.world%2F&data=>

Mary Holland President, Children's Health Defense

Peter Glidden ND 2ND Opinion Health Solutions Inc

RiseUpIntoHealth.com Jane Ruby, PhD, EdD, MS Medical Professional and former

Pharmaceutical Drug Development Expert t.me/drjaneruby

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ft.me%2Fdrjaneruby&data=04%7C>
drjaneruby.com

Peter A McCullough, MD CJ Wheeler-CEO Book It CJ BookItCJ.com

Dr. Bryan Ardis www.theardisshow.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.theardisshow.com%2F&data=>

Mary Fanning Alan Jones The American Report TheAmericanReport.org

General Thomas McInerney

General Paul Vallely

Col Lawrence Sellin The Fortnight Intelligence Briefing

John B Wells Ark to Midnight on Salem radio caravantomidnight.com

Mike Adams, Founder of Brighteon Brighteon.com Brighteontv.com

Naturalnews.com

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7D>

Secure Email.

From: Russ Vanos
Sent: 1/29/2022 10:06:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: about Redbud Phenology Project
Sent: 2/8/2022 9:24:20 PM
To: REDBUDLIST@LISTS.PSU.EDU
Cc:
Subject: Request help in two research projects

External Email

Dear all:

This email is to promote two research projects.

Project # 1. From a colleague who is studying how prior music learning experience relates to learning with multimedia resources in non-music disciplines.

"The purpose of this study is to investigate how prior music learning experience relates to learning with multimedia resources in non-music disciplines. It will investigate whether cognitive strategies trained via music learning transfer to a non-music discipline by uncovering the association, or the lack thereof, that varying degrees of prior music learning, types of the music learning experience, and multimedia learning resource types associate with student learning performance. To be a participant, the individual should be 18 years old or older, with or without prior musical training experience.

Please use the link to participate and share the recruitment letter (attached) with your colleagues and/or students.

https://duq.az1.qualtrics.com/jfe/form/SV_aazmtz0OqqIfzBc
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fduq.az1.qualtrics.com%2Fjfe%2F>
"

I took me 10-15 minutes to complete the survey. Thanks for helping this colleague.

* * *

Project # 2: Eastern redbuds are iconic spring bloomers, but mystery remains about the timing of their flowering

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fsearch%3Fq%3Dmg%3A1600108931931%26source%3Dlnms%26tbm%3Disch%26sa%3DX%26ved%3D2ahUKewiIh_Wjpu
and fruiting

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fsearch%3Fq%3CcCegQIABAA%26oq%3D%2522cercis%2Bcanadensis%2522%2Bseed%2Bpods%26gs_lcp%3DCgNpbWcQA
. The Redbud Phenology Project

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usanpn.org%2Fnn%2Fredbud>
seeks to answer questions such as:

1. Does the timing of redbud flowering vary by location or elevation?
2. Is there a cycle to abundant years of redbud fruiting?
3. Are redbuds flowering and fruiting earlier in the year?

By signing up as a Nature's Notebook observer and tracking the seasonal activity of an eastern redbud tree where you live, you will collect important information to help scientists answer these questions!

Want to find out what's involved? Watch a recording of our virtual info session and training where we explain the significance of this project, walk you through the steps of creating a Nature's Notebook account and registering a redbud tree, and describe how to make observations and submit them online. Watch the video

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F0SEmNS_tgOo&data=
.

Stay up to date on the Redbud Phenology Project - sign up

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fip.constantcontactpages.com%2F>
for emails with news, resources, results, and more!

Questions? Contact Erin Posthumus, USA National Phenology Network, at erin@usanpn.org <<mailto:erin@usanpn.org>> or Dr. Jorge Santiago-Blay, National Museum of Natural History, at blayj@si.edu <<mailto:blayj@si.edu>> and Penn State York, blayj@psu.edu <<mailto:blayj@psu.edu>> .

Sincerely,

Jorge

Jorge A. Santiago-Blay, PhD

Pronouns (pronombres): English (inglés), singular: he/his/him; español (Spanish), singular: él/lo

Adjunct Lecturer in Biology

The Pennsylvania State University - York Campus

<https://naturalhistory.si.edu/staff/jorge-santiago-blay>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fsantiago-blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fsantiago-blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e>

Editor-in-Chief: Life: The Excitement of Biology

<https://blaypublishers.com>

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e)

1. Positive experiences for authors of papers published in LEB:

<http://blaypublishers.com/testimonials/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Ftestimonials/>

2. Free examples of papers published in LEB:

<http://blaypublishers.com/category/previous-issues/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Fcategory%2Fprevious-issues%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e>

.

3. Guidelines for Authors and page charges of LEB: <http://blaypublishers.com/archives/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Farchives%2F>

.

Research Associate, Department of Paleobiology

National Museum of Natural History, Smithsonian Institution

<https://naturalhistory.si.edu/staff/jorge-santiago-blay>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fjorge-santiago-blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e>

Adjunct Lecturer

Department of Environmental Sciences and Policy

The Johns Hopkins University

<https://advanced.jhu.edu/directory/jorge-a-santiago-blay/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadvanced.jhu.edu%2Fdirectory%2Fjorge-a-santiago-blay%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e>

Moderator of Entomo-L: To subscribe, send an email to: listserv@lists.psu.edu . For further questions, please, email me.

From: Kathryn Steele
Sent: 1/28/2022 9:17:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mary Jane Ven
Sent: 2/7/2022 3:20:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/2/2022 10:40:36 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\660D9C33FF1048D6_image001.png

Hello,

Below is a public comment on your January 12th meeting.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, January 27, 2022 7:45 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

In response to the Washington State Board of Health's decision to convene a Technical Advisory Group for the purpose of considering Covid-19 immunization in Washington's immunization rule: <https://sboh.wa.gov/News/Articles/ID/3059/Technical-Advisory-Group-TAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles%2FID%2F3059%2FTechnical-Advisory-Group-TAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf617b82e14064d04aa5f08d9e67b7ff8%7C11d0e>>
For personal, philosophical, and religious reasons my wife and I are adamantly opposed to any authoritative decision that does not support one's personal decision to abstain from the Covid-19 vaccination. If the State moves forward with this requirement and does not allow for an exemption including a reasonable accommodation for our children, they will be withdrawn from the Cascade School District in Leavenworth, the public school that they are currently enrolled in. Thank you for your consideration, David and Molli Ragsdale Leavenworth, WA

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
<https://sboh.wa.gov/News/Articles/ID/3059/Technical-Advisory-Group-TAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles%2FID%2F3059%2FTechnical-Advisory-Group-TAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf617b82e14064d04aa5f08d9e67b7ff8%7C11d0e>>

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

DAVID RAGSDALE

Email:

dwrags@gmail.com <mailto:dwrags@gmail.com>

Telephone:

(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

dwrags@gmail.com <mailto:dwrags@gmail.com>

From: DOH Information
Sent: 1/31/2022 12:02:51 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\E10ABD3056B04CBE_image001.png

Hello,

Below is an inquiry regarding vaccine mandate for children.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Saturday, January 29, 2022 8:48 AM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Comment on the web

2.

Please enter your comments or questions in the space provided below:

I want to express my concern regarding a vaccine mandate for children. Both my husband I are vaccinated and we believe in vaccines. My child is fully up to date on her vaccines. We are not "anti-vaxers" but this vaccine is not at all necessary for young children. They are not at high risk for any serious complications with Covid. I'm much more worried about the long term and unknown effects of the vaccine on children which we couldn't possibly know about yet. Forcing children to get this vaccine is completely wrong and goes against our rights as parents and citizens of the United States. So many people feel this way. It is completely ridiculous to mandate this. You must think very seriously and weigh the implications of such a dangerous decision.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:
Marly Dreis
Email:
(no answer)
Telephone:
206-245-9246

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

marlyeiford@yahoo.com <mailto:marlyeiford@yahoo.com>

From: theresalane@comcast.net

Sent: 2/3/2022 12:26:49 AM

To: DOH WSBOH

Cc:

Subject: Attn: TAG for Covid K-12 mandates - We will kill 117 kids to save one child from dying from COVID in the 5 to 11 age range

External Email

Hello TAG,

Here are some articles supporting the subject line. You won't hear this on the legacy news and this is not misinformation. Please read and contemplate.

<https://stevekirsch.substack.com/p/we-will-kill-117-kids-to-save-one>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fwe-will-kill-117-kids-to-save-one&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc82cb43ef45a47beb09d08d9e6eeeb25%7C11d0e217>>

<https://tobyrogers.substack.com/p/what-is-the-number-needed-to-vaccinate>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftobyrogers.substack.com%2Fp%2Fwhat-is-the-number-needed-to-vaccinate&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc82cb43ef45a47beb09d08d9e6eeeb25%7C11d0e217>>

Sincerely,

Theresa Lane

Very Concerned WA parent

From: Ronelle Caskey
Sent: 1/27/2022 6:06:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ann Turner
Sent: 1/27/2022 8:57:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Eneberg
Sent: 1/31/2022 7:11:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: JJ Farmin
Sent: 1/29/2022 9:21:19 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Regarding the WA DOH parent survey extended for the purpose of evaluating parent response to COVID 19 vaccination requirements for school attendance in WA state - initially, the survey would not allow submission of response. I would like to submit a more indepth response to this invitation, regardless.

Please take a few minutes to carefully consider the following information prior to voting to require children to receive this vaccination in mass numbers across our state. The information referenced, is completely aside from 'the right to choose' element, equally important and warranting consideration.

Risks:

There are numerous published medical or scientific studies on the Journal of the American Heart Association's website (to name just one), which outline cases of myocarditis and other medical heart issues post COVID-19 vaccination. To note a few (bold emphasis mine) -

1. In-Depth Evaluation of a Case of Presumed Myocarditis After the Second Dose of COVID-19 mRNA Vaccine, concludes with, "Additional surveillance of such adverse events after COVID-19 vaccination will help to identify whether there are subgroups who are at higher risk for this vaccine-related effect" (Vol 144, No 6) -

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056038>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCULATIONAHA.121.056038>>

2. Another published study: Clinically Suspected Myocarditis Temporally Related to COVID-19 Vaccination in Adolescents and Young Adults, concludes with, "Future studies should evaluate risk factors, mechanisms, and long-term outcomes" -

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056583>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCULATIONAHA.121.056583>>

3. Abstract 11847 Acute Myocarditis Following COVID-19 mRNA Vaccination, concludes with, "...warrants further description and investigation." -

https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.11847

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/circ.144.suppl_1.11847>

4. Myocarditis After BNT162b2 and mRNA-1273 Vaccination, concludes with, "providers should be vigilant for myocarditis after COVID-19 mRNA vaccination, and further research is required to understand the long-term cardiovascular risks." -

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.055913>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCULATIONAHA.121.055913>>

5. Initial publication Abstract 10712 Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning, stated, "We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination" before wording of the publication appeared to be carefully modified as documented.

The CDC itself recently published, "By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone." -

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F71%2Fwr%2Fmm7104e1.htm>

CDC also states: What is already known about this topic? An elevated risk for myocarditis among mRNA COVID-19 vaccines has been observed, particularly in males aged 12–29 years." - <https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7027e2.htm>

, concluding with, "CDC and FDA will continue to closely monitor reports of myocarditis after receipt of the mRNA COVID-19 vaccines and will bring any additional data to ACIP for consideration. The benefit-risk analysis can be updated as needed to reflect changes in the COVID-19 pandemic and additional information on the risk for and outcomes of myocarditis after COVID-19 vaccination. The ACIP recommendation for use of mRNA COVID-19 vaccines under an EUA is interim and will be updated as additional information becomes available."

From a Google search results page: Transmission of SARS-CoV-2 in K-12 Schools - CDC

https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fscience%2Fscience-briefs%2Ftransmission_k_12_schools.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb6d8ad96af60

briefs%2Ftransmission_k_12_schools.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb6d8ad96af60

Children are less likely to develop severe illness or die from COVID-19. ...

(although it appears this statement has since been removed from the page itself, even though Google picked it up as part of the page on search,).

If nothing else, all of this data clearly magnifies the fact that these vaccinations are still in trial and error mode, and still being studied for effectiveness and injuries. Given this, to require our children to be recipients of this, without any government or vaccine manufacturer liability, is negligent and should be considered criminal.

I am hopeful you will leave this decision to individuals and the parents of the children.

Thank you for your time and consideration,
Jennifer Farmin, concerned citizen and parent

From: Sandra yazdi
Sent: 1/27/2022 4:56:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brian Webb
Sent: 2/7/2022 7:30:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Andrew Weiss
Sent: 2/8/2022 9:26:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Connie Kellahe
Sent: 2/3/2022 8:37:48 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Deb Dillard
Sent: 1/28/2022 9:47:03 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 1/31/2022 11:46:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: gina-kevin
Sent: 2/8/2022 11:21:55 AM
To: DOH WSBOH
Cc:
Subject: NO VACCINE MANDATES FOR OUR KIDS

External Email

Hello- I'm not sure what you are going to decide for OUR kids concerning the experimental Covid vaccine, BUT OVER MY DEAD BODY WILL MY HEALTHY TEENAGE SON EVER GET ANOTHER COVID SHOT AGAIN.

DO NOT PUSH THIS EXPERIMENTAL VACCINE ON OUR KIDS. THEY DO NOT NEED A VACCINE THAT HAS AN ALMOST 100% RECOVERY RATE.

GINA

From: Robert Holte
Sent: 1/31/2022 11:44:52 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: CINDY MILLIRON
Sent: 2/8/2022 6:35:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cathy Schlieman
Sent: 2/9/2022 9:18:09 AM
To: DOH WSBOH
Cc:
Subject: Vaxx requirements

External Email

Please do NOT add Covid 19 vaxx to chapter 246-105 WAC.
As we all are finding out, this Covid 19 vaxx is NOT preventing the spread of Covid and it has risks. It is NOT necessary.
Also, please UNMASK our children!
Sincerely
Catherine and Jeffrey Schlieman

Sent from my iPhone

From: Brenda St John
Sent: 2/7/2022 3:30:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: No Censor
Sent: 1/22/2022 8:13:53 PM
To: DOH WSBOH,Denny Heck (Lt Governor)
Cc:
Subject: Genocide and Crimes Against Humanity



attachments\2A8A125D777146EB_VaksTruth8.mp4

attachments\44B0A528514B4046_VaksTruth6.MP4

External Email

Hello All,
This communication is to be forwarded to Jay Inslee by the Lieutenant Governor. This is because Inslee refuses to have an email address. Thanks in advance.

As you all may be aware, the world is now fully aware of what you are doing. Why is not VAERS numbers part of your agenda and daily narrative? Currently VAERS is reporting over 22,000 deaths and over 1 million injuries from the needle poison that you people are still pushing. Seriously ... how many people must die before you stop your campaign of murder and genocide. Yes ... murder. Are you all living under a rock? The world is full of doctors, nurses, experts and now politicians who are using the term "murder" their word not mine.

Not one of you can prove that an emergency is valid. Not one of you can prove the covid virus exists or any of the variants. You are acting criminally by using a fraudulent PCR test that the CDC has admitted cannot decipher between the flu and covid.

You all need to cease and desist your genocidal campaign of poking people with needle poison, that you incorrectly label a vaccine. Your campaign needs to stop NOW until the VAERS numbers have been investigated and verified.

The world is now aware of what you are doing. Please watch the attached videos. And please stop with your lies and propaganda. It is disgusting! Oh and please stop using the "cases" narrative ... the gig is up.

From: Theresa Melendez
Sent: 1/28/2022 11:32:34 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Debbie Cole
Sent: 2/5/2022 4:24:14 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate for school children

External Email

We are watching your department consider the mandate for all children to attend school.

This is extremely reckless, does not include the science and is very premature considering the effects of the vaccines have not been concluded.

To act on this before results and effects are in amounts to experiments on children.

What's wrong with you?

NO MANDATES FOR CHILDREN!

Wait until the study is finished and results are in and published. There are too many bad side effects showing up!

Debbie & Terry Cole
Longview, WA.

From: Marilyn Bennett
Sent: 1/28/2022 11:25:44 AM
To: DOH WSBOH
Cc:
Subject: Inventor of MRna for Vaxx will be here.

External Email

Dr. Robert Malone will be in Gig Harbor Feb 20, 2022 . He is the inventor of the MRNA technology used in the vaccine. PleSe come and hear the information so you can make a medically informed decision.

<https://ticketbud.com/events/8497e8f4-7f07-11ec-8144-42010a717017>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fticketbud.com%2Fevents%2F8497e8f4-7f07-11ec-8144-42010a717017&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf1a2e8b9775e45a7883508d9e2936c2f%7>>

If you can't get a ticket I will be pleased to give you mine.

Sincerely,
Marilyn Bennett

From: staci Whitsitt
Sent: 2/9/2022 9:22:51 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am writing to you today in opposition to the Covid vaccine for children.

There is not nearly enough data to show its safety....in fact there is more data and proof coming out daily of its deadly side effects.

I will not ever give permission for my children to receive the vaccine. I pulled my kids already from public school....and my guess is you will see a mass exodus from Thousands more if you make it a requirement for attendance.

We do not coparent with the State or You! My child, my choice.

Staci Whitsitt
Concerned PARENT

From: Sarah Bakker
Sent: 2/9/2022 8:29:57 AM
To: DOH WSBOH
Cc:
Subject: Mother concerned about covid vac -children

External Email

Dear board of health ,

I am asking and begging u to leave our children out of this concerning covid vaccine requirements for schools. This is going way to far and this needs to be a choice from a parent and not government ! You people need to wake up! This is evil and completely out of order. I am begging u to stop ☐ please take an inventory of your own soul ... is this really about money ???!!! Wake up

Sarah Bakker

Sent from my iPhone

From: Rochelle Cornett
Sent: 1/28/2022 5:25:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Flegel
Sent: 1/31/2022 6:37:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dennis Tjoelker
Sent: 1/28/2022 4:12:26 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kala M
Sent: 2/8/2022 1:48:42 PM
To: DOH WSBOH
Cc:
Subject: Adding covid vaccine

External Email

To whom it may concern,

It is deeply disturbing that you would consider adding the covid injection to the k-12 schedule. As you are aware this is an experimental injection, not an approved vaccine. The long term and short term effects are unknown. The fact that it is experimental, not approved, and with no long term or controlled studies should negate the call to implement this as required for anyone, especially school children. The data has shown that kids are mildly if affected at all, there is no reason to make a blanket approach for a non problem.

Parents are already questioning vaccines themselves, and especially the necessity for one for covid. Many parents are questioning allowing their children to go to or remain in the public school system. Trying to require additional, experimental injection will have a negative impact on enrollment and students. No parent should be forced to injection their child against their beliefs or wishes.

It is negligent on your part to not include persons whom would make a balanced panel or group to discuss this issue. When you have no one representing a dissenting voice you are merely prepertrating a scam of a hearing. If enrollment is an issue now, keep pushing parents to make ethical, moral, or spiritual medical decisions for their child to attend school, and it will only get worse.

Thank you,
Kala McGlashan

From: Laurie Hatakeda
Sent: 2/8/2022 9:23:57 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please, please do not mandate Covid vaccines for children. Children are at a very low risk of serious disease from Covid. There have been no long term studies on the safety of the vaccine for children. The risk of possible adverse effects from the Covid vaccine far outweighs any benefit.

Sincerely, Laurie Hatakeda

Sent from my iPhone

From: Jodie Paine
Sent: 1/29/2022 8:21:31 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:16:03 AM
To: DOH WSBOH
Cc:
Subject: FW: Concerned taxpayer

From: Ensy <ensy@comcast.net>
Sent: Wednesday, January 12, 2022 1:55 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Concerned taxpayer

External Email

Hi Kaitlyn,

I am writing this email regarding the potential Washington state vaccine mandate for schools. Without going into great scientific debate, there is no discernment between vaccinated and unvaccinated people regarding contracting Covid or transmitting Covid. The Covid vaccines are not effective. The vaccines are actually not true vaccines by definition.

The second fact is that mandating experimental drugs on the general public is a violation of our constitutional rights living in the United States. Now our state is looking to mandate this on children in whom these drugs are not studied or approved. Comirnaty as a brand name is actually not being dispensed in the US at this time. We continue to use emergency stock piles of Pfizer's drug as well as Moderna which is not FDA approved, yet "counts" if you want to be considered vaccinated! No approval and not enough evidence for approval. The practice of distributing drugs not approved is illegal by so many laws we don't have time to discuss. No other vaccine to date has performed like this.

I am adamantly opposed any mandate for the Covid vaccine regardless of which one. We have a right to chose what goes in our bodies and how we manage the health of our children. This mandate for vaccinations for kids to be in school will cause parents to remove their children from this school system as well as physically moving from this state. Highly educated well paid taxpayers are leaving the state of Washington in droves because of Jay Inslees mandates and rules. This will be the final straw for thousands of people because we are NOT willing to be the experiment for Inslees political agenda.

I am happy to expand on the scientific data and information if you would like more information.

Thank you for you time.

Rachel Enselman

Life long Washington State resident

From: Aleksandr Zhelez
Sent: 2/3/2022 12:39:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tiffany Hetrick
Sent: 1/30/2022 9:26:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/8/2022 10:48:10 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gala Lindvall
Sent: 2/8/2022 9:26:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Courtney Dethlefs
Sent: 2/8/2022 8:32:59 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members -- 2/10 TAG meeting

External Email

Dear TAG members,

Please refer to your own materials stating that is no published literature on the covid vaccine efficacy in the school setting. How can you attempt to even consider adding this injection to the school-entry immunization schedule?

I think suicide and mental health issues should be much higher of concern to you. Our state government has literally killed more teenagers through suicide because of covid mandates than they have through any flaw in covid precautions.

End your deliberation and listen to the parents.

Respectfully, Courtney

From: Glasoe, Stuart D (SBOH)
Sent: 2/4/2022 2:10:27 PM
To: DOH WSBOH
Cc:
Subject: FW: Oath

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Me Zee <mzee636@gmail.com>
Sent: Friday, February 4, 2022 10:51 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Oath

External Email

The Right to Informed Consent is Meaningless Without the Right to Refuse Any Medical Intervention, Including Mandated Vaccination. Government Agents and those Acting Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Vaccination. Furthermore, this includes mask mandates and PCR testing. Children under the age of eighteen years of age need a parent's signature on any and all documents that deal with medical testing and this includes PCR testing in school.

On Tue, Jan 25, 2022 at 9:34 AM Me Zee <mzee636@gmail.com> <mailto:mzee636@gmail.com> > wrote:

The oath you took to uphold the laws includes these laws.

Requirements for vaccinations should never include an experimental gene altering injection.

We now know that these COVID injections do a great deal of harm to children.
Can you live with that on your conscience?

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: Glenn Fernandes
Sent: 2/9/2022 8:39:36 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good Morning,

I would like to submit my comments opposing inclusion of the COVID-19 vaccine requirement for children from daycare through Grade 12. My focus and objections are primarily for those that are younger, but the logic applies to all young children.

Studies have clearly shown that the benefit of the vaccine is minimal, if any, for young children in elementary school. Additionally, as the parent of a 6 year old, I can say, from first hand experience, that the effect of COVID on a 6 year old is minimal. My wife and I are vaccinated, but caught a mild breakthrough infection in early January of 2022, most likely with Omicron. We were mildly sick for 1.5 to 2 days. My daughter who is unvaccinated had a fever for a few hours one evening and was back to normal by morning. I also observed this in several of her school peers and cousins; they all had either no symptoms or a fever for a few hours. I believe I can live with that for my daughter. Kids have shared food and drink, removed masks, and acted like kids during the last year, and the vast majority have been fine.

At this point, I believe the risks of mandating vaccines for young children exponentially exceed the benefits. I believe in vaccines for adults and perhaps even for college age children, but not for little ones that get little or no benefit from these vaccines. Pfizer's own studies have shown that the benefit was minimal if any, and those results are often skewed to promote their products.

Risk to children include myocarditis, nerve damage, sore arms, and other ailments that we still do not know enough about. I do not believe we should do this to our children.

Thank you for listening to our feedback.

--

Glenn

From: Daniel Dunkin
Sent: 2/7/2022 8:27:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bethany Schoeff
Sent: 2/9/2022 1:01:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Debbie Throop
Sent: 1/28/2022 2:29:29 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Dong
Sent: 1/30/2022 11:32:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mark Wiggins
Sent: 1/28/2022 9:56:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stephanie Kuemerle
Sent: 1/30/2022 12:37:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/1/2022 1:46:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Denice Stewart
Sent: 1/28/2022 7:13:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Megan Tackes
Sent: 1/28/2022 8:36:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: jeff mcbeth
Sent: 1/29/2022 6:04:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hugo Mertens
Sent: 1/28/2022 7:42:41 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brad Charleson
Sent: 1/28/2022 1:03:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marvin Bales
Sent: 1/28/2022 8:49:44 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Catrina Kindahl - Ross
Sent: 2/8/2022 11:56:57 PM
To: DOH WSBOH
Cc:
Subject: WA Dept health meeting 2/10/22 vaccines



attachments\308C1CADD70B4A44_image3.jpeg

attachments\5ACF510EB46B4816_image1.jpeg

attachments\6863CEE9057A4CC2_image0.jpeg

External Email

To the board members and members voting on item 5 and item 6 in February 10, 2022 meeting, I am here as a mother and representing the community of Kent Washington.

You previously held a similar meeting where over 30,000 people sent emails or attended the zoom meeting. You heard our voices. We do NOT accept you making health decisions over us or our children.

We have provided you with studies and other sources of data that shows your agency is out of line and your decisions are political.

How dare you tell us to step aside and let the experts do their work?

We have seen your "science". I find it interesting that if we look directly at each hospital's Covid situation as far as ICU, general or death, your reports deviate quite a bit from theirs. It seems vaccinated are higher numbers than unvaccinated. Also, why are you including data from a year ago, when the virus has changed from delta to omicron as of December of 2021. Omicron is much less deadly so your statistics do not show current and real statistic for the variance we are dealing with.

We also now know that both vaccinated and unvaccinated spread and get Covid, at possibly a higher rate for the vaccinated. Have you done your due diligence and researched this number in this state?

And why are we relying on PCR Covid tests to build data, when FDA no longer find them reliable?

I do recommend that you attend Dr Malones seminar that is being held in Gig Harbor this month if you want to listen to experts.

He is far superior to any of you who call yourself experts. Look at his track record. In fact, I would love to see you having a panel discussion about vaccines with him. He can help you understand science.

Since your last public meeting, the world has changed. Millions of people are demonstrating against vaccine mandates and mask mandates all around the world. Convoy started in Canada and just today; Ontario declared removal of vaccine passport, and masks from children publicly and in school effective immediately.

Oregon is removing their mask mandate 3/31 or sooner.
California is planning to remove their mask mandates.

UK has removed their mandates.
Sweden has removed their mandates

These countries are currently planning or are in the midst of freedom convoys. Remember eyes are on you, and the world will know that you went against freedom of choice and they will know you forced children out of the school system. Because we will not comply.

While you are so concerned about the vaccine, you have forgotten about increased child and young adult suicide due to isolation, no school or on line schooling, mask cover, 6 feet distance to your friends, and loss of social life. You are not concerned about the mental health of Washington state citizens. Those who have lost their jobs in careers they were previously looked at as hero's. Some have 20+ years in the industry. Some are still paying of their school loan from a career that is now long gone. You have not looked at the health of those businesses that had to close temporarily or completely during the lockdown. You are forcing business owners to implement vaccine passports, while they are loosing thousands of dollars monthly in revenue due to lost business. Divorces and mental health issues are over the roof. You do not care about health, it has been proven. Instead you take advise from a governor who had placed himself in forever emergency power, CDC and FDA, two organizations that are highly financially involved with Pfizer and Moderna. Did you notice the same people sit on both boards?

Over and over, in federal courts and supreme court it has been ruled that mandating vaccine is unconstitutional.

Here are some facts. I doubt you will read the links but you have been informed. This is my notice.

You are trying to mandate a drug that is not FDA approved to children. This is illegal:

<https://crsreports.congress.gov/product/pdf/R/R46913>

<https://www.fda.gov/media/151710/download>

EUA - Sept 29, 2021 (Comirnaty vs. Pfizer/ BioNTech) shots - not the same

Listen to data about effectiveness of vaccine here:

<https://www.canadiancovidcarealliance.org/>

Injuries.... Lots of injuries

<https://www.covidvaccinevictims.com/>

Why does OSHA require fit testing, training, and safe disposal of respirators, but our school kids are just thrown in any old medical device as though all bodies are the same? "29 CFR 1910.134, Respiratory Protection Standard."

https://www.osha.gov/sites/default/files/enforcement/directives/CPL_02-00-158.pdf

A study of why school children should not get C shots.

<https://alethonews.com/2021/11/05/6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine/>

Sweden's health department recommends children under 12 should not take the vaccine.

You giving yourself the "supreme right" to vote over the safety of our children is despicable. You are overstepping your authority by suggesting any medical advice for children that you have not medically evaluated as their physician, and so do the school boards and schools who enforce this requirement.

You MUST consider every student's medical needs. We the parents will make decisions relating to our children's health within our own families and with our own medical

providers.

And for Masks:

Lots of studies on mask Effectiveness:

<https://www.sciencedaily.com/releases/2015/04/150422121724.htm>

<https://pubmed.ncbi.nlm.nih.gov/25903751/>

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

<https://pubmed.ncbi.nlm.nih.gov/33254499/>

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

Info on children and masks:

<https://thehill.com/opinion/education/514742-masks-for-all-children-arent-needed-or-ethical>

<https://swprs.org/face-masks-evidence/>

Further more, child abuse is illegal:

section 1. vaccine injury (who will be responsible for a vaccine injury of a child? and section D; forcing children to wear masks.

While most other states in this country has removed restrictions and mandates and their children's lives has gone back to normal, Washington state children are being raised in fear, and being forced to comply with government and health official's over reach.

Have you seen all the thousands of vaccine injuries and deaths to athletes around the world? You are public figures, the world will hold you accountable. It takes only 1 proven vaccine death to charge you for murder, just like what happened in UK and what ultimately caused the restrictions to be removed in UK.

Start working on the real issues of mental health issues caused by this governments overreach and agencies like yours who support them.

Catrina

From: S Holloway
Sent: 2/8/2022 3:07:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alissa Persinger
Sent: 1/28/2022 11:30:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/2/2022 1:04:40 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12 2022

2.

Agenda Item or Issue:

State mandate vaccination for school

3.

Your Name:

Dolores Rutledge

4.

Do you have a professional title?

1. Yes

Vice president A-1 Drilling

5.

Are you representing an organization?

2. No

6.

Address:

Po box 1207, Stanwood Wa 98292

7.

Email:

A1drillinganddigging@gmail.com

8.

Phone Number (Include Area Code):

3606528333

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Requirement of children to have covid vaccination to attend school

11.

Are you Pro or Con on the proposal?

2. Con

There are presently side effects and possibly long term effects we have no idea of knowing yet. Growing bodies do not need this done to them.

From: cricket milliken
Sent: 1/28/2022 8:16:11 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alissa Miller
Sent: 1/27/2022 11:04:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brianna Bales
Sent: 1/28/2022 9:49:55 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Aryana Meza
Sent: 2/8/2022 2:25:37 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccine Inclusion for Students

External Email

To Whom It May Concern,

I oppose vaccine inclusion for students in any education institution. There is very little to no evidence to suggest that the Covid-19 vaccine prevents transmission of the virus to others or that it protects children. Covid-19 is not a threat to the majority of students and they experience mild to zero symptoms of Covid-19. It is more risky for a child to receive an experimental mRNA vaccine than for a child to become infected with Covid-19. Further more, there is no current published literature on pediatric Covid-19 vaccine effectiveness in the K-12 setting. While suicide is the third leading cause of death in teenagers ages 15-19 in WA state, Covid-19 is far down the list of causes of death for children in Washington state. Due to this information and more I oppose vaccine inclusion/requirements for students to attend any education institution.

Thank you

Aryana Meza

From: gail shooting star
Sent: 2/9/2022 8:26:30 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 shot requirements

External Email

There are many of us who do not support vaccination of our children or ourselves and will fight to protect our children from mandates. With all the required or recommended shots our children will already have had over 70 different vaccines by the time they are 18. This is frightening that science is regarded as overruling natural immunity of Creator's Design 100 % of the time.

Mandates are not going to save us when no education is perpetuated for keeping our bodies strong with organic food and proper nutrition. Where is this education for how to treat someone struggling to recover from sickness no matter how it is deemed to be spread? I declare that it is stymied by Industries of Capitalism. Many will be watching this debate and fighting to keep our bodies free of contamination we do not choose.

Sincerely,
G Barton
Naches, Wa

From: Cathleen Rieck
Sent: 1/28/2022 6:12:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: USA Freedom
Sent: 2/9/2022 9:26:13 AM
To: DOH WSBOH
Cc:
Subject: TAG Meeting 2/10/2022 Covid-19 Vaccine

External Email

To Whom It May Concern,

I am a concerned parent writing to the WA State Board of Health and the TAG Team, regarding the discussion about Covid-19 Vaccine and mandating it for children to attend any type of schooling or childcare in WA State.

I am against this mandate and it possibly becoming a WA State law.

The Covid-19 vaccine has not shown to completely stop the spread of Covid-19. I am aware that it could possibly reduce the virus symptoms. For the majority of children, the Covid-19 virus is not fatal. It would be wrong to mandate it, or make it a law to attend school, due to the fact that it doesn't stop the spread.

Since there are around 71% of WA state, of the age of over 5, that have the Covid-19 vaccine and many more that have had the virus and have natural immunity, it doesn't make sense to make it mandatory for those who choose to not get the vaccine.

I pray that you all take this into consideration, not everyone wants to get this vaccine. We still don't know the long term side effects of this vaccine in anyone. It is our constitutional rights as citizens in the United States of America and of Washington State, to choose what we want to do with our bodies.

Please vote no on making the Covid-19 vaccine mandatory or into law in order to attend school or any childcare in Washington State.

Sincerely,

Heidi von Olnhausen

khoffice13@gmail.com <<mailto:khoffice13@gmail.com>>

From: Mary Deitch
Sent: 1/27/2022 7:36:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lucienne Cole
Sent: 2/1/2022 9:22:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Oas
Sent: 1/27/2022 4:53:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Thomas Meyer
Sent: 2/7/2022 4:02:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/1/2022 5:02:59 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for kids



attachments\040402E63BA3454B_image002.png

Hello,

I believe this is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 1, 2022 2:25 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I am urging you NOT to require covid vaccines for school attendance. We know vaccines do NOT stop the spread but may only help to not get as severe of infection. There is NO justification then as it will not change or affect covid spread. Natural immunity is more efficient and clearly with Omicron it does not matter if vaccinated or not in how fast it spreads. I know the 400 plus wrestlers were 95% plus vaccinated. I can not even imagine it would be legal to require given the scientific facts on lack of benefit to reduce spread and how effective natural immunity is and large majority of school kids already exposed so will have immunity. take a look at facts in Isreal right now. The vast majority of people have at least 1 if not 2 BOOSTERS and they are one of highest covid rates! CLEARLY vaccines not slowing the spread. There are risks with vaccines look it up on VAERS data. For kids who have had covid there is no benefit and with how generally mild omicron is our best chance to reach endemic state is not to keep vaccinating, its not working just helping some not to be severely ill. You would be penalizing so many kids for NO community benefit. You cannot take away personal choice for nothing especially for so many kids who have already had covid and are immune. I know many families in my office already looking and talking to lawyers. It is prejudice and irresponsible to require something that can cause harm and effects genes without having any benefit to the school community at large. Its like no one really wants to look at the facts. they ignore what's goin on in Israel and even seattle was one of highest Covid rates yet had high vaccination status. these vaccine do not work as well as we want to believe and again DO NOT STOP SPREAD. so there is no justification or benefit to the school community and could cause great harm to many children who are already behind due to the missing in person school. Shame on everyone for even thinking this is a good idea. Look up the facts quit causing our children harm. lets stop just assuming things I know we have all been brain washed into thinking vaccines will slow spread it is just not the truth. Yes they ay reduce hospitalizations but who knows on the long run if there may be harm to the immune system and how dare you think about taking a parents choice away without there being any benefit in stopping the spread. I fear for the harm this can do to so many and the legal battles tat will divide us even more.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

(no answer)

Email:

(no answer)

Telephone:

(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

From: Jere-n-Lynn Wright
Sent: 2/7/2022 4:10:49 PM
To: DOH WSBOH
Cc:
Subject: 893008F3-5B2F-44EA-865C-3E88BE9B6B1C

External Email

I am writing to let you know I strongly oppose covid 19 vaccine mandates for kids as a requirement to attend school. Kids are at very low risk of serious illness from Covid.

Lynn Wright

From: Julie Pierce
Sent: 2/7/2022 4:32:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carrie Lantrip
Sent: 2/8/2022 12:13:29 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rev. Rose Woodruff - Wedding Officiant

Sent: 1/26/2022 10:29:46 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No to Covid-19 Coronavirus Immunization Criteria

External Email

Hello, Washington State Board of Health,

I am writing to you to request you not to put the Covid-19/or/Coronavirus (seasonal flue) Vaccination as a requirement for children to go to school in Washington State. You know that what you are requiring is against the constitution and against science. You know you are pushing this against people's will. You know the Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. And you are still pushing it for your own benefit!!!! "NO" to Crimes Against Humanity! Consider yourself served.

Vote NO on mandatory covid-19/coronavirus vaccination now and always.

DO NO HARM! Hipocratic Oath!!!

Rose Woodruff
Vancouver, WA
(360) 356-4986
rosie98662@aol.com

From: Rachel Berry
Sent: 2/8/2022 2:06:07 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-100-040

External Email

I OPPOSE the use of illegal force to detain ANY family OR children. This is insane!! Have we not learned about the holocaust and internment camps? What you are trying to pass is illegal and unconstitutional! There are thousands of us trying to leave comments on this matter and we will continue. I will be on every zoom or meeting you have throughout this charade! I will comment every time because this is against Washington Constitution!!

There are studies that show this type of agenda does not reduce transmission whatsoever. I would love to hear your thoughts on the vaccinated still being able to get Covid and spread it. According to even more studies this plandemic didn't get out of hand until the experimental shots were starting to be administered.

Forced mandates opposes our rights as free Americans- it also disrupts an active healthy immune response. Many studies now conclude that the highest vaccinated areas are highest for deaths and risky health concerns. Freedom of choice should never be infringed upon.

THE PEOPLE HAVE SPOKEN AND WE THE PEOPLE SAY NO!

WE THE PEOPLE SAY NO!

Just in case you forgot, WE the PEOPLE saw the WAC 246-100-040 on the agenda you tried to hide.

R Berry

From: Kim
Sent: 2/2/2022 10:41:43 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Senate Testimony

External Email

Please take the time to listen to these experts during their January 24, 2022 Senate Testimony. Our WA state public health officials are woefully either BEHIND the actual medical data or you are purposefully spreading misinformation/disinformation and complicit in medical maleficence.

COVID-19: A Second Opinion (rumble.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C38320a2951054acd3c0408d9e67ba6>>

Respectfully,

Kim Bisson

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F)>
for Windows

From: Brandon Rottle
Sent: 2/3/2022 7:50:54 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:16:54 AM
To: DOH WSBOH
Cc:
Subject: FW: STOP VACCINE MANDATES

From: becky k <seastoday@yahoo.com>
Sent: Tuesday, January 11, 2022 11:01 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: STOP VACCINE MANDATES

External Email

The data on harms to children from the experimental gene therapy injections are mounting every day, including myocarditis in boys. You are well aware of the high incidence of the myocarditis and you are still driven to put this in every arm. The vaccines have failed. You are now more likely to get Covid, especially Omicron, if you are vaccinated than if you are not vaccinated. This must stop. It is no longer about Covid or injections.....this is about God given rights guaranteed in our Constitution. Stop the insanity.

BK

Washington Resident since 2002.

Sent from Yahoo Mail on Android
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>>

From: Carol Carter
Sent: 1/27/2022 11:12:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Leslie Pittman
Sent: 2/7/2022 3:06:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Scott Jones
Sent: 2/1/2022 2:51:22 PM
To: DOH WSB OH
Cc:
Subject: Student vaccination mandate

External Email

To Whom It Concerns,

As reported by KIRO

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kiro7.com%2Fnews%2Flocal-state-board-health-considers-making-covid-19-vaccine-requirement-students%2FS5X2R7YPNZFLXFMJBKQF2WGXIE%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4431>

7 on January 24, 2022 , I understand that WSB OH is considering making the COVID-19 vaccine a requirement for all school students. I strongly urge the board to decide against this policy. Children are at extremely low risk for Covid and the vaccines are still only emergency authorized only.

Thank you for your consideration.

Scott Jones
253-217-1450

From: Brenda Elenbaas-Hickey
Sent: 1/29/2022 1:39:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kaarin Ginosatis
Sent: 2/3/2022 6:46:44 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Shannon Zimmerly
Sent: 1/28/2022 9:20:01 AM
To: DOH WSBOH
Cc:
Subject: Meeting on Zoom w/o public comment



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attachments\C7F164E86B9B4FA4_image002.jpg

attachments\BAFF107DA5F0435A_image003.jpg

External Email

We appreciate your grace in allowing us to view your meeting yesterday.

However, what we do not appreciate is the mockery presented in the beginning of your signaling before the meeting got under way.

There are citizens who will never go under the advisement of Health Boards, regardless.

Trying to mandate a vaccine such as COVID that shows merely profit through taxpayer's pay off (once again) is morally bankrupt.

It is honestly a real disappointment that we are exchanging expectations on a virus that is relatable to the flu.

We have lost people to this catastrophic occurrence, as with life, death occurs.

For you to NOT mandate COVID vaccines ever, should be forever consistent.

You DO NOT mandate something as simple as the FLU except in the military, which I find overboard & uncalled for there as well.

The most disturbing piece to this whole take over, is people cannot understand how to function with a bit of what we knew to be normalcy.

Anything from to interaction & connecting with other humans, to driving & common sense.

You have people so worked up, it is a continual intrusion on our lives.

IF any of your jobs were ever voted upon, I would hope that the registered voters of our state would vote accordingly.

However, seeing the current "leadership" in the Governor's office, I could be gravely mistaken.

I have not had COVID THIS WHOLE ORDEAL stemming back from late 2019.

I have utilized my natural antibodies to combat EVERYTHING else I may have encountered in my daily routine & interactions.

From performing my work with the public to going into stores, etc.

NOTHING still

I just took a test last night, due to ONLY concerns of others. And of course, I WAS NEGATIVE!!!!!!!

EVEN though I have an underperforming immune system, I WILL NEVER stop my life. NOT for COVID especially.

A great point is made over & over, why should we mandate this for US citizens, when your FED GOV is allowing massively infected non US citizens into our Country???

SHANNON ZIMMERLY

Licensed Real Estate Broker

1302 N I St

Tacoma, WA. 98403

m: 253.355.1671 o: 253.756.7200

Commissioned Notary Public serving

WA state

From: Tim Caldwell
Sent: 2/2/2022 9:21:27 AM
To: DOH WSOH
Cc:
Subject: John's Hopkins Covid-19 lockdown study



attachments\FC4E18BE24BA4D4D_556148192.pdf

External Email

Dear Board,

It is my sincere hope all of you can reflect on past decisions and make better choices moving forward for the State of Washington without creating so much overall damage as you have done to people and their lives.

https://www.scribd.com/document_downloads/direct/556148192?extension=pdf&ft=1643821925<=1643821925&q5g7KFSpY3YL_9M9s
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scribd.com%2Fdocument_downloads%2F556148192%2Fdirect%2F556148192%2Fextension%3Dpdf%26ft%3D1643821925%26lt%3D1643821925%26q5g7KFSpY3YL_9M9s&data=04%7C01%7Cwsboh%40soh.wa.gov%7Ceadfa72528cc43597b3808d9e6706>

Sincerely,

Tim Caldwell

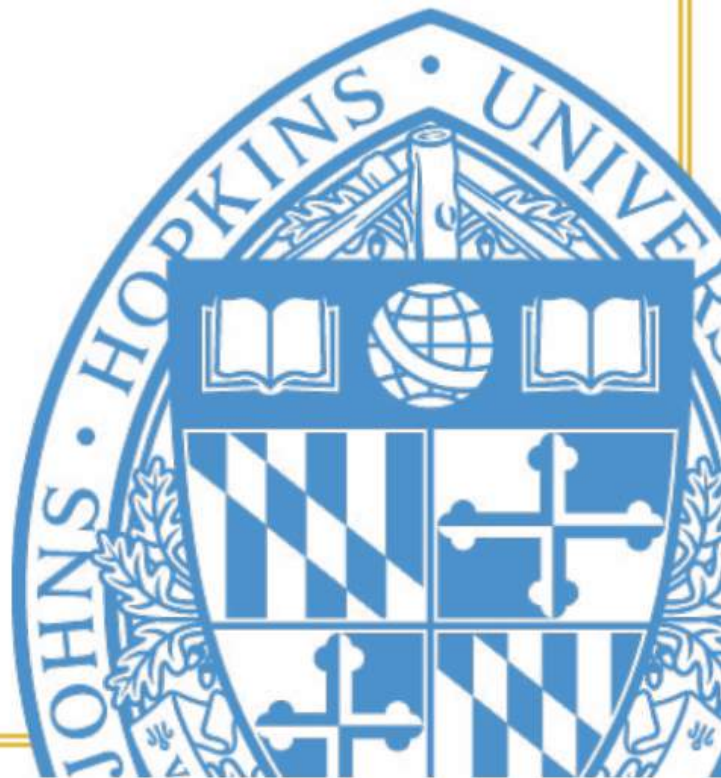
Sent from my iPhone

Studies in Applied Economics

**A LITERATURE REVIEW AND META-ANALYSIS
OF THE EFFECTS OF LOCKDOWNS ON
COVID-19 MORTALITY**

Jonas Herby, Lars Jonung, and Steve H. Hanke

Johns Hopkins Institute for Applied Economics,
Global Health, and the Study of Business Enterprise



A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality

By Jonas Herby, Lars Jonung, and Steve H. Hanke

About the Series

The *Studies in Applied Economics* series is under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

About the Authors

Jonas Herby (herby@cepos.dk) is special advisor at Center for Political Studies in Copenhagen, Denmark. His research focuses on law and economics. He holds a master's degree in economics from University of Copenhagen.

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Steve H. Hanke is a Professor of Applied Economics and Founder & Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise. He is a Senior Fellow and Director of the Troubled Currencies Project at the Cato Institute, a contributor at National Review, a well-known currency reformer, and a currency and commodity trader. Prof. Hanke served on President Reagan's Council of Economic Advisers, has been an adviser to five foreign heads of state and five foreign cabinet ministers, and held a cabinet-level rank in both Lithuania and Montenegro. He has been awarded seven honorary doctorate degrees and is an Honorary Professor at four foreign institutions. He was President of Toronto Trust Argentina in Buenos Aires in 1995, when it was the world's best-performing mutual fund. Currently, he serves as Chairman of the Supervisory Board of Advanced Metallurgical Group N.V. in Amsterdam. In 1998, he was named one of the twenty-five most influential people in the world by World Trade Magazine. In 2020, Prof. Hanke was named a Knight of the Order of the Flag.

Abstract

This systematic review and meta-analysis are designed to determine whether there is empirical evidence to support the belief that “lockdowns” reduce COVID-19 mortality. Lockdowns are defined as the imposition of at least one compulsory, non-pharmaceutical intervention (NPI). NPIs are any government mandate that directly restrict peoples’ possibilities, such as policies that limit internal movement, close schools and businesses, and ban international travel. This study employed a systematic search and screening procedure in which 18,590 studies are identified that could potentially address the belief posed. After three levels of screening, 34 studies ultimately qualified. Of those 34 eligible studies, 24 qualified for inclusion in the meta-analysis. They were separated into three groups: lockdown stringency index studies, shelter-in-place-order (SIPO) studies, and specific NPI studies. An analysis of each of these three groups support the conclusion that lockdowns have had little to no effect on COVID-19 mortality. More specifically, stringency index studies find that lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average. SIPOs were also ineffective, only reducing COVID-19 mortality by 2.9% on average. Specific NPI studies also find no broad-based evidence of noticeable effects on COVID-19 mortality.

While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.

Acknowledgements

The authors thank Line Andersen, Troels Sabroe Ebbesen, Nicholas Hanlon, and Anders Lund Mortensen for their research assistance.

The authors also with to thank Douglas Allen, Fredrik N. G. Andersson, Jonas Björk, Christian Bjørnskov, Joakim Book, Gunnar Brådvik, Kristoffer Torbjørn Bæk, Ulf Gerdtham, Daniel B. Klein, Fredrik Charpentier Ljungqvist, Christian Heebøl-Nielsen, Martin Paldam, Jonas Ranstam, Spencer Ryan, John Strezewski, Roger Svensson, Ulf Persson, Anders Waldenström, and Joakim Westerlund for their comments.

Key Words: COVID-19, lockdown, non-pharmaceutical interventions, mortality, systematic review, meta-analysis

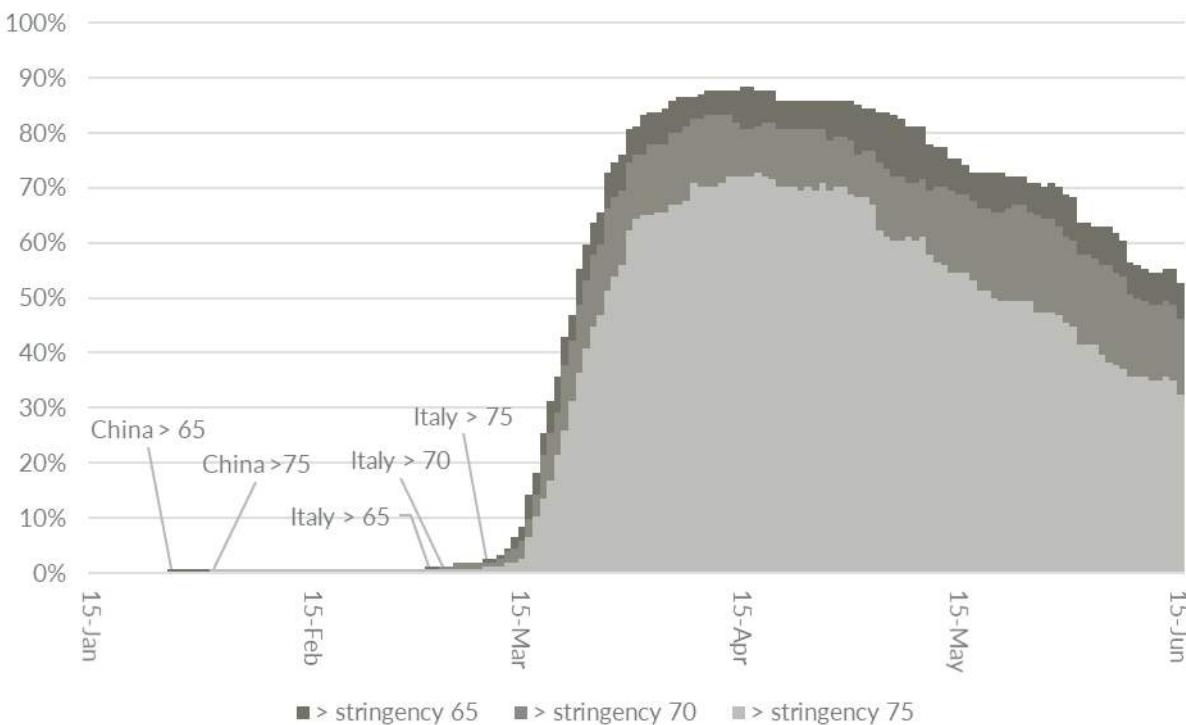
JEL Classification: I18; I38; D19

1 Introduction

The global policy reaction to the COVID-19 pandemic is evident. Compulsory non-pharmaceutical interventions (NPIs), commonly known as “lockdowns” – policies that restrict internal movement, close schools and businesses, and ban international travel – have been mandated in one form or another in almost every country.

The first NPIs were implemented in China. From there, the pandemic and NPIs spread first to Italy and later to virtually all other countries, see Figure 1. Of the 186 countries covered by the Oxford COVID-19 Government Response Tracker (OxCGRT), only Comoros, an island country in the Indian Ocean, did not impose at least one NPI before the end of March 2020.

Figure 1: Share of countries with OxCGRT stringency index above thresholds, January - June 2020



Comment: The figure shows the share of countries, where the OxCGRT stringency index on a given date surpassed index 65, 70 and 75 respectively. Only countries with more than one million citizens are included (153 countries in total). The OxCGRT stringency index records the strictness of NPI policies that restrict people's behavior. It is calculated using all ordinal containment and closure policy indicators (i.e., the degree of school and business closures, etc.), plus an indicator recording public information campaigns.

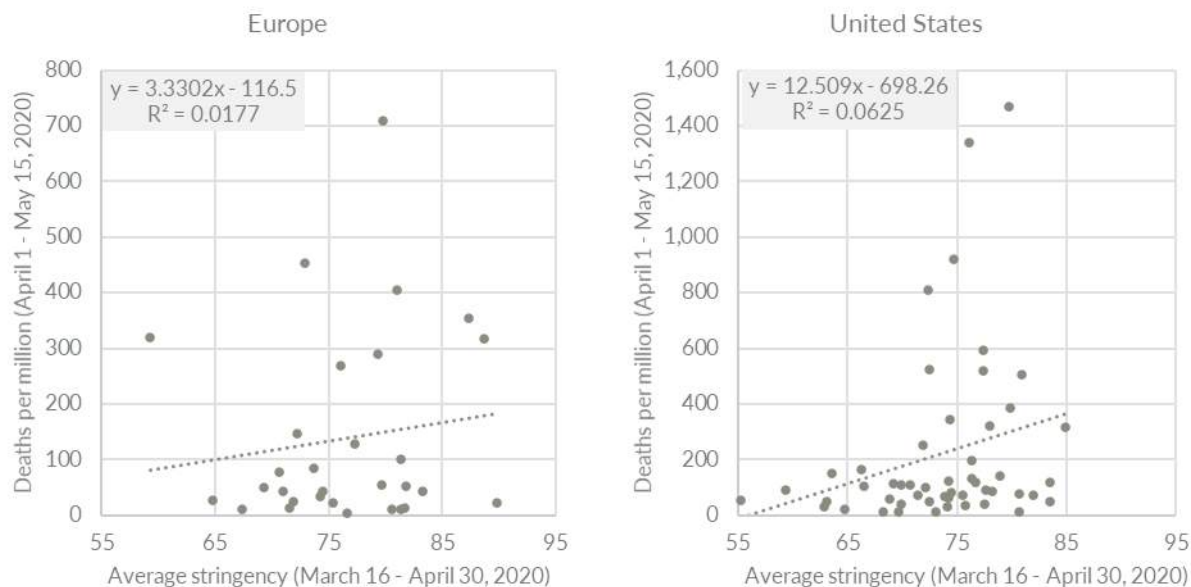
Source: Our World in Data.

Early epidemiological studies predicted large effects of NPIs. An often cited model simulation study by researchers at the Imperial College London (Ferguson et al. (2020)) predicted that a

suppression strategy based on a lockdown would reduce COVID-19 mortality by up to 98%.¹ These predictions were questioned by many scholars. Our early interest in the subject was spurred by two studies. First, Atkeson et al. (2020) showed that “across all countries and U.S. states that we study, the growth rates of daily deaths from COVID-19 fell from a wide range of initially high levels to levels close to zero within 20-30 days after each region experienced 25 cumulative deaths.” Second, Sebhatu et al. (2020) showed that “government policies are strongly driven by the policies initiated in other countries,” and less by the specific COVID-19-situation of the country.

A third factor that motivated our research was the fact that there was no clear negative correlation between the degree of lockdown and fatalities in the spring of 2020 (see Figure 2). Given the large effects predicted by simulation studies such as Ferguson et al. (2020), we would have expected to at least observe a simple negative correlation between COVID-19 mortality and the degree to which lockdowns were imposed.²

Figure 2: Correlation between stringency index and COVID-19 mortality in European countries and U.S. states during the first wave in 2020



Source: Our World in Data

¹ With $R_0 = 2.4$ and trigger on 60, the number of COVID-19-deaths in Great Britain could be reduced to 8,700 deaths from 510,000 deaths (-98%) with a policy consisting of case isolation + home quarantine + social distancing + school/university closure, cf. Table 4 in Ferguson et al. (2020). R_0 (the basic reproduction rate) is the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

² In addition, the interest in this issue was sparked by the work Jonung did on the expected economic effects of the SARS pandemic in Europe in 2006 (Jonung and Röger, 2006). In this model-based study calibrated from Spanish flu data, Jonung and Röger concluded that the economic effects of a severe pandemic would be rather limited—a sharp contrast to the huge economic effects associated with lockdowns during the COVID-19 pandemic.

Today, it remains an open question as to whether lockdowns have had a large, significant effect on COVID-19 mortality. We address this question by evaluating the current academic literature on the relationship between lockdowns and COVID-19 mortality rates.³ We use “NPI” to describe *any government mandate which directly restrict peoples’ possibilities*. Our definition does *not* include governmental recommendations, governmental information campaigns, access to mass testing, voluntary social distancing, etc., but *do* include mandated interventions such as closing schools or businesses, mandated face masks etc. We define *lockdown* as any policy consisting of at least one NPI as described above.⁴

Compared to other reviews such as Herby (2021) and Allen (2021), the main difference in this meta-analysis is that we carry out a systematic and comprehensive search strategy to identify all papers potentially relevant to answer the question we pose. We identify 34 eligible empirical studies that estimate the effect of mandatory lockdowns on COVID-19 mortality using a counterfactual difference-in-difference approach. We present our results in such a way that they can be systematically assessed, replicated, and used to derive overall meta-conclusions.⁵

2 Identification process: Search strategy and eligibility criteria

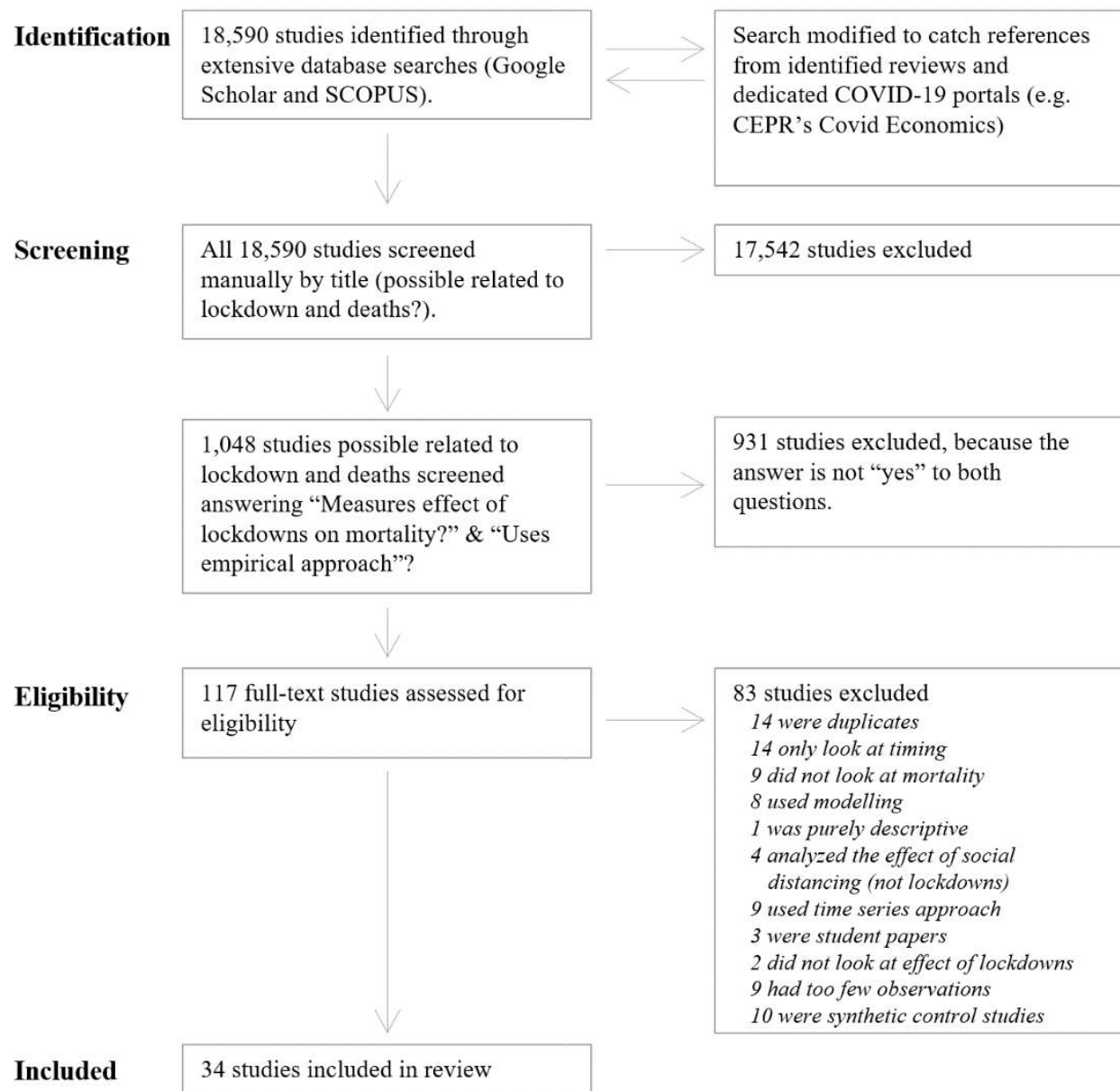
Figure 3 shows an overview of our identification process using a flow diagram designed according to PRISMA guidelines (Moher et al. (2009)). Of 18,590 studies identified during our database searches, 1,048 remained after a title-based screening. Then, 931 studies were excluded, because they either did not measure the effect of lockdowns on mortality or did not use an empirical approach. This left 117 studies that were read and inspected. After a more thorough assessment, 83 of the 117 were excluded, leaving 34 studies eligible for our meta-analysis. A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8.

³ We use “mortality” and “mortality rates” interchangeably to mean COVID-19 deaths per population.

⁴ For example, we will say that Country A introduced the *non-pharmaceutical interventions* school closures and shelter-in-place-orders as part of the country’s *lockdown*.

⁵ An interesting question is, “What damage lockdowns do to the economy, personal freedom and rights, and public health in general?” Although this question is important, it requires a full cost-benefit study, which is beyond the scope of this study.

Figure 3: PRISMA flow diagram for the selection of studies.



Below we present our search strategy and eligibility criteria, which follow the PRISMA guidelines and are specified in detail in our protocol Herby et al. (2021).

2.1 Search strategy

The studies we reviewed were identified by scanning *Google Scholar* and *SCOPUS* for English-language studies. We used a wide range of search terms which are combinations of three search strings: a disease search string ("covid," "corona," "coronavirus," "sars-cov-2"), a government

response search string⁶, and a methodology search string⁷. We identified papers based on 1,360 search terms. We also required mentions of “deaths,” “death,” and/or “mortality.” The search terms were continuously updated (by adding relevant terms) to fit this criterion.⁸

We also included all papers published in *Covid Economics*. Our search was performed between July 1 and July 5, 2021 and resulted in 18,590 unique studies.⁹ All studies identified using SCOPUS and Covid Economics were also found using Google Scholar. This made us comfortable that including other sources such as VOXeu and SSRN would not change the result. Indeed, many papers found using Google Scholar were from these sources.

All 18,590 studies were first screened based on the title. Studies clearly not related to our research question were deemed irrelevant.¹⁰

After screening based on the title, 1,048 papers remained. These papers were manually screened by answering two questions:

1. Does the study measure the effect of lockdowns on mortality?
2. Does the study use an empirical *ex post* difference-in-difference approach (see eligibility criteria below)?

Studies to which we could not answer “yes” to both questions were excluded. When in doubt, we made the assessment based on reading the full paper, and in some cases, we consulted with colleagues.¹¹

After the manual screening, 117 studies were retrieved for a full, detailed review. These studies were carefully examined, and metadata and empirical results were stored in an Excel

⁶ The government response search string used was: “non-pharmaceutical,” “nonpharmaceutical,” “NPI,” “NPIs,” “lockdown,” “social distancing orders,” “statewide interventions,” “distancing interventions,” “circuit breaker,” “containment measures,” “contact restrictions,” “social distancing measures,” “public health policies,” “mobility restrictions,” “covid-19 policies,” “corona policies,” “policy measures.”

⁷ The methodology search string used was: (“fixed effects,” “panel data,” “difference-in-difference,” “diff-in-diff,” “synthetic control,” “counterfactual” , “counter factual,” “cross country,” “cross state,” “cross county,” “cross region,” “cross regional,” “cross municipality,” “country level,” “state level,” “county level,” “region level,” “regional level,” “municipality level,” “event study.”

⁸ If a potentially relevant paper from one of the 13 reviews (see eligibility criteria) did not show up in our search, we added relevant words to our search strings and ran the search again. The 13 reviews were: Allen (2021); Brodeur et al. (2021); Gupta et al. (2020); Herby (2021); Johanna et al. (2020); Nussbaumer-Streit et al. (2020); Patel et al. (2020); Perra (2020); Poeschl and Larsen (2021); Pozo-Martin et al. (2020); Rezapour et al. (2021); Robinson (2021); Zhang et al. (2021).

⁹ SCOPUS was continuously monitored between July 5th and publication using a search agent. Although the search agent returned several hits during this period, only one of them, An et al. (2021), was eligible according to our eligibility criteria. The study is not included in our review, but the conclusions are in line with our conclusions, as An et al. (2021) conclude that “The analysis shows that the mask mandate is consistently associated with lower infection rates in the short term, and its early adoption boosts the long-term efficacy. By contrast, the other five policy instruments—domestic lockdowns, international travel bans, mass gathering bans, and restaurant and school closures—show weaker efficacy.”

¹⁰ This included studies with titles such as “COVID-19 outbreak and air pollution in Iran: A panel VAR analysis” and “Dynamic Structural Impact of the COVID-19 Outbreak on the Stock Market and the Exchange Rate: A Cross-country Analysis Among BRICS Nations.”

¹¹ Professor Christian Bjørnskov of University of Aarhus was particularly helpful in this process.

spreadsheet. All studies were assessed by at least two researchers. During this process, another 64 papers were excluded because they did not meet our eligibility criteria. Furthermore, nine studies with too little jurisdictional variance (< 10 observations) were excluded,¹² and 10 synthetic control studies were excluded.¹³ A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8. Below we explain why these studies are excluded.

2.2 Eligibility criteria

Focus on mortality and lockdowns

We only include studies that attempt to establish a relationship (or lack thereof) between lockdown policies and COVID-19 mortality or excess mortality. We exclude studies that use cases, hospitalizations, or other measures.¹⁴

Counterfactual difference-in-difference approach

We distinguish between two methods used to establish a relationship (or lack thereof) between mortality rates and lockdown policies. The first uses registered cross-sectional mortality data. These are *ex post* studies. The second method uses simulated data on mortality and infection rates.¹⁵ These are *ex ante* studies.

We include all studies using a counterfactual difference-in-difference approach from the former group but disregard all *ex ante* studies, as the results from these studies are determined by model assumptions and calibrations.

Our limitation to studies using a “counterfactual difference-in-difference approach” means that we exclude all studies where the counterfactual is based on forecasting (such as a SIR-model) rather than derived from a difference-in-difference approach. This excludes studies like Duchemin et al. (2020) and Matzinger and Skinner (2020). We also exclude all studies based on interrupted time series designs that simply compare the situation before and after lockdown, as

¹²The excluded studies with too few observations were: Alemán et al. (2020), Berardi et al. (2020), Conyon et al. (2020a), Coccia (2021), Gordon et al. (2020), Juranek and Zoutman (2021), Kapoor and Ravi (2020), Umer and Khan (2020), and Wu and Wu (2020).

¹³ The excluded synthetic control studies were: Conyon and Thomsen (2021), Dave et al. (2020), Ghosh et al. (2020), Born et al. (2021), Reinbold (2021), Cho (2020), Friedson et al. (2021), Neidhöfer and Neidhöfer (2020), Cerqueti et al. (2021), and Mader and Rüttenauer (2021).

¹⁴ Analyses based on cases may pose major problems, as testing strategies for COVID-19 infections vary enormously across countries (and even over time within a given country). In consequence, cross-country comparisons of cases are, at best, problematic. Although these problems exist with death tolls as well, they are far more limited. Also, while cases and death tolls are correlated, there may be adverse effects of lockdowns that are not captured by the number of cases. For example, an infected person who is isolated at home with family under a SIPO may infect family members with a higher viral load causing more severe illness. So even if a SIPO reduces the number of cases, it may theoretically increase the number of COVID-19-deaths. Adverse effects like this may explain why studies like Chernozhukov et al. (2021) finds that SIPO reduces the number of cases but have no significant effect on the number of COVID-19-deaths. Finally, mortality is hierarchically the most important outcome, cf. GRADEpro (2013)

¹⁵ These simulations are often made in variants of the SIR-model, which can simulate the progress of a pandemic in a population consisting of people in different states (Susceptible, Infectious, or Recovered) with equations describing the process between these states.

the effect of lockdowns in these studies might contain time-dependent shifts, such as seasonality. This excludes studies like Bakolis et al. (2021) and Siedner et al. (2020).

Given our criteria, we exclude the much-cited paper by Flaxman et al. (2020), which claimed that lockdowns saved three million lives in Europe. Flaxman et al. assume that the pandemic would follow an epidemiological curve unless countries locked down. However, this assumption means that the only interpretation possible for the empirical results is that lockdowns are the only thing that matters, even if other factors like season, behavior etc. caused the observed change in the reproduction rate, R_t . Flaxman et al. are aware of this and state that “our parametric form of R_t assumes that changes in R_t are an immediate response to interventions rather than gradual changes in behavior.” Flaxman et al. illustrate how problematic it is to force data to fit a certain model if you want to infer the effect of lockdowns on COVID-19 mortality.¹⁶

The counterfactual difference-in-difference studies in this review generally exploit variation across countries, U.S. states, or other geographical jurisdictions to infer the effect of lockdowns on COVID-19 fatalities. Preferably, the effect of lockdowns should be tested using randomized control trials, natural experiments, or the like. However, there are very few studies of this type.¹⁷

Synthetic control studies

The synthetic control method is a statistical method used to evaluate the effect of an intervention in comparative case studies. It involves the construction of a synthetic control which functions as the counterfactual and is constructed as an (optimal) weighted combination of a pool of donors. For example, Born et al. (2021) create a synthetic control for Sweden which consists of 30.0% Denmark, 25.3% Finland, 25.8% Netherlands, 15.0% Norway, and 3.9% Sweden. The effect of the intervention is derived by comparing the actual developments to those contained in the synthetic control.

We exclude synthetic control studies because of their inherent empirical problems as discussed by Bjørnskov (2021b). He finds that the synthetic control version of Sweden in Born et al. (2021) deviates substantially from “actual Sweden,” when looking at the period before mid-March 2020, when Sweden decided not to lock down. Bjørnskov estimates that *actual Sweden* experienced

¹⁶ Several scholars have criticized Flaxman et al. (2020), e.g. see Homburg and Kuhbandner (2020), Lewis (2020), and Lemoine (2020).

¹⁷ Kepp and Bjørnskov (2021) is one such study. They use evidence from a quasi-natural experiment in the Danish region of Northern Jutland. After the discovery of mutations of Sars-CoV-2 in mink – a major Danish export – seven of the 11 municipalities of the region went into extreme lockdown in early November, while the four other municipalities retained the moderate restrictions of the remaining country. Their analysis shows that while infection levels decreased, they did so before lockdown was in effect, and infection numbers also decreased in neighbor municipalities without mandates. They conclude that efficient infection surveillance and voluntary compliance make full lockdowns unnecessary, at least in some circumstances. Kepp and Bjørnskov (2021) is not included in our review, because they focus on cases and not COVID-19 mortality. Dave et al. (2020) is another such study. They see the Wisconsin Supreme Court abolishment of Wisconsin’s “Safer at Home” order (a SIPO) as a natural experiment and find that “the repeal of the state SIPO impacted social distancing, COVID-19 cases, or COVID-19-related mortality during the fortnight following enactment.” Dave et al. (2020) is not included in our review, because they use a synthetic control method.

approximately 500 fewer deaths the first 11 weeks of 2020 and 4,500 fewer deaths in 2019 compared to *synthetic Sweden*.

This problem is inherent in all synthetic control studies of COVID-19, Bjørnskov argues, because the synthetic control should be fitted based on a long period of time before the intervention or the event one is studying the consequences of – i.e., the lockdown Abadie (2021). However, this is not possible for the coronavirus pandemic, as there clearly *is* no long period with coronavirus before the lockdown. Hence, the synthetic control study approach is *by design* not appropriate for studying the effect of lockdowns.

Jurisdictional variance - few observations

We exclude all interrupted time series studies which simply compare mortality rates before and after lockdowns. Simply comparing data from before and after the imposition of lockdowns could be the result of time-dependent variations, such as seasonal effects. For the same reason, we also exclude studies with little jurisdictional variance.¹⁸ For example, we exclude Conyon et al. (2020b) who “exploit policy variation between Denmark and Norway on the one hand and Sweden on the other” and, thus, only have one jurisdictional area in the control group. Although this *is* a difference-in-difference approach, there is a non-negligible risk that differences are caused by much more than just differences in lockdowns. Another example is Wu and Wu (2020), who use all U.S. states, but pool groups of states so they end with basically three observations. None of the excluded studies cover more than 10 jurisdictional areas.¹⁹ One study is a special case of the jurisdictional variance criteria (Auger et al. (2020)). Those researchers analyze the effect of school closures in U.S. states and find that those closures reduce mortality by 35%. However, all 50 states closed schools between March 13, 2020, and March 23, 2020, which means that all difference-in-difference is based on maximum 10 days. Given the long lag between infection and death, there is a risk that Auger et al.’s approach is an interrupted time series analysis where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include this study, as it is eligible under our protocol Herby et al. (2021).

Publication status and date

We include all *ex post* studies regardless of publication status and date. That is, we cover both working papers and papers published in journals. We include the early papers because the knowledge of the COVID-19-pandemic grew rapidly in the beginning, making later papers able to stand on the shoulders of previous work. Also, in the early days of COVID-19, speed was

¹⁸ A jurisdictional area can be countries, U.S. states, or counties. With “jurisdictional variance” we refer to variation in mandates across jurisdictional areas.

¹⁹ All studies excluded on this criterion are listed in footnote 12.

crucial which may have affected the quality of the papers. Including them makes it possible to compare the results of early studies to studies carried out at a later stage.²⁰

The role of optimal timing

We exclude papers which analyze the effect of early lockdowns in contrast to later lockdowns. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, at least two problems arise with respect to evaluating the effect of well-timed lockdowns.

First, when COVID-19 hit Europe and the United States, it was virtually impossible to determine the right timing. The World Health Organization declared the outbreak a pandemic on March 11, 2020, but at that date, Italy had already registered 13.7 COVID-19 deaths per million. On March 29, 2020, 18 days after the WHO declared the outbreak a pandemic and the earliest a lockdown response to the WHO's announcement could potentially have an effect, the mortality rate in Italy was a staggering 178 COVID-19 deaths per million with an additional 13 per million dying each day.²¹

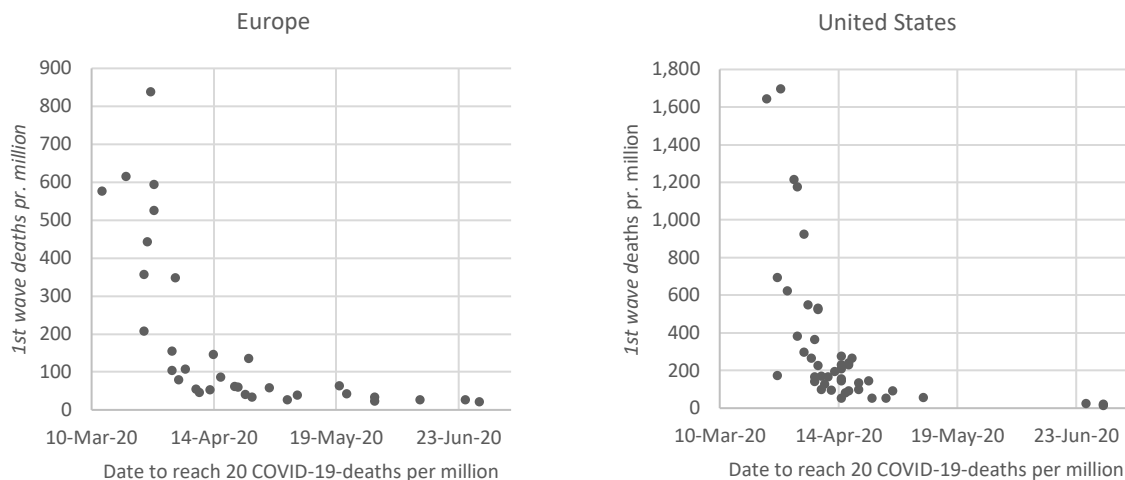
Secondly, it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns when looking at timing because people and politicians are likely to react to the same information. As Figure 4 illustrates, all European countries and U.S. states that were hit hard and early by COVID-19 experienced high mortality rates, whereas all countries hit relatively late experienced low mortality rates. Björk et al. (2021) illustrate the difficulties in analyzing the effect of timing. They find that a 10-stringency-points-stricter lockdown would reduce COVID-19 mortality by a total of 200 deaths per million²² if done in week 11, 2020, but would only have approximately 1/3 of the effect if implemented one week earlier or later and no effect if implemented three weeks earlier or later. One interpretation of this result is that lockdowns do not work if people either find them unnecessary and fail to obey the mandates or if people voluntarily lock themselves down. This is the argument Allen (2021) uses for the ineffectiveness of the lockdowns he identifies. If this interpretation is true, what Björk et al. (2021) find is that information and signaling is far more important than the strictness of the lockdown. There may be other interpretations, but the point is that studies focusing on timing cannot differentiate between these interpretations. However, if lockdowns have a notable effect, we should see this effect regardless of the timing, and we should identify this effect more correctly by excluding studies that exclusively analyze timing.

²⁰ We also intended to exclude studies which were primarily based on data from 2021 (as these studies would be heavily affected by vaccines) and studies that did not cover at least one EU-country, the United States, one U.S. state or Latin America, and where at least one country/state was not an island. However, we did not find any such studies.

²¹ There's approximately a two-to-four-week gap between infection and deaths. See footnote 29.

²² They estimate that 10-point higher stringency will reduce excess mortality by 20 "per week and million" in the 10 weeks from week 14 to week 23.

Figure 4: Taken by surprise. The importance of having time to prepare



Comment: The figure shows the relationship between early pandemic strength and total 1st wave of COVID-19 death toll. On the X-axis is “Days to reach 20 COVID-19-deaths per million (measured from February 15, 2020).” The Y-axis shows mortality (deaths per million) by June 30, 2020.

Source: Reported COVID-19 deaths and OxCGRT stringency for European countries and U.S. states with more than one million citizens. Data from Our World in Data.

We are aware of one meta-analysis by Stephens et al. (2020), which looks into the importance of timing. The authors find 22 studies that look at policy and timing with respect to mortality rates, however, only four were multi-country, multi-policy studies, which could possibly account for the problems described above. Stephens et al. conclude that “the timing of policy interventions across countries relative to the first Wuhan case, first national disease case, or first national death, is not found to be correlated with mortality.” (See Appendix A for further discussion of the role of timing.)

3 The empirical evidence

In this section we present the empirical evidence found through our identification process. We describe the studies and their results, but also comment on the methodology and possible identification problems or biases.

3.1 Preliminary considerations

Before we turn to the eligible studies, we present some considerations that we adopted when interpreting the empirical evidence.

Empirical interpretation

While the policy conclusions contained in some studies are based on statistically significant results, many of these conclusions are ill-founded due to the tiny impact associated with said statistically significant results. For example, Ashraf (2020) states that “social distancing

measures has proved effective in controlling the spread of [a] highly contagious virus.” However, their estimates show that the average lockdown in Europe and the U.S only reduced COVID-19 mortality by 2.4%.²³ Another example is Chisadza et al. (2021). The authors argue that “less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities.” Their conclusion is based on a negative estimate for the squared term of *stringency* which results in a total negative effect on mortality rates (i.e. fewer deaths) for stringency values larger than 124. However, the stringency index is limited to values between 0 and 100 by design, so the conclusion is clearly incorrect. To avoid any such biases, we base our interpretations solely on the empirical estimates and not on the authors’ own interpretation of their results.

Handling multiple models, specifications, and uncertainties

Several studies adopt a number of models to understand the effect of lockdowns. For example, Bjørnskov (2021a) estimates the effect after one, two, three, and four weeks of lockdowns. For these studies, we select the longest time horizon analyzed to obtain the estimate closest to the long-term effect of lockdowns.

Several studies also use multiple specifications including and excluding potentially relevant variables. For these studies, we choose the model which the authors regard as their main specification. Finally, some studies have multiple models which the authors regard as equally important. One interesting example is Chernozhukov et al. (2021), who estimate two models with and without national case numbers as a variable. They show that including this variable in their model alters the results substantially. The explanation could be that people responded to national conditions. For these studies, we present both estimates in Table 1, but – following Doucouliagos and Paldam (2008) – we use an average of the estimates in our meta-analysis in order to not give more weight to a study with multiple models relative to studies with just one principal model.

For studies looking at different classes of countries (e.g. rich and poor), we report both estimates in Table 1 but use the estimate for rich Western countries in our meta-analysis, where we derive common estimates for Europe and the United States.

Effects are measured “relative to Sweden in the spring of 2020”

Virtually all countries in the world implemented mandated NPIs in response to the COVID-19 pandemic. Hence, most estimates are relative to “doing the least,” which in many Western countries means relative to doing as Sweden has done, especially during the first wave, when Sweden, do to constitutional constraints, implemented very few restrictions compared to other western countries (Jonung and Hanke 2020). However, some studies *do* compare the effect of doing something to the effect of doing absolutely nothing (e.g. Bonardi et al. (2020)).

The consequence is that some estimates are relative to “doing the least” while others are relative to “doing nothing.” This may lead to biases if “doing the least” works as a signal (or warning)

²³ We describe how we arrive at the 2.4% in Section 4.

which alters the behavior of the public. For example, Gupta et al. (2020) find a large effect of emergency declarations, which they argue “are best viewed as an information instrument that signals to the population that the public health situation is serious and they act accordingly,” on social distancing but not of other policies such as SIPOs (shelter-in-place orders). Thus, if we compare a country issuing a SIPO to a country doing nothing, we may overestimate the effect of a SIPO, because it is the sum of the signal *and* the SIPO. Instead, we should compare the country issuing the SIPO to a country “doing the least” to estimate the *marginal* effect of the SIPO.

To take an example, Bonardi et al. (2020) find relatively large effects of doing *something* but no effect of doing *more*. They find no extra effect of stricter lockdowns relative to less strict lockdowns and state that “our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus.” Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is “doing nothing” can affect the magnitude of the estimated impacts. There is no obvious right way to resolve this issue, but since estimates in most studies are relative to doing less, we report results as compared to “doing less” when available. Hence, for Bonardi et al. we state that the effect of lockdowns is zero (compared to Sweden’s “doing the least”).

3.2 Overview of the findings of eligible studies

Table 1 covers the 34 studies eligible for our review.²⁴ Out of these 34 studies, 22 were peer-reviewed and 12 were working papers. The studies analyze lockdowns during the first wave. Most of the studies (29) use data collected before September 1st, 2020 and 10 use data collected before May 1st, 2020. Only one study uses data from 2021. All studies are cross-sectional, ranging across jurisdictions. Geographically, 14 studies cover countries worldwide, four cover European countries, 13 cover the United States, two cover Europe and the United States, and one covers regions in Italy. Seven studies analyze the effect of SIPOs, 10 analyze the effect of stricter lockdowns (measured by the OxCGRT stringency index), 16 studies analyze specific NIP’s independently, and one study analyzes other measures (length of lockdown).

Several studies find no statistically significant effect of lockdowns on mortality. For example, this includes Bjørnskov (2021a) and Stockenhuber (2020) who find no significant effect of stricter lockdowns (higher OxCGRT stringency index), Sears et al. (2020) and Dave et al. (2021), who find no significant effect of SIPOs, and Chaudhry et al. (2020), Aparicio and Grossbard (2021) and Guo et al. (2021) who find no significant effect of any of the analyzed NIP’s, including business closures, school closures and border closures.

Other studies find a significant negative relationship between lockdowns and mortality. Fowler et al. (2021) find that SIPOs reduce COVID-19 mortality by 35%, while Chernozhukov et al.

²⁴ The following information can be found for each study in Table 2.

(2021) find that employee mask mandates reduces mortality by 34% and closing businesses and bars reduces mortality by 29%.

Some studies find a significant positive relationship between lockdowns and mortality. This includes Chisadza et al. (2021), who find that stricter lockdowns (higher OxCGRT stringency index) increases COVID-19 mortality by 0.01 deaths/million per stringency point and Berry et al. (2021), who find that SIPOs increase COVID-19 mortality by 1% after 14 days.

Most studies use the number of official COVID-19 deaths as the dependent variable. Only one study, Bjørnskov (2021a), looks at total excess mortality which – although is not perfect – we perceive to be the best measure, as it overcomes the measurement problems related to properly reporting COVID-19 deaths.

Several studies explicitly claim that they estimate the actual causal relationship between lockdowns and COVID-19 mortality. Some studies use instrumental variables to justify the causality associated with their analysis, while others make causality probable using anecdotal evidence.²⁵ But, Sebhatu et al. (2020) show that government policies are strongly driven by the policies initiated in neighboring countries rather than by the severity of the pandemic in their own countries. In short, it is not the severity of the pandemic that drives the adoption of lockdowns, but rather the propensity to copy policies initiated by neighboring countries. The Sebhatu et al. conclusion throws into doubt the notion of a causal relationship between lockdowns and COVID-19 mortality.

Table 1: Summary of eligible studies

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	COVID-19 mortality	Use State-level data from the COVID-19 Tracking Project data all U.S. states, and a multivariate regression analysis to empirically investigate the impacts of the duration of shelter-in-place orders on mortality.	Find that shelter-in-place orders are - for the average duration - associated with 1% (insignificant) fewer deaths per capita.	
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	COVID-19 mortality	Their main focus is to explain the gap in COVID-19-fatalities between Europe and the United States based on COVID-deaths and other data from 85 nations/states. They include status for "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset in a country/state. None of these interventions have a significant effect on COVID-19 mortality. They also find no	Find no effect of "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset.	In the abstract the authors states that "various types of social distance measures such as school closings and lockdowns, and how soon they were implemented, help explain the U.S./EUROPE gap in cumulative deaths measured 100 days after the pandemic's onset in a state or country" although their estimates are insignificant.

²⁵ E.g. Dave et al. (2021) states that "estimated case reductions accelerate over time, becoming largest after 20 days following enactment of a SIPO. These findings are consistent with a causal interpretation."

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		significant effect of early cancelling of social events, school closures, shop closures, partial lockdowns and full lockdowns.		
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	COVID-19 mortality	Their main focus is on the effectiveness of policies targeted to diminish the effect of socioeconomic inequalities (economic support) on COVID-19-deaths. They use data from 80 countries worldwide and include the OxCGRT stringency as a control variable in their models. The paper finds a significant negative (fewer deaths) effect of stricter lockdowns. The effect of lockdowns is insignificant, when they include an interaction term between the socioeconomic conditions index and the economic support index in their model.	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality changes by -0.326 deaths per million (fewer deaths). The estimate is -0.073 deaths per million but insignificant, when including an interaction term between the socioeconomic conditions index and the economic support index.	
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	COVID-19 mortality	U.S. population-based observational study which uses interrupted time series analyses incorporating a lag period to allow for potential policy-associated changes to occur. To isolate the association of school closure with outcomes, state-level nonpharmaceutical interventions and attributes were included in negative binomial regression models. Models were used to derive the estimated absolute differences between schools that closed and schools that remained open. The main outcome of the study is COVID-19 daily incidence and mortality per 100000 residents.	State that they adjust for several factors (e.g percentage of state's population aged 15 years and 65 years, CDC's social vulnerability index, stay-at-home or shelter-in-place order, restaurant and bar closure, testing rate per 1000 residents etc.), but does not specify how and do not present estimates.	All 50 states closed schools between March 13, 2020, and March 23, 2020. Hence, all difference-in-difference is based on maximum 10 days, and given the long lag between infection and death, there is a risk that their approach is more an interrupted time series analysis, where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include the study in our review as it - objectively speaking - lives up to the eligibility criteria specified in our protocol.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	COVID-19 mortality	The authors use U.S. county data on COVID-19 deaths from Johns Hopkin and SIPO data from the University of Washington to estimate the effect of SIPO's. They find no detectable effects of SIPO on deaths. The authors stress that their findings should not be interpreted as evidence that social distancing behaviors are not effective. Many people had already changed their behaviors before the introduction of shelter-in-place orders, and shelter-in-place orders appear to have been ineffective precisely because they did not meaningfully alter social distancing behavior.	SIPO increases the number of deaths by 0,654 per million after 14 days (see Fig. 2)	The authors conclude that "We do not find detectable effects of these policies [SIPO] on disease spread or deaths." However, this statement does not correspond to their results. In figure 2 they show that the effect on deaths is significant after 14 days. Looks at the effect 14 days after SIPO's are implemented which is a short lag given that the time between infection and deaths is at least 2-3 weeks.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Excess mortality	Uses excess mortality and OxCGRT stringency from 24 European countries to estimate the effect of lockdown on the number of deaths one, two, three and four weeks later. Finds no effect (negative but insignificant) of (stricter) lockdowns. The author's specification using instrument variables yields similar results.	A stricter lockdown (OxCGRT stringency) does not have a significant effect on excess mortality.	Finds a positive (more deaths) effect after one and two weeks, which could indicate that other factors (omitted variables) affect the results.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	COVID-19 mortality	Use data for deaths and NPIs from Hale et al. (2020) covering 158 countries between January and August 2020 to evaluate the effect of eight different NPIs (stay at home, bans on gatherings, bans on public	When using the naïve dummy variable approach, all parameters are statistically	Run the same model four times for each of the different NPIs (stay at home-orders, ban on meetings, ban on public events and mobility restrictions). These NPIs were often introduced almost simultaneously so there is a high risk of

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		events, closing schools, lockdowns of workplaces, interruption of public transportation services, and international border closures. They address the possible endogeneity of the NPIs by using instrumental variables.	insignificant. On the contrary, estimates using the instrumental variable approach indicate that NPIs are effective in reducing the growth rate in the daily number of deaths 14 days later.	multicollinearity with each run capturing the same underlying effect. Indeed, the size and standard errors of the estimates are worryingly similar. Looks at the effect 14 days after NPIs are implemented which is a fairly short lag given the time between infection and deaths is 2-3 weeks, cf. e.g. Flaxman et al. (2020), which according to Bjørnskov (2020) appears to be the minimum typical time from infection to death).
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Growth rates	Use NPI data scraped from news headlines from LexisNexis and death data from Johns Hopkins University up to April 1st 2020 in a panel structure with 184 countries. Controls for country fixed effects, day fixed effects and within-country evolution of the disease.	Find that certain interventions (SIPO, regional lockdown and partial lockdown) work (in developed countries), but that stricter interventions (SIPO) do not have a larger effect than less strict interventions (e.g. restrictions on gatherings). Find no effect of border closures.	Find a positive (more deaths) effect on day 1 after lockdown which may indicate that their results are driven by other factors (omitted variables). We rely on their publicly available version submitted to CEPR Covid Economics, but estimates on the effect of deaths can be found in Supplementary material, which is available in an updated version hosted on the Danish Broadcasting Corporation's webpage: https://www.dr.dk/static/documents/2021/03/04/managing_pandemics_e3911c11.pdf
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	COVID-19 mortality	Uses variation in exposure to closed sectors (e.g. tourism) in municipalities within Italy to estimate the effect of business closures. Assuming that municipalities with different exposures to closed sectors are not inherently different, they find that municipalities with higher exposure to closed sectors experienced subsequently lower mortality rates.	Business shutdown saved 9,439 Italian lives by April 13th 2020. This corresponds to a reduction of deaths by 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.	They (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different. This assumption could be problematic, as more touristed municipalities can be very different from e.g. more industrialized municipalities.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	COVID-19 mortality	Uses information on COVID-19 related national policies and health outcomes from the top 50 countries ranked by number of cases. Finds no significant effect of any NPI on the number of COVID-19-deaths.	Finds no significant effect on mortality of any of the analyzed interventions (partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews).	
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Growth rates	Uses COVID-deaths from the New York Times and Johns Hopkins and data for U.S. States from Raifman et al. (2020) to estimate the effect of SIPO, closed nonessential businesses, closed K-12 schools, closed restaurants except takeout, closed movie theaters, and face mask mandates for employees in public facing businesses.	Finds that mandatory masks for employees and closing K-12 schools reduces deaths. SIPO and closing business (average of closed businesses, restaurants and movie theaters) has no statistically significant effect. The effect of school closures is highly sensitive to the	States that "our regression specification for case and death growths is explicitly guided by a SIR model although our causal approach does not hinge on the validity of a SIR model." We are uncertain if this means that data are managed to fit an SIR-model (and thus should fail our eligibility criteria).

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			inclusion of national case and death data.	
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 144 countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant positive (more deaths) non-linear association between government response indices and the number of deaths.	An increase by 1 on "stringency index" increases the number of deaths by 0.0130 per million. The sign of the squared term is negative, but the combined non-linear estimate is positive (increases deaths) and larger than the linear estimate for all values of the OxCGRT stringency index.	The author states that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." However, according to their estimates this is not correct, as the combined non-linear estimate cannot be negative for relevant values of the OxCGRT stringency index (0 to 100).
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	COVID-19 mortality	Uses smartphone location tracking and state data on COVID-19 deaths and SIPO data (supplemented by their own searches) collected by the New York Times to estimate the effect of SIPO's. Finds that SIPO was associated with a 9%-10% increase in the rate at which state residents remained in their homes full-time, but overall they do not find a significant effect on mortality after 20+ days (see Figure 4). Indicate that the lacking significance may be due to long term estimates being identified of a few early adopting states.	Finds no overall significant effect of SIPO on deaths but does find a negative effect (fewer deaths) in early adopting states.	Find large effects of SIPO on deaths after 6-14 days in early adopting states (see Table 8), which is before an SIPO-related effect would be seen. This could indicate that other factors rather than SIPO's drive the results.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	COVID-19 mortality	Uses daily deaths from the European Centre for Disease Prevention and Control and OxCGRT stringency from 32 countries worldwide (including U.S.) to estimate the effect of lockdown on the number of deaths.	Finds that the greater the strength of government interventions at an early stage, the more effective these are in slowing down or reversing the growth rate of deaths.	Focus is on the effect of early stage NPIs and thus does not absolutely live up to our eligibility criteria. However, we include the study as it differentiates between lockdown strength at an early stage.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	COVID-19 mortality	Uses data from 127 countries, combining high-frequency measures of mobility data from Google's daily mobility reports, country-date-level information on the stringency of restrictions in response to the pandemic from Oxford's Coronavirus Government Response Tracker (OxCGRT), and daily data on deaths attributed to COVID-19 from Our World In Data and the Johns Hopkins University. Instrument stringency using day-to-day changes in the stringency of the restrictions in the rest of the world.	Find large causal effects of stricter restrictions on the weekly growth rate of recorded deaths attributed to COVID-19. Show that more stringent interventions help more in richer, more educated, more democratic, and less corrupt countries with older, healthier populations and more effective governments.	Finds a larger effect on deaths after 0 days than after 14 and 21 days (Table 3). This is surprising given that it takes 2-3 weeks from infection to death, and it may indicate that their results are driven by other factors.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	COVID-19 mortality	Uses U.S. county data on COVID-19 deaths and SIPO data collected by the New York Times to estimate the effect of SIPO's using a two-way fixed-effects difference-in-differences model. Find a large and early (after few days) effect of SIPO on COVID-19 related deaths.	Stay-at-home orders are also associated with a 59.8 percent (18.3 to 80.2) average reduction in weekly fatalities after three weeks. These results suggest that stay-at-home orders	Finds the largest effect of SIPO on deaths after 10 days (see Figure 4), before a SIPO-related effect could possibly be seen as it takes 2-3 weeks from infection to death. This could indicate that other factors drive their results.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			might have reduced confirmed cases by 390,000 (170,000 to 680,000) and fatalities by 41,000 (27,000 to 59,000) within the first three weeks in localities that implemented stay-at-home orders.	
Fuller et al. (2021); "Mitigation Policies and COVID-19-Associated Mortality – 37 European Countries, January 23–June 30, 2020"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency in 37 European countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant negative (fewer deaths) effect of stricter lockdowns after mortality threshold is reached (the threshold is a daily rate of 0.02 new COVID-19 deaths per 100,000 population (based on a 7-day moving average))	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000.	
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	COVID-19 mortality	Uses data for every county in the United States from March through June 1, 2020, to estimate the effect of SIPO (called "lockdown") on COVID-19 mortality. Policy data are acquired from American Red Cross reporting on emergency regulations. His control variables include county population and density, the elder share, the share in nursing homes, nine other demographic and economic characteristics and a set of regional fixed effects. Handles causality problems using instrument variables (IV).	Find no statistically significant effect of SIPO.	Gibson use the word "lockdown" as synonym for SIPO (writes "technically, government-ordered community quarantine")
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	COVID-19 mortality	Uses panel data from 152 countries with data from the onset of the pandemic until December 31, 2020. Finds that lockdowns tend to reduce the number of COVID-19 related deaths, but also that this benign impact declines over time: after four months of strict lockdown, NPIs have a significantly weaker contribution in terms of their effect in reducing COVID-19 related fatalities.	Stricter lockdowns reduce deaths for the first 60 days, whereafter the cumulative effect begins to decrease. If reintroduced after 120, the effect of lockdowns is smaller in the short run, but after 90 days the effect is almost the same as during first lockdown (only app. 10% lower).	There is little documentation in the study (e.g. no tables with estimates).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	COVID-19 mortality	Uses policy data from 1,470 executive orders from the state-government websites for all 50 states and Washington DC and COVID-19-deaths from Johns Hopkins University in a random-effect spatial error panel model to estimate the effect of nine NPIs (SIPO, strengthened SIPO, public school closure, all school closure, large-gathering ban of more than 10 people, any gathering ban, restaurant/bar limit to dining out only, nonessential business closure, and mandatory self-quarantine of travelers) on COVID-19 deaths.	Two mitigation strategies (all school closure and mandatory self-quarantine of travelers) showed positive (more deaths) impact on COVID-19-deaths per 10,000. Six mitigation strategies (SIPO, public school closure, large gathering bans (>10), any gathering ban, restaurant/bar limit to dining out only, and nonessential business	Only conclude on NPIs which reduce mortality. However, the conclusion is based on one-tailed tests, which means that all positive estimates (more deaths) are deemed insignificant. Thus, in their mortality-specification (Table 3, Proportion of Cumulative Deaths Over the Population), the estimate of all school closures (.204) and mandatory self-quarantine of travelers (0.363) is deemed insignificant based on schools CI [.029, .379] and quarantine CI [.193, .532]. We believe, these results should be interpreted as a significant increase in mortality, and that these results should have been part of their conclusion.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			closure) did not show any impact (Table 3, "Proportion of Cumulative Deaths Over the Population).	
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	COVID-19 mortality	Uses the OxCGRT stringency and COVID-19-deaths from the European Centre for Disease Prevention and Control for 170 countries. Estimates both cross-sectional models in which countries are the unit of analysis, as well as longitudinal models on time-series panel data with country-day as the unit of analysis (including models that use both time and country fixed effects).	Finds that higher stringency in the past leads to a lower growth rate in the present, with each additional point of stringency corresponding to a 0.039%-point reduction in daily deaths growth rates six weeks later.	
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	COVID-19 mortality	Uses death data from the European Centre for Disease Prevention and Control (ECDC) and NPI-data from the Institute of Health Metrics and Evaluation. Argues that they use a quasi-experimental approach to identify the effect of NPIs because no analyzed intervention was imposed by all European countries and interventions were put in place at different points in the development of the epidemics.	Finds that mass gathering restrictions and initial business closures (businesses such as entertainment venues, bars and restaurants) reduces the number of deaths, whereas closing educational facilities and issuing SIPO increases the number of deaths. Finds no effect of closing non-essential services and mandating/recommending masks (Table 3)	Finds an effect of closing educational facilities and non-essential services after 1-7 days before lockdown could possibly have an effect on the number of deaths. This may indicate that other factors are driving their results.
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	COVID-19 mortality	Estimates the effect of state-level lockdowns on COVID-19 deaths using multiple quasi-Poisson regressions with lockdown time length as the explanatory variable. Does not specify how lockdown is defined and what their data sources are.	Finds no significant effect of SIPO on the number of deaths after 2-4, 4-6 and 6+ weeks.	They write that "6+ weeks of lockdown is the only setting where the odds of dying are statistically higher than in the no lockdown case." However, all estimates are insignificant in Table C. Looks as if lockdown duration may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	COVID-19 mortality	Use COVID-19 deaths from Worldometer and info about NPIs (mask/mask recommendations, international travel restrictions and lockdowns (defined as any closure of schools or workplaces, limits on public gatherings or internal movement, or stay-at-home orders) from Hale et al. (2020) for 200 countries to estimate the effect of the duration of NPIs on the number of deaths.	Finds that masking (mask recommendations) reduces mortality. For each week that masks were recommended the increase in per-capita mortality was 8.1% (compared to 55.7% increase when masks were not recommended). Finds no significant effect of the number of weeks with internal lockdowns and international travel restrictions (Table 2).	Their "mask recommendation" category includes some countries, where masks were mandated (see Supplemental Table A1) and may (partially) capture the effect of mask mandates. Looks at duration which may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational	Other	Use data from 27 U.S. states and 12 European countries to analyze the effect of NPIs on peak mortality rate using general linear mixed effects modelling.	Finds that no mandate (school closures, prohibition on mass gatherings, business closures, stay at home	

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Correlation to Mortality in the United States and Europe"			orders, severe travel restrictions, and closure of non-essential businesses) was effective in reducing the peak COVID-19 mortality rate.	
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	COVID-19 mortality	Uses county-level data for all U.S. states. Mortality is obtained from Johns Hopkins, while policy data are obtained from official governmental websites. Categorizes 12 policies into 4 levels of disease control; Level 1 (low) - State of Emergency; Level 2 (moderate) - school closures, restricting access (visits) to nursing homes, or closing restaurants and bars; Level 3 (high) - non-essential business closures, suspending non-violent arrests, suspending elective medical procedures, suspending evictions, or restricting mass gatherings of at least 10 people; and Level 4 (aggressive) - sheltering in place / stay-at-home, public mask requirements, or travel restrictions. Use stepped-wedge cluster randomized trial (SW-CRT) for clustering and negative binomial mixed model regression.	Concludes that only (duration of, see comment in next column) level 4 restrictions are associated with reduced risk of death, with an average 15% decline in the COVID-19 death rate per day. Implementation of level 3 and level 2 restrictions increased death rates in 6 of 6 regions, while longer duration increased death rates in 5 of 6 regions.	They focus on the negative estimate of duration of Level 4. However, their implementation estimate is large and positive, and the combined effect of implementation and duration is unclear.
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	COVID-19 mortality	Uses daily data for 113 countries on cumulative COVID-19 death counts over 130 days between February 15, 2020, and June 23, 2020, to examine changes in mortality growth rates across the World Bank's income group classifications following shelter-in-place recommendations or orders (they use one variable covering both recommendations and orders).	Finds that shelter-in-place recommendations/orders reduces mortality growth rates in high income countries (although insignificant) but increases growth rates in countries in other income groups.	
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	COVID-19 mortality	Uses cellular location data from all 50 states and the District of Columbia to investigate mobility patterns during the pandemic across states and time. Adding COVID-19 death tolls and the timing of SIPO for each state they estimate the effect of stay-at-home policies on COVID-19 mortality.	Find that SIPOs lower deaths by 0.13- 0.17 per 100,000 residents, equivalent to death rates 29-35% lower than in the absence of policies. However, these estimates are insignificant at a 95% confidence interval (see Table 4). The study also finds reductions in activity levels prior to mandates. Human encounter rate fell by 63 percentage points and nonessential visits by 39 percentage points relative to pre-COVID-19 levels, prior to any state implementing a statewide mandate	In the abstract the authors state that death rates would be 42-54% lower than in the absence of policies. However, this includes averted deaths due to pre-mandate social distancing behavior (p. 6). The effect of SIPO is a reduction in deaths by 29%-35% compared to a situation without SIPO but with pre-mandate social distancing. These estimates are insignificant at a 95% confidence interval.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Shiva and Molana (2021); "The Luxury of Lockdown"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 169 countries to estimate the effect of lockdown on the number of deaths 1-8 weeks later. Finds that stricter lockdowns reduce COVID-19-deaths 4 weeks later (but insignificant 8 weeks later) and have the greatest effect in high income countries. Finds no effect of workplace closures in low-income countries.	A stricter lockdown (1 stringency point) reduces deaths by 0,1% after 4 weeks. After 8 weeks the effect is insignificant.	
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	COVID-19 mortality	Use data for every county in the United States from March through December 2020 to estimate the effect of various NPIs on the COVID-19-deaths growth rate. Derives causality by 1) assuming that state regulators primarily focus on the state's most populous counties, so state regulation in smaller counties can be viewed as a quasi randomized experiment, and 2) conducting county pair analysis, where similar counties in different states (and subject to different state policies) are compared.	Finds that some interventions (e.g. mask mandates, restaurant and bar closures, gym closures, and high-risk business closures) reduces mortality growth, while other interventions (closures of low- to medium-risk businesses and personal care/spa services) did not have an effect and may even have increased the number of deaths.	In total they analyze the lockdown effect of 21 variables. 14 of 21 estimates are significant, and of these 6 are negative (reduces deaths) while 8 are positive (increases deaths). Some results are far from intuitive. E.g. mask recommendations increases deaths by 48% while mask mandates reduces deaths by 12%, and closing restaurants and bars reduces deaths by 50%, while closing bars but not restaurants only reduces deaths by 5%.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	COVID-19 mortality	Uses data for the number of COVID-19 infections and deaths and policy information for 24 countries from OxCGRT to estimate the effect of stricter lockdowns on the number of deaths using principal component analysis and a generalized linear mixed model.	Finds no significant effect of stricter lockdowns on the number of fatalities (Table 4).	Groups data on lockdown strictness into four groups and lose significant information and variation.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	COVID-19 mortality	Uses daily Covid-19 deaths for 130 countries from the European Centre for Disease Prevention and Control (ECDC) and daily policy data from the Oxford COVID-19 Government Response Tracker (OxCGRT). Looks at all levels of restrictions for each of the nine sub-categories of the OxCGRT stringency index (school, work, events, gatherings, transport, SIPO, internal movement, travel).	Of the nine sub-categories in the OxCGRT stringency index, only travel restrictions are consistently significant (with level 2 "Quarantine arrivals from high-risk regions" having the largest effect, and the strictest level 4 "Total border closure" having the smallest effect). Restrictions on very large gatherings (>1,000) has a large significant negative (fewer deaths) effect, while the effect of stricter restrictions on gatherings are insignificant. Authors recommend that the closing of schools (level 1) has a very large (in absolute terms it's twice the effect of border quarantines) positive	Their results are counter intuitive and somewhat inconclusive. Why does limiting very large gatherings (>1,000) work, while stricter limits do not? Why do recommending school closures cause more deaths? Why is the effect of border closures before 1st death insignificant, while the effect of closing borders after 1st death is significant (and large)? And why does quarantining arrivals from high-risk regions work better than total border closures? With 23 estimated parameters in total these counter intuitive and inconclusive results could be caused by multiple test bias (we correct for this in the meta-analysis), but may also be caused by other factors such as omitted variable bias.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			effect (more deaths) while stricter interventions on schools have no significant effect. Required cancelling of public events also has a significant positive (more deaths) effect. We focus on their 14-38 days results, as they catch the longest time frame (their 0-24 day model returns mostly insignificant results).	
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	COVID-19 mortality	Uses COVID-19-deaths and lockdown info from various sources from 159 countries in a cross-country event study. Controls for country specifics by including socio-economic, political, geographic, and policy information. Finds little evidence for the efficacy of NPIs.	Complete travel restrictions prior to April 2020 reduced deaths by -0.226 per 100,000 by April 1st 2021, while mandatory national lockdown prior to April 2020 increased deaths by 0.166 by April 1st 2021. Recommended local lockdowns reduced deaths but results are based on one observation. Partial travel restrictions, mandatory local lockdowns and recommended national lockdowns did not have a significant effect on deaths.	The study looks at the lockdown status prior to April 2020 and the effect on deaths the following year (until April 1st 2021). The authors state this is to reduce concerns about endogeneity but do not explain why the lockdowns in the spring of 2020 are a good instrument for lockdowns during later waves are.
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	Reproduction rate, Rt	Uses data for NPIs that were implemented and/or relaxed in U.S. states between 10 March and 15 July 2020. Using segmented linear regression, they estimate the extent to which relaxation of social distancing affected epidemic control, as indicated by the time-varying, state-specific effective reproduction number (Rt). Rt is based on death tolls.	Finds that in the 8 weeks prior to relaxing NPIs, Rt was declining, while after relaxation Rt started to increase.	Their Figure 1 shows that Rt on average increases app. 10 days before relaxation, which could indicate that other factors (omitted variables) affect the results.

Note: All comments on the significance of estimates are based on a 5% significance level unless otherwise stated.

It is difficult to make a conclusion based on the overview in Table 1. Is -0.073 to -0.326 deaths/million per stringency point, as estimated by Ashraf (2020), a large or a small effect relative to. the 98% reduction in mortality predicted by the study published by the Imperial College London (Ferguson et al. (2020)). This is the subject for our meta-analysis in the next section. Here, it turns out that -0.073 to -0.326 deaths/million per stringency point is a relatively modest effect and only corresponds to a 2.4% reduction in COVID-19 mortality on average in the U.S. and Europe.

4 Meta-analysis: The impact of lockdowns on COVID-19 mortality

We now turn to the meta-analysis, where we focus on the impact of lockdowns on COVID-19 mortality.

In the meta-analysis, we include 24 studies in which we can derive the relative effect of lockdowns on COVID-19 mortality, where mortality is measured as COVID-19-related deaths per million. In practice, this means that the studies we included estimate the effect of lockdowns on mortality or the effect of lockdowns on mortality growth rates, while using a counterfactual estimate.²⁶

Our focus is on the effect of compulsory non-pharmaceutical interventions (NPI), policies that restrict internal movement, close schools and businesses, and ban international travel, among others. We do not look at the effect of voluntary behavioral changes (e.g. voluntary mask wearing), the effect of recommendations (e.g. recommended mask wearing), or governmental services (voluntary mass testing and public information campaigns), but only on mandated NPIs.

The studies we examine are placed in three categories. Seven studies analyze the effect of stricter lockdowns based on the OxCGRT stringency indices, 13 studies analyze the effect of SIPOs (6 studies only analyze SIPOs, while seven analyze SIPOs among other interventions), and 11 studies analyze the effect of specific NPIs independently (lockdown vs. no lockdown).²⁷ Each of these categories is handled so that comparable estimates can be made across categories. Below, we present the results for each category and show the overall results, as well as those based on various quality dimensions.

Quality dimensions

We include quality dimensions because there are reasons to believe that can affect a study's conclusion. Below we describe the dimensions, as well as our reasons to believe that they are necessary to fully understand the empirical evidence.

- *Peer-reviewed vs. working papers:* We distinguish between peer-reviewed studies and working papers as we consider peer-reviewed studies generally being of higher quality than working papers.²⁸
- *Long vs. short time period:* We distinguish between studies based on long time periods (with data series ending *after* May 31, 2020) and short time periods (data series ending at or before May 31, 2020), because the first wave did not fully end before late June in the U.S. and Europe. Thus, studies relying on short data periods lack the last part of the first wave and may yield biased results if lockdowns only “flatten the curve” and do not prevent deaths.

²⁶ As a minimum requirement, one needs to know the effect on the top of the curve.

²⁷ The total is larger than 21 because the 11 SIPO studies include seven studies which look at multiple measures.

²⁸ Vetted papers from CEPR Covid Economics are considered as working papers in this regard.

- *No early effect on mortality*: On average, it takes approximately three weeks from infection to death.²⁹ However, several studies find effects of lockdown on mortality almost immediately. Fowler et al. (2021) find a significant effect of SIPOs on mortality after just four days and the largest effect after 10 days. An early effect may indicate that other factors (omitted variables) drive the results, and, thus, we distinguish between studies which find an effect on mortality sooner than 14 days after lockdown and those that do not.³⁰ Note that many studies do not look at the short term and thus fall into the latter category by default.
- *Social sciences vs. other sciences*: While it is true that epidemiologists and researchers in natural sciences should, in principle, know much more about COVID-19 and how it spreads than social scientists, social scientists are, in principle, experts in evaluating the effect of various policy interventions. Thus, we distinguish between studies published by scholars in social sciences and by scholars from other fields of research. We perceive the former as being better suited for examining the effects of lockdowns on mortality. For each study, we have registered the research field for the corresponding author's associated institute (e.g., for a scholar from "Institute of economics" research field is registered as "Economics"). Where no corresponding author was available, the first author has been used. Afterwards, all research fields have been classified as either from the "Social Science" or "Other."³¹

We also considered including a quality dimension to distinguish between studies based on excess mortality and studies based on COVID-19 mortality, as we believe that excess mortality is potentially a better measure for two reasons. First, data on total deaths in a country is far more precise than data on COVID-19 related deaths, which may be both underreported (due to lack of tests) or overreported (because some people die *with* – but not *because of* – COVID-19). Secondly, a major purpose of lockdowns is to save lives. To the extent lockdowns shift deaths *from* COVID-19 *to* other causes (e.g. suicide), estimates based on COVID-19 mortality will overestimate the effect of lockdowns. Likewise, if lockdowns save lives in other ways (e.g. fewer traffic accidents) lockdowns' effect on mortality will be underestimated. However, as only one

²⁹ Leffler et al. (2020) writes, "On average, the time from infection with the coronavirus to onset of symptoms is 5.1 days, and the time from symptom onset to death is on average 17.8 days. Therefore, the time from infection to death is expected to be 23 days." Meanwhile, Stokes et al. (2020) writes that "evidence suggests a mean lag between virus transmission and symptom onset of 6 days, and a further mean lag of 18 days between onset of symptoms and death."

³⁰ Some of the authors are aware of this problem. E.g. Bjørnskov (2021a) writes "when the lag length extends to three or four weeks, that is, the length that is reasonable from the perspective of the virology of Sars-CoV-2, the estimates become very small and insignificant" and "these results confirm the overall pattern by being negative and significant when lagged one or two weeks (the period when they cannot have worked) but turning positive and insignificant when lagged four weeks."

³¹ Research fields classified as social sciences were economics, public health, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology, and anesthesiology.

of the 34 studies (Bjørnskov (2021a)) is based on excess mortality, we are unfortunately forced to disregard this quality dimension.

Meta-data used for our quality dimensions as well as other relevant information are shown in Table 2.

Table 2: Metadata for the studies included in the meta-analysis

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	Yes	Peer-review	11-Jun-20	n/a	Economics (Social science)	SIPO	United States
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	Yes	Peer-review	22-Jul-20	n/a	Economics (Social science)	Specific NPIs	Europe and United States
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	Yes	WP	20-May-20	n/a	Economics (Social science)	Stringency	World
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	Yes	Peer-review	07-May-20	>21 days	Medicine (Other)	Specific NPIs	United States
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	Yes	Peer-review	30-May-20	8-14 days	Public policy (Social science)	SIPO	United States
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Yes	Peer-review	30-Jun-20	<8 days	Economics (Social science)	Stringency	Europe
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	No	WP	31-Aug-20	8-14 days	Economics (Social science)	Specific NPIs	World
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Yes	WP	13-Apr-20	<8 days	Economics (Social science)	Specific NPIs	World
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	Yes	Peer-review	13-Apr-20	8-14 days	Management (Social science)	Specific NPIs	One country
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	Yes	Peer-review	01-Apr-20	n/a	Anesthesiology (Other)	Specific NPIs	World
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Yes	Peer-review	03-Aun-20	n/a	Economics (Social science)	Specific NPIs	United States
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	Yes	Peer-review	01-Sep-20	n/a	Economics (Social science)	Stringency	World
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	Yes	Peer-review	20-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	No	WP	30-Apr-20	n/a	Management (Social science)	Stringency	World
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	No	Peer-review	30-Jul-20	<8 days	Economics (Social science)	Stringency	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Yes	Peer-review	07-May-20	<8 days	Public Health (Social science)	SIPO	United States
Fuller et al. (2021); "Mitigation Policies and COVID-19-Associated Mortality – 37 European Countries, January 23–June 30, 2020"	Yes	WP	30-Jun-20	n/a	Epidemiology (Other)	Stringency	Europe
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	Yes	Peer-review	01-Jun-20	Finds no effect	Economics (Social science)	SIPO	United States
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	Yes	WP	31-Dec-20	<8 days	International Development (Social science)	Stringency	World
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	Yes	Peer-review	07-Apr-20	n/a	Social work (Social science)	Specific NPIs	United States
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	No	WP	27-May-20	n/a	Government (Social science)	Stringency	World
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	No	Peer-review	24-Apr-20	<8 days	Medicine (Other)	Specific NPIs	Europe
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	No	WP	Not specified	Finds no effect	Political Science (Social science)	Other	United States
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	Yes	Peer-review	09-May-20	n/a	Ophthalmology (Other)	Specific NPIs	World
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	No	Peer-review	12-Apr-20	Finds no effect	Ophthalmology (Other)	Specific NPIs	Europe and United States
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	No	WP	29-May-20	n/a	Environment (Other)	Specific NPIs	United States
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	No	Peer-review	23-Jun-20	n/a	Health Science (Social science)	SIPO	World
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	Yes	WP	29-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Shiva and Molana (2021); "The Luxury of Lockdown"	Yes	Peer-review	08-Jun-20	15-21 days	Government (Social science)	Stringency	World
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	Yes	Peer-review	31-Dec-20	<8 days	Management (Social science)	Specific NPIs	United States
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	Yes	Peer-review	12-Jul-20	n/a	Evolutionary Biology and Environment (Other)	Stringency	Europe
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early	Yes	WP	01-Jun-20	n/a	Economics (Social science)	Specific NPIs	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Covid-19 mortality: natural experiment in 130 countries"							
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	Yes	WP	01-Apr-21	n/a	Economics (Social science)	Specific NPIs	World
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	No	Peer-review	15-Jul-20	<8 days	Psychiatry (Social science)	Specific NPIs	United States

Note: Research fields classified as social sciences were economics, public health, health science, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology and anesthesiology.

Interpreting and weighting estimates

The estimates used in the meta-analysis are not always readily available in the studies shown in Table 2. In Appendix B Table 9, we describe for each paper how we interpret the estimates and how they are converted to a common estimate (the relative effect of lockdowns on COVID-19 mortality) which is comparable across all studies.

Following Paldam (2015) and Stanley and Doucouliagos (2010), we also convert standard errors³² and use the precision of each estimate (defined as $1/SE$) to calculate the precision-weighted average of all estimates and present funnel plots. The precision-weighted average is our primary indicator of the efficacy of lockdowns, but we also report arithmetic averages and medians in the meta-analysis.

In the following sections, we present the meta-analysis for each of the three groups of studies (stringency index-studies, SIPO-studies, and studies analyzing specific NPIs).

4.1 Stringency index studies

Seven eligible studies examine the link between lockdown stringency and COVID-19 mortality. The results from these studies, converted to common estimates, are presented in Table 3 below. All studies are based on the COVID-19 Government Response Tracker's (OxCGRT) stringency index of Oxford University's Blavatnik School of Government (Hale et al. (2020)).

The OxCGRT stringency index neither measures the expected effectiveness of the lockdowns nor the expected costs. Instead, it describes the stringency based on nine equally weighted parameters.³³ Many countries followed similar patterns and almost all countries closed schools,

³² Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

³³ The nine parameters are "C1 School closing," "C2 Workplace closing," "C3 Cancel public events," "C4 Restrictions on gatherings," "C5 Close public transport," "C6 Stay at home requirements," "C7 Restrictions on internal movement," "C8 International travel controls" and "H1 Public information campaigns." The latter, "H1

while only a few countries issued SIPOs without closing businesses. Hence, it is reasonable to perceive the stringency index as continuous, although not necessarily linear. The index includes recommendations (e.g. “workplace closing” is 1 if the government recommends closing (or work from home), cf. Hale et al. (2021)), but the effect of including recommendations in the index is primarily to shift the index parallelly upward and should not alter the results relative to our focus on mandated NPIs. It is important to note that the index is not perfect. As pointed out by Book (2020), it is certainly possible to identify errors and omissions in the index. However, the index is objective and unbiased and as such, useful for cross-sectional analysis with several observations, even if not suitable for comparing the overall strictness of lockdowns in two countries.

Since the studies examined use different units of estimates, we have created common estimates for Europe and United States to make them comparable. The common estimates show the effect of the average lockdown in Europe and United States (with average stringencies of 76 and 74, respectively, between March 16th and April 15th, 2020, compared to a policy based solely on recommendations (stringency 44)). For example, Ashraf (2020) estimates that the effect of stricter lockdowns is -0.073 to -0.326 deaths/million per stringency point. We use the average of these two estimates (-0.200) in the meta-analysis (see Table 9 in Appendix B for a description for all studies). The average lockdown in Europe between March 16th and April 15th, 2020, was 32 points stricter than a policy solely based on recommendations (76 vs. 44). In United States, it was 30 points. Hence, the total effect of the lockdowns compared to the recommendation policy was -6.37 deaths/million in Europe (32 x -0.200) and -5.91 deaths/million in United States. With populations of 748 million and 333 million, respectively the total effect as estimated by Ashraf (2020) is 4,766 averted COVID-19 deaths in Europe and 1,969 averted COVID-19 deaths in United States. By the end of the study period in Ashraf (2020), which is May 20, 2020, 164,600 people in Europe and 97,081 people in the United States had died of COVID-19. Hence, the 4,766 averted COVID-19 deaths in Europe and the 1,969 averted COVID-19 deaths in the United States corresponds to 2.8% and 2.0% of all COVID-19 deaths, respectively, with an arithmetic average of 2.4%. Our common estimate is thus -2.4%, cf. Table 3. So, this means that Ashraf (2020) estimates that without lockdowns, COVID-19 deaths in Europe would have been 169,366 and COVID-19 deaths in the U.S. would have been 99,050. Our approach is not unproblematic. First of all, the level of stringency varies over time for all countries. We use the stringency between March 16th and April 15th, 2020 because this period covers the main part of the first wave which most of the studies analyze. Secondly, OxCGRT has changed the index over time and a 10-point difference today may not be exactly the same as a 10-point difference when the studies were finalized. However, we believe these problems are unlikely to significantly alter our results.

Public information campaigns,” is not an intervention following our definition, as it is not a mandatory requirement. However, of 97 European countries and U.S. States in the OxCGRT database, only Andorra, Belarus, Bosnia and Herzegovina, Faeroe Islands, and Moldova – less than 1.6% of the population – did not get the maximum score by March 20, 2020, so the parameter simply shifts the index parallelly upward and should not have notable impact on the analyzes.

Table 3 demonstrates that the studies find that lockdowns, on average, have reduced COVID-19 mortality rates by 0.2% (precision-weighted). The results yield a median of -2.4% and an arithmetic average of -7.3%. Only one of the seven studies, Fuller et al. (2021), finds a significant *and* (relative to the effect predicted in studies like Ferguson et al. (2020)) substantial effect of lockdowns (-35%). The other six studies find much smaller effects. Hence, based on the stringency index studies, we find little to no evidence that mandated lockdowns in Europe and the United States had a noticeable effect on COVID-19 mortality rates. And, as will be discussed in the next paragraph, the fifth column of Table 3 displays the number of quality dimensions (out of 4) met by each study.

Table 3: Overview of common estimates from studies based on stringency indexes

Effect on COVID-19 mortality	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimension s
Bjørnskov (2021)	-0.3%	0.8%	119	3
Shiva and Molana (2021)	-4.1%	0.4%	248	4
Stockenhuber (2020)*	0.0%	n/a	n/a	3
Chisadza et al. (2021)	0.1%	0.0%	7,390	4
Goldstein et al. (2021)	-9.0%	3.8%	26	2
Fuller et al. (2021)	-35.3%	9.1%	11	2
Ashraf (2020)	-2.4%	0.4%	256	2
Precision-weighted average (arithmetic average / median)	-0.2% (-7.3% / -2.4%)			

Note: The table shows the estimates for each study converted to a common estimate, i.e. the implied effect on COVID-19 mortality in Europe and United States. A negative number corresponds to fewer deaths, so -5% means 5% lower COVID-19 mortality. For studies which report estimates in deaths per million, the common estimate is calculated as: (COVID-19 mortality with "common area's" policy) / (COVID-19 mortality with recommendation policy) - 1, where (COVID-19 mortality with recommendation policy) is calculated as ((COVID-19 mortality with "common area's" policy) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). For the conversion of other studies see Table 9 in appendix B.

** It is not possible to calculate a common estimate for Stockenhuber (2020). When calculating arithmetic average / median, the study is included as 0%, because estimates are insignificant and signs of estimates are mixed (higher strictness can cause both lower and higher COVID-19 mortality).*

We now turn to the quality dimensions. Table 4 presents the results differentiated by the four quality dimensions. Two studies, Shiva and Molana (2021) and Chisadza et al. (2021), meet all quality dimensions. The precision-weighted average for these studies is 0.0%, meaning that lockdowns had no effect on COVID-19 mortality. Two studies live up to 3 of 4 quality dimensions (Bjørnskov (2021a) and Stockenhuber (2020)). The precision-weighted average for these studies is -0.3%, meaning that lockdowns reduced COVID-19 mortality by 0.3%. Three studies lack at least two quality dimensions.³⁴ These studies find that lockdowns reduce COVID-19 mortality by 4.2%. To sum up, we find that the studies that meet at least 3 of 4 quality measures find that lockdowns have little to no effect on COVID-19 mortality, while studies that

³⁴ In fact, the working papers by P. Goldstein et al. (2021), Fuller et al. (2021) and Ashraf (2020) all lack exactly two quality parameters.

meet 2 of 4 quality measures find a small effect on COVID-19 mortality. These results are far from those estimated with the use of epidemiological models, such as the Imperial College London (Ferguson et al. (2020)).

Table 4: Overview of common estimates split on quality dimensions for studies based on stringency indexes

<i>Values show effect on COVID-19 mortality</i>	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-reviewed [4]	0.0%	-1.1%	-0.2%
Working paper [3]	-4.2%	-15.6%	-9.0%
Long vs. short time period			
Data series ends after 31 May 2020 [6]	-0.1%	-8.1%	-0.2%
Data series ends before 31 May 2020 [1]	-2.4%	-2.4%	-9.0%
No early effect on mortality			
Does not find an effect within the first 14 days (including n/a) [5]	-0.2%	-8.3%	-2.4%
Finds effect within the first 14 days [2]	-1.9%	-4.7%	-4.7%
Social sciences vs. other sciences			
Social sciences [5]	-0.1%	-3.1%	-2.4%
Other sciences [2]	-35.3%	-17.7%	-17.7%
4 of 4 quality dimensions [2]	0.0%	-2.0%	-2.0%
3 of 4 quality dimensions [2]	-0.3%	-0.2%	-0.2%
2 of 4 quality dimensions or fewer [3]	-4.2%	-15.6%	-9.0%

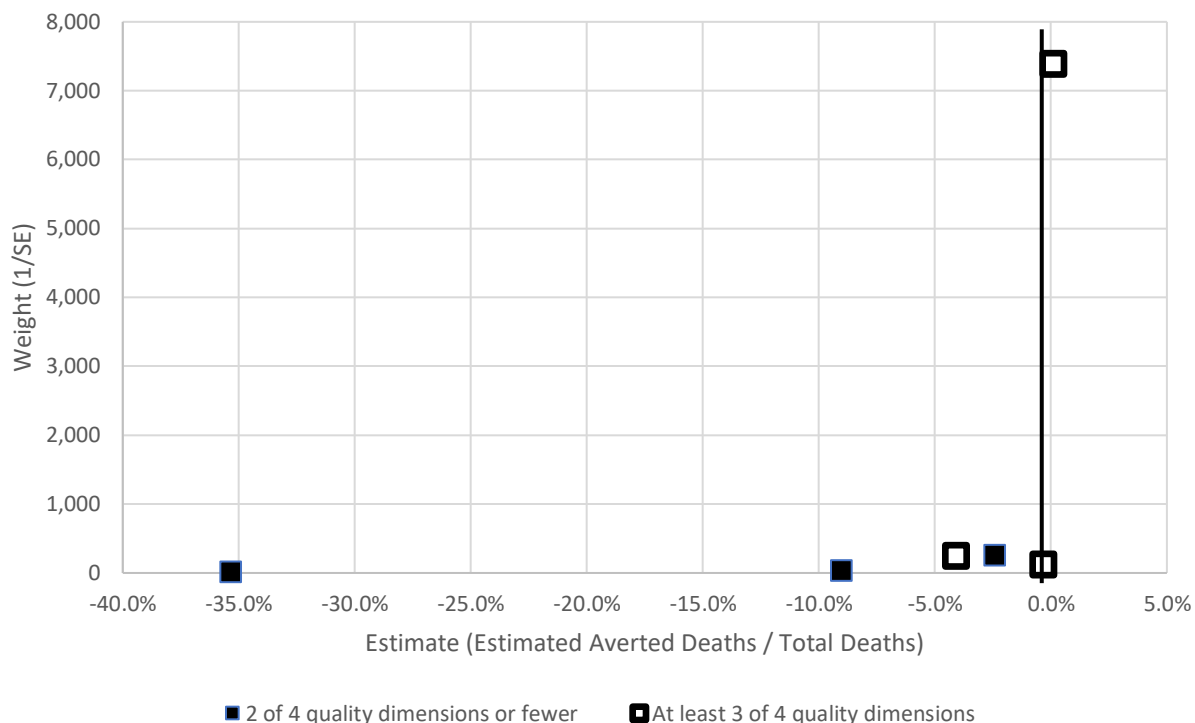
*Note: The table shows the common estimate as described in Table 3 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 3.*

Figure 5 shows a funnel plot for the studies in Table 3, except Stockenhuber (2020), where common estimate standard errors cannot be derived. Chisadza et al. (2021) has a far higher precision than the other studies ($1/SE$ is 7,398 and the estimate is 0.1%)³⁵, and there are indications that the estimate from Fuller et al. (2021) (the bottom left) is an imprecise outlier.³⁶ Figure 5 The plot also shows that the studies with at least 3 of 4 quality dimensions are centered around zero and generally have higher precision than other studies.

³⁵ Excluding Chisadza et al. (2021) from the precision-weighted average changes the average to -3.5%.

³⁶ Excluding Fuller et al. (2021) from the precision-weighted average only marginally changes the average because the precision is very low.

Figure 5: Funnel plot for estimates from studies based on stringency indexes



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 3 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on stringency index studies

Compared to a policy based solely on recommendations, we find little evidence that lockdowns had a noticeable impact on COVID-19 mortality. Only one study, Fuller et al. (2021), finds a substantial effect, while the rest of the studies find little to no effect. Indeed, according to stringency index studies, lockdowns in Europe and the United States reduced only COVID-19 mortality by 0.2% on average.

In the following section we will look at the effect of SIPOs. The section follows the same structure as this section.

4.2 Shelter-in-place order (SIPO) studies

We have identified 13 eligible studies which estimate the effect of Shelter-In-Place Orders (SIPOs) on COVID-19 mortality, cf. Table 5. Seven of these studies look at multiple NPIs of which a SIPO is just one, while six studies estimate the effect of a SIPO vs. no SIPO in the United States. According to the containment and closure policy indicators from OxCGRT, 41 states in the U.S. issued SIPOs in the spring of 2020. But usually, these were introduced after implementing other NPIs such as school closures or workplace closures. On average, SIPOs

were issued 7½ days after *both* schools and workplaces closed, and 12 days after the first of the two closed. Only one state, Tennessee, issued a SIPO before schools and workplaces closed. The 10 states that did not issue SIPOs all closed schools. Moreover, of those 10 states, three closed some non-essential businesses, while the remaining 7 closed all non-essential businesses. Because of this, we perceive estimates for SIPOs based on U.S.-data as the marginal effect of SIPOs on top of other restrictions, although we acknowledge that the estimates may capture the effects of other NPI measures as well.

The results of eligible studies based on SIPOs are presented in Table 5. The table demonstrates that the studies generally find that SIPOs have reduced COVID-19 mortality by 2.9% (on a precision-weighted average). There is an apparent difference between studies in which a SIPO is one of multiple NPIs, and studies in which a SIPO is the only examined intervention. The former group generally finds that SIPOs *increase* COVID-19 mortality *marginally*, whereas the latter finds that SIPOs *decrease* COVID-19 mortality. As we will see below, this difference could be explained by differences in the quality dimensions, and especially the time period covered by each study.

Table 5: Overview of estimates from studies based on SIPOs

<i>Values show effect on COVID-19 mortality</i>	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimensions
Studies where SIPO is one of several examined interventions and not (as) likely to capture the effect of other interventions				
Chernozhukov et al. (2021)	-17.7%	14.3%	7	4
Chaudhry et al. (2020) *	0.0%	n/a	n/a	2
Aparicio and Grossbard (2021)	2.6%	2.8%	35	4
Stokes et al. (2020)	0.8%	11.1%	9	3
Spiegel and Tookes (2021)	13.1%	6.6%	15	3
Bonardi et al. (2020)	0.0%	n/a	n/a	1
Guo et al. (2021)	4.6%	14.8%	4	3
Average (median) where SIPO is one of several variables	2.8% (0.5%/0.8%)			
Studies where SIPO is the only examined intervention and may capture the effect of other interventions				
Sears et al. (2020)	-32.2%	17.6%	6	2
Alderman and Harjoto (2020)	-1.0%	0.6%	169	4
Berry et al. (2020)	1.1%	n/a	n/a	2
Fowler et al. (2021)	-35.0%	7.0%	14	2
Gibson (2020)	-6.0%	24.3%	4	4
Dave et al. (2020)	-40.8%	36.1%	3	3
Average (median) where SIPO is the only variable	-5.1% (-19.0%/-19.1%)			
Precision-weighted average (arithmetic average / median) for all studies	-2.9% (-8.5%/0.0%)			

Note: * Chaudhry et al. (2020) does not provide an estimate but states that SIPO is insignificant. We use 0% when calculating the arithmetic average and median. Chaudhry et al. (2020) and Berry et al. (2021) do not affect the precision-weighted average, as we do not know the standard errors.

Table 6 presents the results differentiated by quality dimensions. Four studies (Chernozhukov et al. (2021), Aparicio and Grossbard (2021), Alderman and Harjoto (2020) and Gibson (2020))

meet all quality dimensions but find vastly different effects of SIPOs on COVID-19 mortality. The precision weighted average of the four studies is -1.0%. Four studies meet 3 of 4 quality dimensions. They overall find that SIPOs *increase* COVID-19 mortality, as the precision-weighted average is positive (3.7%). The five studies that meet 2 of 4 quality dimensions or fewer³⁷ find a substantial reduction in COVID-19-mortality (-34.2%). This substantial reduction seems to be driven by relatively short data series. The latest data point for the three studies which find large effects of lockdowns (Sears et al. (2020), Fowler et al. (2021), and Dave et al. (2021)) are April 29, May 7, and April 20, respectively. This may indicate that SIPOs can delay deaths but not eliminate them completely. Disregarding these studies with short data series, the precision-weighted average is -0.1%.

Table 6: Quality dimensions for studies based on SIPOs

<i>Values show effect on COVID-19 mortality</i>	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-review [10]	-2.4%	-7.9%	-0.5%
Working paper [3]	-12.0%	-10.5%	0.0%
Long vs. short time period			
Data serie ends after 31 May 2020 [6]	-0.1%	-1.4%	-0.1%
Data serie ends before 31 May 2020 [7]	-25.9%	-14.6%	0.0%
No early effect on mortality			
Finds effect within the first 14 days [9]	-2.0%	-10.0%	-1.0%
Does not find an effect within the first 14 days (including n/a) [4]	-10.3%	-5.2%	0.0%
Social sciences vs. other sciences			
Social sciences [12]	-2.9%	-9.2%	-0.5%
Other sciences [1]	n/a	0.0%	0.0%
4 of 4 quality dimensions [4]	-1.0%	-5.5%	-3.5%
3 of 4 quality dimensions [4]	3.7%	-5.6%	2.7%
2 of 4 quality dimensions or fewer [5]	-34.2%	-13.2%	0.0%

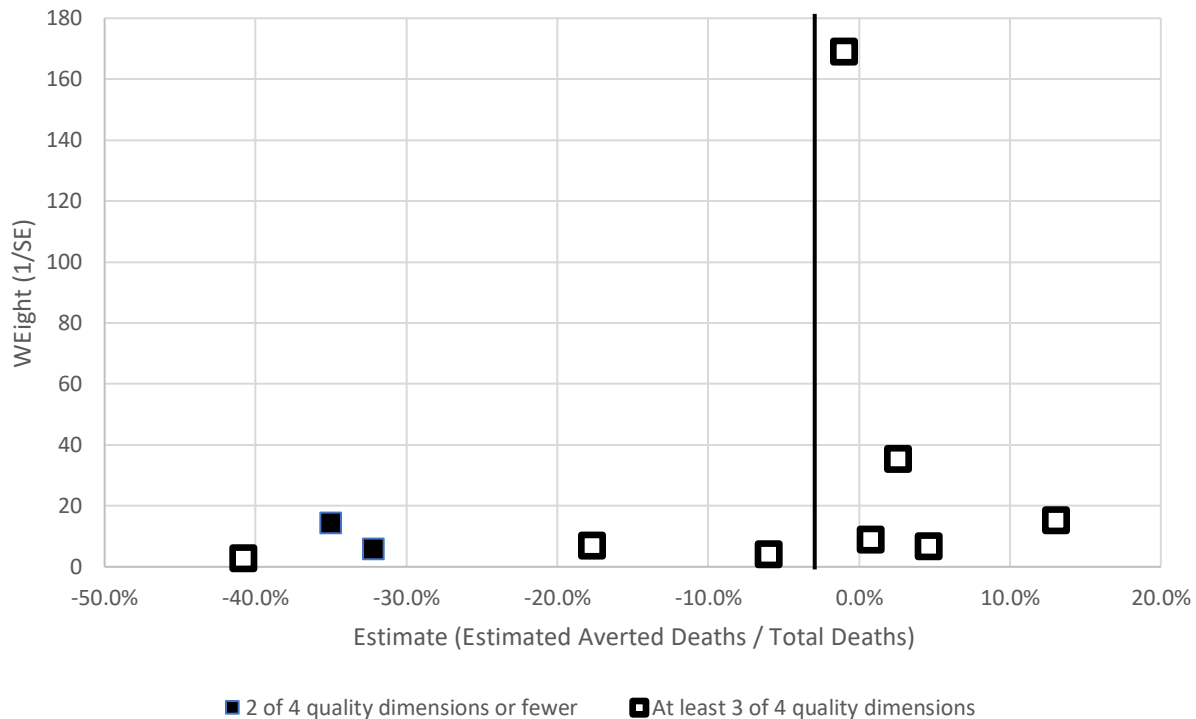
*Note: The table shows the common estimate as described in Table 5 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 5.*

Figure 6 shows a funnel plot for the studies in Table 5, except Chaudhry et al. (2020) and Berry et al. (2021), where common standard errors cannot be derived. Sears et al. (2020) stands out with a precision far higher than those of the other studies. But generally, the precisions of the studies are low and the estimates are placed on both sides of the zero-line with some ‘tail’ to the

³⁷ Bonardi et al. (2020) only meet one quality dimension (social science).

left.³⁸ Figure 5 also shows that four of eight studies with at least 3 of 4 quality dimensions find that SIPOs *increase* COVID-19 mortality by 0.8% to 13.1%.

Figure 6: Funnel plot for estimates from SIPO studies



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 4 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on SIPO studies

We find no clear evidence that SIPOs had a noticeable impact on COVID-19 mortality. Some studies find a large negative relationship between lockdowns and COVID-19 mortality, but this seems to be caused by short data series which does not cover a full COVID-19 ‘wave’. Several studies find a small positive relationship between lockdowns and COVID-19 mortality. Although this appears to be counterintuitive, it could be the result of an (asymptomatic) infected person being isolated at home under a SIPO can infect family members with a higher viral load causing more severe illness.³⁹ The overall effect measured by the precision-weighted average is -2.9%. The result is in line with Nuzzo et al. (2019), who state that “In the context of a high-impact

³⁸ This could indicate some publication bias, but the evidence is weak and with only 13 estimates, this cannot be formally tested

³⁹ E.g. see Guallar et al. (2020), who concludes, “Our data support that a greater viral inoculum at the time of SARS-CoV-2 exposure might determine a higher risk of severe COVID-19.”

respiratory pathogen, quarantine may be the least likely NPI to be effective in controlling the spread due to high transmissibility” and World Health Organization Writing Group (2006), who conclude that “forced isolation and quarantine are ineffective and impractical.”⁴⁰

In the following section, we will look at the effect found in studies analyzing specific NPIs.

4.3 Studies of specific NPIs

A total of 11 eligible studies look at (multiple) specific NPIs independently or simply lockdown vs. no lockdown.⁴¹ The definition of the specific NPIs varies from study to study and are somewhat difficult to compare. The variety in the definitions can be seen in the analysis of non-essential business closures and bar/restaurant closures. Chernozhukov et al. (2021) focus on a combined parameter (the average of business closure and bar/restaurant closure in each state), Aparicio and Grossbard (2021) look at business closure but not bar/restaurant closure, Spiegel and Tookes (2021) examine bar/restaurant closure but not business closure, and Guo et al. (2021) look at both business closures and bar/restaurant closures independently.

Some studies include several NPIs (e.g. Stokes et al. (2020) and Spiegel and Tookes (2021)), while others cover very few. Bongaerts et al. (2021) only study business closures, and Leffler et al. (2020) look at internal lockdown and international travel restrictions). Few NPIs in a model are potentially a problem because they can capture the effect of excluded NPIs. On the other hand, several NPIs in a model increase the risk of multiple test bias.

The differences in the choice of NPIs and in the number of NPIs make it challenging to create an overview of the results. In Table 7, we have merged the results in six overall categories but note that the estimates may not be fully comparable across studies. In particular, the lockdown-measure varies from study to study and in some cases is poorly defined by the authors. Also, there are only a few estimates within some of the categories. For instance, the estimate of the effect of facemasks is based on only two studies.

Table 7 illustrates that generally there is no evidence of a noticeable relationship between the most-used NPIs and COVID-19. Overall, lockdowns and limiting gatherings seem to increase COVID-19 mortality, although the effect is modest (0.6% and 1.6%, respectively) and border closures has little to no effect on COVID-19 mortality, with a precision-weighted average of -0.1% (removing the imprecise outlier from Guo et al. (2021) changes the precision-weighted average to -0.2%). We find a small effect of school closure (-4.4%), but this estimate is mainly driven by Auger et al. (2020), who – as noted earlier – use an “interrupted time series study”

⁴⁰ Both Nuzzo et al. (2019) and World Health Organization Writing Group (2006) focus on quarantining infected persons. However, if quarantining infected persons is not effective, it should be no surprise that quarantining uninfected persons could be ineffective too.

⁴¹ Note that we – according to our search strategy – did not search on specific measures such as “school closures” but on words describing the overall political approach to the COVID-19 pandemic such as “non-pharmaceutical,” “NPIs,” “lockdown” etc.

approach and may capture other effects such as seasonal and behavioral effects. The absence of a notable effect of school closures is in line with Irfan et al. (2021), who – based on a systematic review and meta-analysis of 90 published or preprint studies of transmission in children – concluded that “risks of infection among children in educational-settings was lower than in communities. Evidence from school-based studies demonstrate it is largely safe for young children (<10 years of age) to be at schools; however, older children (between 10 and 19 years of age) might facilitate transmission.” UNICEF (2021) and ECDC (2020) reach similar conclusions.⁴²

Mandating facemasks – an intervention that was not widely used in the spring of 2020, and in many countries was even discouraged – seems to have a large effect (-21.2%), but this conclusion is based on only two studies.⁴³ Again, our categorization may play a role, as the larger mask-estimate from Chernozhukov et al. (2021) is in fact “employee facemasks,” not a general mask mandate. Our findings are somewhat in contrast to the result found in a review by Liu et al. (2021), who conclude that “fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failed to find statistically significant benefit in the intent-to-treat populations.” Similarly, a pre-COVID Cochrane review concludes, “There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18). There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)” (Jefferson et al. (2020)).⁴⁴ However, it should be noted that even if no effect is found in controlled settings, this does not necessarily imply that mandated face masks does not reduce mortality, as other factors may play a role (e.g. wearing a mask may function as a tax on socializing if people are bothered by wearing a face masks when they are socializing).

⁴² UNICEF (2021) concludes, “The preliminary findings thus far suggest that in-person schooling – especially when coupled with preventive and control measures – had lower secondary COVID-19 transmission rates compared to other settings and do not seem to have significantly contributed to the overall community transmission risks.” Whereas, ECDC (2020) conclude, “School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other nonpharmaceutical interventions (NPIs) such as restrictions on mass gathering,” and states, “There is a general consensus that the decision to close schools to control the COVID-19 pandemic should be used as a last resort. The negative physical, mental health and educational impact of proactive school closures on children, as well as the economic impact on society more broadly, would likely outweigh the benefits.”

⁴³ Note again, that we – according to our search strategy – did not search on the specific measures such as “masks,” “face masks,” “surgical masks” but on words describing the overall political approach to the COVID-19 pandemic such as “non-pharmaceutical,” “NPIs,” “lockdown” etc. Thus, we do not include most of the studies in mask reviews such as Liu et al. (2021) and Jefferson et al. (2020).

⁴⁴ Lipp and Edwards (2014) also find no evidence of an effect and – looking at disposable surgical face masks for preventing surgical wound infection in clean surgery – conclude, “Three trials were included, involving a total of 2113 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.” Meanwhile, Li et al. (2021) – based on six case-control studies – conclude, “In general, wearing a mask was associated with a significantly reduced risk of COVID-19 infection (OR = 0.38, 95% CI: 0.21-0.69, $I^2 = 54.1\%$).

Only business closure consistently shows evidence of a negative relationship with COVID-19 mortality, but the variation in the estimated effect is large. Three studies find little to no effect, and three find large effects. Two of the larger effects are related to closing bars and restaurants. The “close business” category in Chernozhukov et al. (2021) is an average of closed businesses, restaurants, and movie theaters, while that same category is “closing restaurants and bars” in Spiegel and Tookes (2021). The last study finding a large effect is Bongaerts et al. (2021), the only eligible single-country study.⁴⁵

As a final observation on Table 7, studies with fewer quality dimensions seem to find larger effects, but the pattern is not systematic.⁴⁶

Table 7: Overview of estimates from studies of specific NPIs

	Lockdown (complete/ partial)	Facemasks/ Employee face masks	Business closure (/bars & restaurants)	Border closure (/quarantine)	School closures	Limiting gatherings	Quality dimensions
Chernozhukov et al. (2021)		-34.0%	-28.6%				4
Bongaerts et al. (2021)			-31.6%				2
Chaudhry et al. (2020)*	0.0%			0.0%			2
Toya & Skidmore (2021)	0.5%			-0.1%			3
Aparicio & Grossbard (2021)			-1.3%		0.5%	0.8%	4
Auger et al. (2020)					-58.0%		2
Leffler et al. (2020)	1.7%			-15.6%			2
Stokes et al. (2020)			0.3%	-24.6%	-0.1%	-6.3%	3
Spiegel & Tookes (2021)		-13.5%	-50.2%			11.8%	3
Bonardi et al. (2020)*	0.0%			0.0%			1
Guo et al. (2021)			-0.4%	36.3%	-0.2%	5.7%	3
Precision-weighted average	0.6%	-21.2%	-10.6%	-0.1%	-4.4%	1.6%	
Arithmetic average	0.6%	-23.8%	-18.6%	-0.7%	-14.4%	3.0%	
Median	0.3%	-23.8%	-14.9%	0.0%	-0.1%	3.2%	
4 of 4 quality dimensions	n/a [0]	-34.0% [1]	-2.9% [2]	n/a [0]	0.5% [1]	0.8% [1]	
3 of 4 quality dimensions	0.5% [1]	-13.5% [1]	-21.5% [3]	0.0% [3]	-0.1% [2]	5.6% [3]	
2 of 4 quality dimensions or fewer	1.7% [2]	n/a [1]	-31.6% [2]	-15.6% [2]	-58.0% [1]	n/a [1]	

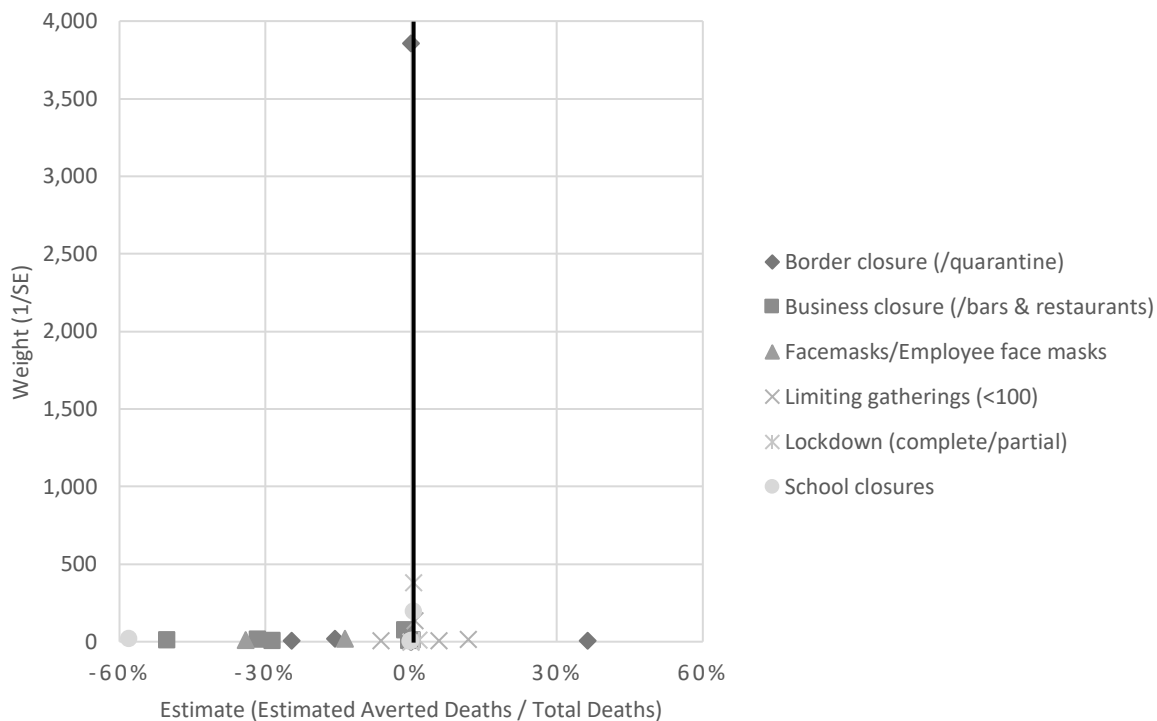
*Note: * It is not possible to derive common estimates and standard errors from Chaudhry et al. (2020) and Bonardi et al. (2020). Chaudhry et al. (2020) states that the effect of the various NPIs is insignificant without listing the estimates and standard errors. Bonardi et al. (2020) states that partial or regional lockdowns are as effective as stricter NPIs but does not provide information to calculate common estimates. Instead, we assume the estimate is 0% when calculating arithmetic average and median, while the estimates are excluded from the calculation of precision-weighted averages because there are no standard errors.*

⁴⁵ Bongaerts et al. (2021) (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different, which may be a relatively strong assumption and could potentially drive their results.

⁴⁶ We saw with SIPOs that studies based on short data series tended to find larger effects than studies based on short data series. This is also somewhat true for studies examining multiple specific measures. If we focus on studies with long data series (>May 31st, 2020), the precision-weighted estimates are as follows (average for all studies in parentheses for easy comparison): Lockdown (complete/partial): 0.5% (0.6%), Facemasks/Employee face masks: -21.2% (-21.2%), Business closures (/bars & restaurants): -8.1% (-10.6%), Border closures (/quarantine): -0.1% (-0.1%), School closures: 0.5% (-4.4%), Limiting gatherings: 1.4% (1.6%).

Figure 7 shows a funnel plot for all estimates in Table 7, except Chaudhry et al. (2020) and Bonardi et al. (2020), where common standard errors cannot be derived. Two estimates from Toya and Skidmore (2020) stands out with a precision far higher than those of other studies, and estimates are placed with some ‘tail’ to the left, which could indicate some publication bias, i.e. reluctance to publish results that show large positive (more deaths) effects of lockdowns. The most precise estimates are gathered around 0%, while less precise studies are spread out between -58% and 36%. The precision-weighted average of all estimates across all NPIs is -0.6%.

Figure 7: Funnel plot for estimates from studies of specific NPIs



Note: The figure displays all estimates except two (see text in figure) of specific NPIs and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included.

Overall conclusion on specific NPIs

Because of the heterogeneity in NPIs across studies, it is difficult to draw strong conclusions based on the studies of multiple specific measures. We find no evidence that lockdowns, school closures, border closures, and limiting gatherings have had a noticeable effect on COVID-19 mortality. There is some evidence that business closures reduce COVID-19 mortality, but the variation in estimates is large and the effect seems related to closing bars. There may be an effect of mask mandates, but just two studies look at this, one of which one only looks at the effect of employee mask mandates.

5 Concluding observations

Public health experts and politicians have – based on forecasts in epidemiological studies such as that of Imperial College London (Ferguson et al. (2020) – embraced compulsory lockdowns as an effective method for arresting the pandemic. But, have these lockdown policies been effective in curbing COVID-19 mortality? This is the main question answered by our meta-analysis.

Adopting a systematic search and title-based screening, we identified 1,048 studies published by July 1st, 2020, which potentially look at the effect of lockdowns on mortality rates. To answer our question, we focused on studies that examine the actual impact of lockdowns on COVID-19 mortality rates based on registered cross-sectional mortality data and a counterfactual difference-in-difference approach. Out of the 1,048 studies, 34 met our eligibility criteria.

Conclusions

Overall, our meta-analysis fails to confirm that lockdowns have had a large, significant effect on mortality rates. Studies examining the relationship between lockdown strictness (based on the OxCGRT stringency index) find that the average lockdown in Europe and the United States only reduced COVID-19 mortality by 0.2% compared to a COVID-19 policy based solely on recommendations. Shelter-in-place orders (SIPOs) were also ineffective. They only reduced COVID-19 mortality by 2.9%.

Studies looking at specific NPIs (lockdown vs. no lockdown, facemasks, closing non-essential businesses, border closures, school closures, and limiting gatherings) also find no broad-based evidence of noticeable effects on COVID-19 mortality. However, closing non-essential businesses seems to have had some effect (reducing COVID-19 mortality by 10.6%), which is likely to be related to the closure of bars. Also, masks may reduce COVID-19 mortality, but there is only one study that examines universal mask mandates. The effect of border closures, school closures and limiting gatherings on COVID-19 mortality yields precision-weighted estimates of -0.1%, -4.4%, and 1.6%, respectively. Lockdowns (compared to no lockdowns) also do not reduce COVID-19 mortality.

Discussion

Overall, we conclude that lockdowns are not an effective way of reducing mortality rates during a pandemic, at least not during the first wave of the COVID-19 pandemic. Our results are in line with the World Health Organization Writing Group (2006), who state, “Reports from the 1918 influenza pandemic indicate that social-distancing measures did not stop or appear to dramatically reduce transmission [...] In Edmonton, Canada, isolation and quarantine were instituted; public meetings were banned; schools, churches, colleges, theaters, and other public gathering places were closed; and business hours were restricted without obvious impact on the epidemic.” Our findings are also in line with Allen's (2021) conclusion: “The most recent research has shown that lockdowns have had, at best, a marginal effect on the number of Covid-19 deaths.” Poeschl and Larsen (2021) conclude that “interventions are generally effective in

mitigating COVID-19 spread”. But, 9 of the 43 (21%) results they review find “no or uncertain association” between lockdowns and the spread of COVID-19, suggesting that evidence from that own study contradicts their conclusion.

The findings contained in Johanna et al. (2020) are in contrast to our own. They conclude that “for lockdown, ten studies consistently showed that it successfully reduced the incidence, onward transmission, and mortality rate of COVID-19.” The driver of the difference is three-fold. First, Johanna et al. include modelling studies (10 out of a total of 14 studies), which we have explicitly excluded. Second, they included interrupted time series studies (3 of 14 studies), which we also exclude. Third, the only study using a difference-in-difference approach (as we have done) is based on data collected before May 1st, 2020. We should mention that our results indicate that early studies find relatively larger effects compared to later studies.

Our main conclusion invites a discussion of some issues. Our review does not point out *why* lockdowns did not have the effect promised by the epidemiological models of Imperial College London (Ferguson et al. (2020)). We propose four factors that might explain the difference between our conclusion and the view embraced by some epidemiologists.

First, people respond to dangers outside their door. When a pandemic rages, people believe in social distancing regardless of what the government mandates. So, we believe that Allen (2021) is right, when he concludes, “The ineffectiveness [of lockdowns] stemmed from individual changes in behavior: either non-compliance or behavior that mimicked lockdowns.” In economic terms, you can say that the demand for costly disease prevention efforts like social distancing and increased focus on hygiene is high when infection rates are high. Contrary, when infection rates are low, the demand is low and it may even be morally and economically rational not to comply with mandates like SIPOs, which are difficult to enforce. Herby (2021) reviews studies which distinguish between mandatory and voluntary behavioral changes. He finds that – on average – voluntary behavioral changes are 10 times as important as mandatory behavioral changes in combating COVID-19. If people voluntarily adjust their behavior to the risk of the pandemic, closing down non-essential businesses may simply reallocate consumer visits away from “nonessential” to “essential” businesses, as shown by Goolsbee and Syverson (2021), with limited impact on the total number of contacts.⁴⁷ This may also explain why epidemiological model simulations such as Ferguson et al. (2020) – which do not model behavior endogenously – fail to forecast the effect of lockdowns.

Second, mandates only regulate a fraction of our potential contagious contacts and can hardly regulate nor enforce handwashing, coughing etiquette, distancing in supermarkets, etc. Countries like Denmark, Finland, and Norway that realized success in keeping COVID-19 mortality rates relatively low allowed people to go to work, use public transport, and meet privately at home during the first lockdown. In these countries, there were ample opportunities to legally meet with others.

⁴⁷ In economic terms, lockdowns are substitutes for – not complements to – voluntary behavioral changes.

Third, even if lockdowns are successful in initially reducing the spread of COVID-19, the behavioral response may counteract the effect completely, as people respond to the lower risk by changing behavior. As Atkeson (2021) points out, the economic intuition is straightforward. If closing bars and restaurants causes the prevalence of the disease to fall toward zero, the demand for costly disease prevention efforts like social distancing and increased focus on hygiene also falls towards zero, and the disease will return.⁴⁸

Fourth, unintended consequences may play a larger role than recognized. We already pointed to the possible unintended consequence of SIPOs, which may isolate an infected person at home with his/her family where he/she risks infecting family members with a higher viral load, causing more severe illness. But often, lockdowns have limited peoples' access to safe (outdoor) places such as beaches, parks, and zoos, or included outdoor mask mandates or strict outdoor gathering restrictions, pushing people to meet at less safe (indoor) places. Indeed, we do find some evidence that limiting gatherings was counterproductive and increased COVID-19 mortality.

One objection to our conclusions may be that we do not look at the role of timing. If timing is very important, differences in timing may empirically overrule any differences in lockdowns. We note that this objection is not necessarily in contrast to our results. If timing is very important relative to strictness, this suggests that well-timed, but very mild, lockdowns should work as well as, or better than, less well-timed but strict lockdowns. This is not in contrast to our conclusion, as the studies we reviewed analyze the effect of lockdowns compared but to doing very little (see Section 3.1 for further discussion). However, there is little solid evidence supporting the timing thesis, because it is inherently difficult to analyze (see Section 2.2 for further discussion). Also, even if it can be empirically stated that a well-timed lockdown is effective in combating a pandemic, it is doubtful that this information will ever be useful from a policy perspective.

But, what explains the differences between countries, if not differences in lockdown policies? Differences in population age and health, quality of the health sector, and the like are obvious factors. But several studies point at less obvious factors, such as culture, communication, and coincidences. For example, Frey et al. (2020) show that for the same policy stringency, countries with more obedient and collectivist cultural traits experienced larger declines in geographic mobility relative to their more individualistic counterpart. Data from Germany Laliotis and Minos (2020) shows that the spread of COVID-19 and the resulting deaths in predominantly Catholic regions with stronger social and family ties were much higher compared to non-Catholic ones at the local NUTS 3 level.⁴⁹

Government communication may also have played a large role. Compared to its Scandinavian neighbors, the communication from Swedish health authorities was far more subdued and embraced the idea of public health vs. economic trade-offs. This may explain why Helsingen et

⁴⁸ This kind of behavior response may also explain why Subramanian and Kumar (2021) find that increases in COVID-19 cases are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. When people are vaccinated and protected against severe disease, they have less reason to be careful.

⁴⁹ The NUTS classification (Nomenclature of territorial units for statistics) is a hierarchical system for dividing up the economic territory of the EU and the UK. There are 1215 regions at the NUTS 3-level.

al. (2020), found, based on questionnaire data collected from mid-March to mid-April, 2020, that even though the daily COVID-19 mortality rate was more than four times higher in Sweden than in Norway, Swedes were less likely than Norwegians to not meet with friends (55% vs. 87%), avoid public transportation (72% vs. 82%), and stay home during spare time (71% vs. 87%). That is, despite a more severe pandemic, Swedes were less affected in their daily activities (legal in both countries) than Norwegians.

Many other factors may be relevant, and we should not underestimate the importance of coincidences. An interesting example illustrating this point is found in Arnarson (2021) and Björk et al. (2021), who show that areas where the winter holiday was relatively late (in week 9 or 10 rather than week 6, 7 or 8) were hit especially hard by COVID-19 during the first wave because the virus outbreak in the Alps could spread to those areas with ski tourists. Arnarson (2021) shows that the effect persists in later waves. Had the winter holiday in Sweden been in week 7 or week 8 as in Denmark, the Swedish COVID-19 situation could have turned out very differently.⁵⁰

Policy implications

In the early stages of a pandemic, before the arrival of vaccines and new treatments, a society can respond in two ways: mandated behavioral changes or voluntary behavioral changes. Our study fails to demonstrate significant positive effects of mandated behavioral changes (lockdowns). This should draw our focus to the role of voluntary behavioral changes. Here, more research is needed to determine how voluntary behavioral changes can be supported. But it should be clear that one important role for government authorities is to provide information so that citizens can voluntarily respond to the pandemic in a way that mitigates their exposure.

Finally, allow us to broaden our perspective after presenting our meta-analysis that focuses on the following question: “What does the evidence tell us about the effects of lockdowns on mortality?” We provide a firm answer to this question: The evidence fails to confirm that lockdowns have a significant effect in reducing COVID-19 mortality. The effect is little to none.

The use of lockdowns is a unique feature of the COVID-19 pandemic. Lockdowns have not been used to such a large extent during any of the pandemics of the past century. However, lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects. They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: lockdowns should be rejected out of hand as a pandemic policy instrument.

⁵⁰ Another case of coincidence is illustrated by Shenoy et al. (2022), who find that areas that experienced rainfall early in the pandemic realized fewer deaths because the rainfall induced social distancing.

6 Appendix A. The role of timing

Some of the included papers study the importance of the timing of lockdowns, while several other papers only looking at timing of (but not on the inherent effect of) lockdowns have been excluded from the literature list in this review. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, two problems arise with respect to imposing early lockdowns.

First of all, it was virtually impossible to determine the right timing when COVID-19 hit Europe and the United States. The World Health Organization declared the outbreak of a pandemic on 11 March 2020, but at that date Italy had already registered 13.7 COVID-19-deaths per million (all infected before approximately 22 February, because of the roughly 18 day gap between infection and death, c.f. e.g.. Bjørnskov (2021a)). On 29 March 2020, 18 days after WHO declared the outbreak a pandemic and the earliest a lockdown response to WHO's announcement could have an effect, the death toll in Italy was a staggering 178 COVID-19-deaths per million with an additionally 13 per million dying each day.

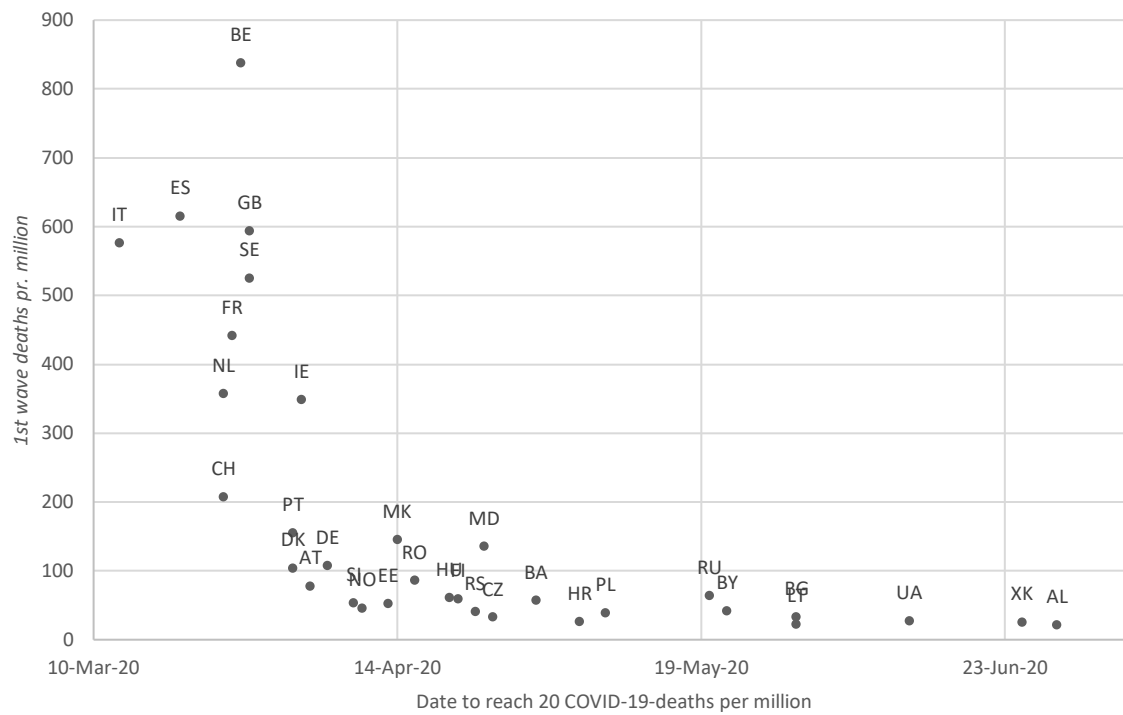
There are reasons to believe that many countries and regions were hit particularly hard during the first wave of COVID, because they had no clue about how bad it really was. This point is illustrated in Figure 8 (and Figure 9), which show that countries (and states), which were hit hard and early, experienced large death tolls compared to countries where the pandemic had a slower start. Björk et al. (2021) and Arnarson (2021) show that areas with a winter holiday in week 10 and – especially – week 9 were hit hard, because they imported cases from the Alps *before* they knew the pandemic was wide spread at the ski resorts. Hence, while acting early by warning citizens and closing business may be an effective strategy; this was not a feasible strategy for most countries in the spring of 2020.

The second problem is that it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns. If people and politicians react to the same information, for example deaths in geographical neighboring countries (many EU-countries reacted to deaths in Italy) or in another part of the same country, the effect of lockdowns cannot easily be separated from the effect of voluntary social distancing or, use of hand sanitizers. Hence, we find it problematic to use national lockdowns and differences in the progress of the pandemic in different regions to say anything about the effect of early lockdowns on the pandemic, as the estimated effect might just as well come from voluntary behavior changes, when people in Southern Italy react to the situation in Northern Italy.

We have seen no studies which we believe credibly separate the effect of early lockdown from the effect of early voluntary behavior changes. Instead, the estimates in these studies capture the effects of lockdowns *and* voluntary behavior changes. As Herby (2021) illustrates, voluntary behavior changes are essential to a society's response to an pandemic and can account for up to 90% of societies' total response to the pandemic.

Including these studies will greatly overestimate the effect of lockdowns, and, hence, we chose not to include studies focusing on timing of lockdowns in our review.

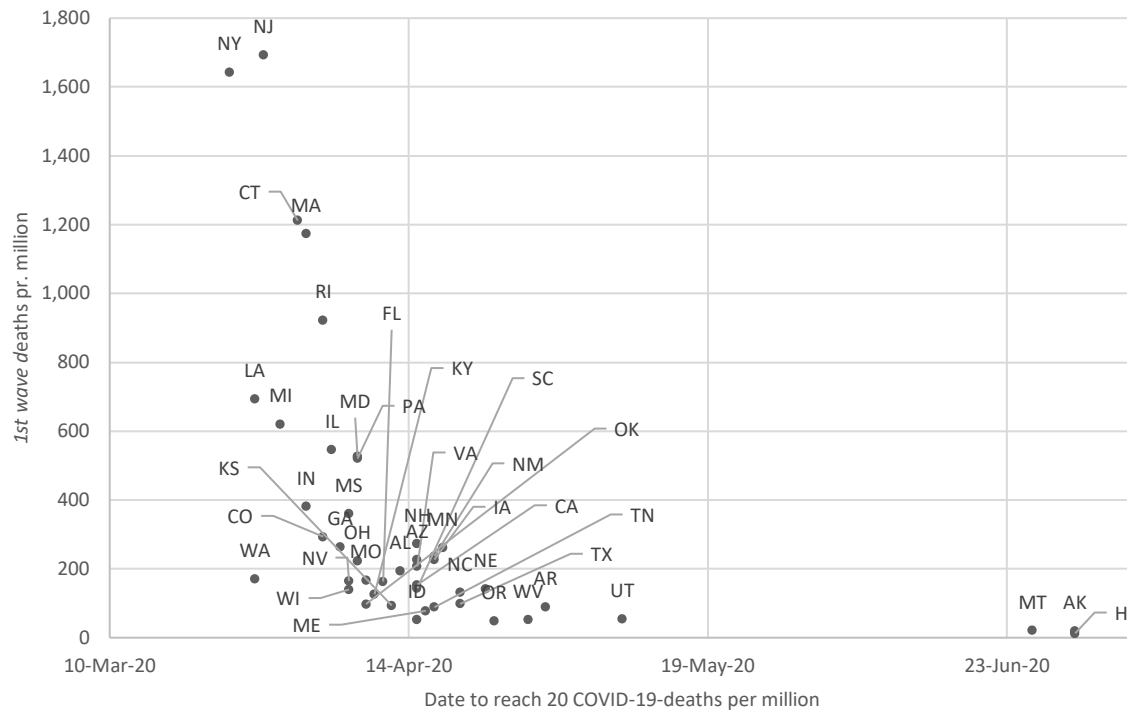
Figure 8: Taken by surprise. The importance of having time to prepare in Europe



Description: European countries with more than one million citizens.

Source: Our World in Data

Figure 9: Taken by surprise. The importance of having time to prepare in U.S. states



Description: U.S. states with more than one million citizens.

Source: Our World in Data

7 Appendix B. Supplementary information

7.1 Excluded studies

Below is a list will the studies excluded during the eligibility phase of our identification process and a short description of our basis for excluding the study.

Table 8: Studies excluded during the eligibility phase of our identification process

1. Study (Author & title)	2. Reason for exclusion
Alemán et al. (2020); "Evaluating the effectiveness of policies against a pandemic"	Too few observations
Alshammari et al. (2021); "Are countries' precautionary actions against COVID-19 effective? An assessment study of 175 countries worldwide"	Is purely descriptive
Amuedo-Dorantes et al. (2020); "Timing is Everything when Fighting a Pandemic: COVID-19 Mortality in Spain"	Duplicate
Amuedo-Dorantes et al. (2021); "Early adoption of non-pharmaceutical interventions and COVID-19 mortality"	Only looks at timing
Amuedo-Dorantes, Kaushal and Muchow (2020); "Is the Cure Worse than the Disease? County-Level Evidence from the COVID-19 Pandemic in the United States"	Duplicate
Amuedo-Dorantes, Kaushal and Muchow (2021); "Timing of social distancing policies and COVID-19 mortality: county-level evidence from the U.S."	Only looks at timing
Arruda et al. (2021); "ASSESSING THE IMPACT OF SOCIAL DISTANCING ON COVID-19 CASES AND DEATHS IN BRAZIL: AN INSTRUMENTED DIFFERENCE-IN-DIFFERENCE APPROACH"	Social distancing (not
Bakolis et al. (2021); "Changes in daily mental health service use and mortality at the commencement and lifting of COVID-19 'lockdown' policy in 10 UK sites: a regression analysis"	Uses a time series approach
Bardey, Fernández and Gravel (2021); "Coronavirus and social distancing: do non-pharmaceutical-interventions work (at least) in the short run?"	Only looks at timing
Berardi et. Al. (2020); "The COVID-19 pandemic in Italy: policy and technology impact on health and non-health outcomes"	Too few observations
Bhalla (2020); "Lockdowns and Closures vs COVID-19: COVID Wins"	Uses modelling
Björk et al. (2021); "Impact of winter holiday and government responses on mortality in Europe during the first wave of the COVID-19 pandemic"	Only looks at timing
Bongaerts, Mazzola and Wagner (2020); "Closed for business"	Duplicate
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Synthetic control study
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Duplicate
Bushman et al. (2020); "Effectiveness and compliance to social distancing during COVID-19"	Social distancing (not
Castaneda and Saygili (2020); "The effect of shelter-in-place orders on social distancing and the spread of the COVID-19 pandemic: a study of Texas"	Uses a time series approach
Cerqueti et al. (2021); "The sooner the better: lives saved by the lockdown during the COVID-19 outbreak. The case of Italy"	Synthetic control study
Chernozhukov, Kasahara and Schrimpf (2021); "Mask mandates and other lockdown policies reduced the spread of COVID-19 in the U.S."	Duplicate
Chin et al. (2020); "Effects of non-pharmaceutical interventions on COVID-19: A Tale of Three Models"	Uses modelling
Cho (2020); "Quantifying the impact of nonpharmaceutical interventions during the COVID-19 outbreak: The case of Sweden"	Synthetic control study
Coccia (2020); "The effect of lockdown on public health and economic system: findings from first wave of the COVID-19 pandemic for designing effective strategies to cope with the pandemic"	Only looks at timing
Coccia (2021); "Different effects of lockdown on public health and economy of countries: Results from first wave of the COVID-19 pandemic"	Too few observations
Canyon and Thomsen (2021); "COVID-19 in Scandinavia"	Synthetic control study
Canyon et al. (2020); "Lockdowns and COVID-19 deaths in Scandinavia"	Too few observations
Dave et al. (2020); "Did the Wisconsin Supreme Court restart a COVID-19 epidemic? Evidence from a natural experiment"	Synthetic control study
Delis, Iosifidi and Tasiou (2021); "Efficiency of government policy during the COVID-19 pandemic"	Do not look at mortality
Dreher et al. (2021); "Policy interventions, social distancing, and SARS-CoV-2 transmission in the United States: a retrospective state-level analysis"	Do not look at mortality
Duchemin, Veber and Boussau (2020); "Bayesian investigation of SARS-CoV-2-related mortality in France"	Uses modelling
Fair et. Al. (2021); "Estimating COVID-19 cases and deaths prevented by non-pharmaceutical interventions in 2020-2021, and the impact of individual actions: a retrospective analysis"	Uses modelling
Filiás (2020); "The impact of government policies effectiveness on the officially reported deaths attributed to covid-19."	Student paper
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Duplicate
Friedson et al. (2020); "Did California's shelter-in-place order work? Early coronavirus-related public health effects"	Duplicate
Friedson et al. (2020); "Shelter-in-place orders and public health: evidence from California during the COVID-19 pandemic"	Synthetic control study
Fuss, Weizman and Tan (2020); "COVID19 pandemic: how effective are interventive control measures and is a complete lockdown justified? A comparison of countries and lockdown strategies"	Do not look at mortality
Ghosh, Ghosh and Narymanchi (2020); "A Study on The Effectiveness of Lock-down Measures to Control The Spread of COVID-19"	Synthetic control study
Glogowsky et al. (2021); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19"	Only looks at timing
Glogowsky, Hansen and Schächtele (2020); "How effective are social distancing policies? Evidence on the fight against COVID-19 from Germany"	Duplicate
Glogowsky, Hansen and Schächtele (2020); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19 from Germany"	Duplicate
Gordon, Grafton and Steinshamn (2021); "Cross-country effects and policy responses to COVID-19 in 2020: The Nordic countries"	Do not look at mortality
Gordon, Grafton and Steinshamn (2021); "Statistical Analyses of the Public Health and Economic Performance of Nordic Countries in Response to the COVID-19 Pandemic"	Too few observations
Guo et al. (2020); "Social distancing interventions in the United States: An exploratory investigation of determinants and impacts"	Duplicate
Huber and Langen (2020); "The impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Duplicate
Huber and Langen (2020); "Timing matters: the impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Only looks at timing
Jain et al. (2020); "A comparative analysis of COVID-19 mortality rate across the globe: An extensive analysis of the associated factors"	Do not look at mortality
Juranek and Zoutman (2021); "The effect of non-pharmaceutical interventions on the demand for health care and mortality: evidence on COVID-19 in Scandinavia"	Too few observations
Kakpo and Nuhu (2020); "Effects of Social Distancing on COVID-19 Infections and Mortality in the U.S."	Social distancing (not
Kapoor and Ravi (2020); "Impact of national lockdown on COVID-19 deaths in select European countries and the U.S. using a Changes-in-Changes model"	Too few observations
Khatiwada and Chalise (2020); "Evaluating the efficiency of the Swedish government policies to control the spread of Covid-19."	Student paper
Korevaar et al. (2020); "Quantifying the impact of U.S. state non-pharmaceutical interventions on COVID-19 transmission"	Do not look at mortality
Kumar et. Al. (2020); "Prevention-Versus Promotion-Focus Regulatory Efforts on the Disease Incidence and Mortality of COVID-19: A Multinational Diffusion Study Using Synthetic Control"	Do not look at mortality
Le et al. (2020); "Impact of government-imposed social distancing measures on COVID-19 morbidity and mortality around the world"	Uses a time series approach
Liang et al. (2020); "Covid-19 mortality is negatively associated with test number and government effectiveness"	Not effect of lockdowns
Mader and Rüttemauer (2021); "The effects of non-pharmaceutical interventions on COVID-19-related mortality: A generalized synthetic control approach across 169 countries"	Synthetic control study
Matzinger and Skinner (2020); "Strong impact of closing schools, closing bars and wearing masks during the Covid-19 pandemic: results from a simple and revealing analysis"	Uses modelling
Mccafferty and Ashley (2020); "Covid-19 Social Distancing Interventions by State Mandate and their Correlation to Mortality in the United States"	Duplicate
Medline et al. (2020); "Evaluating the impact of stay-at-home orders on the time to reach the peak burden of Covid-19 cases and deaths: does timing matter?"	Only looks at timing

1. Study (Author & title)	2. Reason for exclusion
Mu et al. (2020); "Effect of social distancing interventions on the spread of COVID-19 in the state of Vermont"	Uses modelling
Nakamura (2020); "The Impact of Rapid State Policy Response on Cumulative Deaths Caused by COVID-19"	Student paper
Neidhöfer and Neidhöfer (2020); "The effectiveness of school closures and other pre-lockdown COVID-19 mitigation strategies in Argentina, Italy, and South Korea"	Synthetic control study
Oliveira (2020); "Does Staying at Home Save Lives? An Estimation of the Impacts of Social Isolation in the Registered Cases and Deaths by COVID-19 in Brazil"	Social distancing (not
Palladina et al. (2020); "Effect of Implementation of the Lockdown on the Number of COVID-19 Deaths in Four European Countries"	Uses a time series approach
Palladina et al. (2020); "Effect of timing of implementation of the lockdown on the number of deaths for COVID-19 in four European countries"	Duplicate
Palladino et al. (2020); "Excess deaths and hospital admissions for COVID-19 due to a late implementation of the lockdown in Italy"	Uses a time series approach
Peixoto et al. (2020); "Rapid assessment of the impact of lockdown on the COVID-19 epidemic in Portugal"	Uses modelling
Piovani et al. (2021); "Effect of early application of social distancing interventions on COVID-19 mortality over the first pandemic wave: An analysis of longitudinal data from 37"	Only looks at timing
Reinbold (2021); "Effect of fall 2020 K-12 instruction types on CoViD-19 cases, hospital admissions, and deaths in Illinois counties"	Synthetic control study
Renne, Roussellet and Schwenkler (2020); "Preventing COVID-19 Fatalities: State versus Federal Policies"	Uses modelling
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest-posttest comparison group study"	Duplicate
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest-posttest comparison group study"	Uses a time series approach
Silva, Filho and Fernandes (2020); "The effect of lockdown on the COVID-19 epidemic in Brazil: evidence from an interrupted time series design"	Uses a time series approach
Stamam et al. (2020); "IMPACT OF LOCKDOWN MEASURE ON COVID-19 INCIDENCE AND MORTALITY IN THE TOP 31 COUNTRIES OF THE WORLD."	Uses a time series approach
Steinegger et al. (2021); "Retrospective study of the first wave of COVID-19 in Spain: analysis of counterfactual scenarios"	Only looks at timing
Stephens et al. (2020); "Does the timing of government COVID-19 policy interventions matter? Policy analysis of an original database."	Only looks at timing
Supino et al. (2020); "The effects of containment measures in the Italian outbreak of COVID-19"	Uses a time series approach
Timelli and Girardi (2021); "Effect of timing of implementation of containment measures on Covid-19 epidemic. The case of the first wave in Italy"	Only looks at timing
Trivedi and Das (2020); "Effect of the timing of stay-at-home orders on COVID-19 infections in the United States of America"	Only looks at timing
Umer and Khan (2020); "Evaluating the Effectiveness of Regional Lockdown Policies in the Containment of Covid-19: Evidence from Pakistan"	Too few observations
VoPham et al. (2020); "Effect of social distancing on COVID-19 incidence and mortality in the U.S."	Do not look at mortality
Wu and Wu (2020); "Stay-at-home and face mask policies intentions inconsistent with incidence and fatality during U.S. COVID-19 pandemic"	Too few observations
Xu et al. (2020); "Associations of Stay-at-Home Order and Face-Masking Recommendation with Trends in Daily New Cases and Deaths of Laboratory-Confirmed COVID-19 in"	Do not look at mortality
Yehya, Venkataramani and Harhay (2020); "Statewide Interventions and Coronavirus Disease 2019 Mortality in the United States: An Observational Study"	Only looks at timing
Ylli et al. (2020); "The lower COVID-19 related mortality and incidence rates in Eastern European countries are associated with delayed start of community circulation Alban"	Not effect of lockdowns

7.2 Interpretation of estimates and conversion to common estimates

In Table 9, we describe for each study used in the meta-analysis how we interpret their results and convert the estimates to our common estimate. Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

Table 9: Notes on studies included in the meta-analysis

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	26-Nov-20	Transforming Government: People, Process and Policy	We use the 1% effect noted by the authors in "We find that the natural log of the duration (in days) that the state instituted shelter-in-place reduces percentages of mortality by 0.0001%, or approximately 1% of the means of percentages of deaths per capita in our sample. The standard error is calculated on basis of the t-value in Table 3.
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	16-Jan-21	Review of Economics of the Household	We use estimates from Table 3, model 5. For each estimate the common estimate is calculated as (difference in COVID-19 mortality with NPI)/(difference in COVID-19 mortality without NPI)-1, where (difference in COVID-19 mortality with NPI) is 237.89 (Table 2 states that deaths per million is 406.99 in U.S. and 169.10 in Europe) and (difference in COVID-19 mortality without NPI) is estimated as $\exp(\ln(\text{difference in COVID-19 mortality with NPI}) - \text{estimate})$.
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	1-Jul-20	ResearchGate	It is unclear whether they prefer the model with or without the interaction term. In the meta-analysis, we use an average of -0.326 (Table 3, without) and -0.073 (Table 6, with) deaths per million per stringency point (i.e. -0.200). The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) - 1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).

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Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	1-Sep-20	JAMA	Estimate that school closure was associated with a 58% decline in COVID-19 mortality and that the effect was largest in states with low cumulative incidence of COVID-19 at the time of school closure. States with the lowest incidence of COVID-19 had a -72% relative change in incidence compared with -49% for those states with the highest cumulative incidence.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	24-Feb-21	PNAS	The estimated effect of SIPO's, an increase in deaths by 0,654 per million after 14 days (significant, cf. Fig. 2), is converted to a relative effect on a state basis based on data from OurWorldInData. For states which did implement SIPO, we calculate the number of deaths without SIPO as the number of official COVID-19 deaths 14 days after SIPO was implemented minus 0,654 extra deaths per million. For states which did not implement SIPO, we calculate the number of deaths with SIPO as the number of official COVID-19 deaths 14 days after March 31 2020 plus 0,654 extra deaths per million. We use March 31 2020 as this was the average date on which SIPO was implemented in the 40 states which did implement SIPO. Using this approximation, the effect of SIPO's in the U.S. is 1,1% more deaths after 14 days. Common standard errors are not available.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	29-Mar-21	CESifo Economic Studies	We use estimates from Table 2 (four weeks). Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as $(\ln(\text{policy stringency}) - \ln(\text{recommendation stringency})) \times \text{estimate}$.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	1-Dec-20	World Bank Group	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	8-Jun-20	0	Find that, world-wide, internal NPIs have prevented about 650,000 deaths (3.11 deaths were prevented for each death that occurred, i.e. 76% effect). However, this effect is for any lockdown including a Swedish lockdown. They do not find an extra effect of stricter lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. Since all Western countries did something and estimates in other reviewed studies are relative to doing less – and, hence not to doing nothing, we report the result from Bonardi et al. as compared to "doing less." Hence, for Bonardi et al. we use 0% as the common estimate in the meta-analysis for each NPI (SIPO, regional lockdown, partial lockdown, and border closure (stage 1, stage 2 and full) because all NPIs are insignificant (compared to Sweden's "doing the least"-lockdown).
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	14-May-21	PLOS ONE	Business shutdown saved 9,439 Italian lives by 13th 2020. This corresponds to 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	1-Aug-20	Eclinical-Medicine	Finds no effect of partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews. In the meta-analysis we use a common estimate of 0%, as estimates and standard errors are not available.
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	1-Jan-21	Journal of Econometrics	The study looks at the effect of NPIs on growth rates but does include an estimate of the effect on total mortality at the end of the study period for employee face masks (-34%), business closure (-29%). and SIPO (-18%), but not for school closures (which we therefore exclude). In reporting the results of their counterfactual, they alter between "fewer deaths with NPI" and "more deaths without NPI." We have converted the latter to the former as $\text{estimate}/(1+\text{estimate})$ so "without business closures deaths would be about 40% higher" corresponds to "with business closures deaths would be about 29% lower."
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	10-Mar-21	MDPI	The common estimate is the average effect in Europe and United States respectively calculated as $(\text{Actual COVID-19 mortality}) / (\text{COVID-19 mortality with recommendation policy}) - 1$, where $(\text{COVID-19 mortality with recommendation policy})$ is calculated as $(\text{Actual COVID-19 mortality}) - \text{Estimate} \times \text{Difference in stringency} \times \text{population}$. Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). In the meta-analysis we use the non-linear estimate, but the squared estimate yields similar results.
Dave et al. (2021); "When Do Shelter-in-Place Orders"	3-Aug-20	Economic Inquiry	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after 20+ days for model 1 and 2 in Table 7. Since model 3, 4 and 5 have estimates

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Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"			similar to model 2, we use an average of model 1 to 5, where the estimates of model 3 to 5 are calculated as (common estimate model 2) / (estimate model 2) x estimate model 3/4/5.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	28-Aug-20	SSRN	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	28-Jun-21	PLOS ONE	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	10-Jun-21	PLOS ONE	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after three weeks (35% reduction in deaths) which is used in the meta-analysis.
Fuller et al. (2021); "Mitigation Policies and COVID-19-Associated Mortality – 37 European Countries, January 23–June 30, 2020"	15-Jan-21	Morbidity and Mortality Weekly Report	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	18-Aug-20	New Zealand Economic Papers	We use the two graphs to the left in figure 3, where we extract the data from the rightmost datapoint (i.e. % impact of county lockdowns on Covid-19 deaths by 1/06/2020). We then take the average of the estimates found in the two graphs, because it is unclear which estimate the author prefers.
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	4-Feb-21	CID Faculty Working	We convert the effect in Figure 4 after 90 days (log difference -1.16 of a standard deviation change) to deaths per million per stringency following footnote 3 (the footnote says "weekly deaths," but we believe this should be "daily deaths"), so the effect is $e^{-1.16} - 1 = -0.69$ decline in daily deaths per million per SD. We convert to total effect by multiplying with 90 days and "per point" by dividing with $SD = 22.3$ (corresponding to the SD for the 147 countries with data before March 19, 2020 - using all data yields similar results) yielding -2.77 deaths per million per stringency point. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	21-Sep-20	Research on Social Work Practice	We use estimates for "Proportion of Cumulative Deaths Over the Population" (per 10,000) in Table 3. We interpret this number as the change in cumulative deaths over the population in percent and is therefore the same as our common estimate.
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	6-Jul-20	medRxiv	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality. They ascertain that "sustained over three months, this would correspond to a cumulative number of deaths 30% lower," however this is not a counterfactual estimate and three months goes beyond the period they have data for.
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	15-Jul-21	Eurosurveillance	The study is not included in the meta-analysis, as they report the effect of NPIs in incident risk ratio which are not easily converted to relative effects.

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Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	5-Mar-21	Culture & Crisis Conference	The study is not included in the meta-analysis, as it looks at the effect of NPIs on odds-ratios and does not include an estimate of the effect on total mortality.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	26-Oct-20	ASTMH	Their "mask recommendation" includes some countries, where masks were mandated and may (partially) capture the effect of mask mandates. However, the authors' focus is on recommendation, so we do interpret their result as a voluntary effect - not an effect of mask mandate. Using estimates from Table 2 and assuming NPIs were implemented March 15 (8 weeks in total by end of study period), common estimates are calculated as $\hat{\theta}^{est-1}$.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	27-Apr-21	Pragmatic and Observational Research	The study is not included in the meta-analysis, as it looks at the effect of NPIs on peak mortality and does not include an estimate of the effect on total mortality.
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	20-Aug-20	medRxiv	The study is not included in the meta-analysis, as the cluster the NPIs (e.g. SIPO, mask mandata amd travel restricions are clustered in Level 4).
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	4-May-21	Health Policy and Planning	Policy implementations were assigned according to the first day that a country received a policy stringency rating above 0 in the OxCGRT stay-at-home measure. As the value 1 is a recommendation "recommend not leaving house," we cannot distinguish recommendations from mandates, and, thus, the study is not included in the meta-analysis.
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	6-Aug-20	medRxiv	Find that SIPOs lower mortality by 29-35%. We use the average (32%) as our common estimate. Common standard errors are calculated based on estimates and standard errors from (Table 4) assuming they are linearly related to estimates.
Shiva and Molana (2021); "The Luxury of Lockdown"	9-Apr-21	The European Journal of Development Research	The estimate with 8 weeks lag is insignificant, and preferable given our empirical strategy. However, they use the 4-week lag when elaborating the model to differentiate between high- and low-income countries, so the 4-week lag estimate for rich countries is used in our meta-analysis. Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (policy stringency - recommendation stringency) x estimate.
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	18-Jun-21	The Review of Financial Studies	We use weighted average of estimates for Table 4, 6, and 9. Since authors state that they place more weight on the findings in Table 9, Table 9 weights by 50% while Table 4 and 6 weights by 25%. We estimate the effect on total mortality from effect on growth rates based on authors calculation showing that estimates of -0.049 and -0.060 reduces new deaths by 12.5% 15.3% respectively. We use the same relative factor on other estimates.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	10-Nov-20	World Medical & Health Policy	When calculating arithmetic average / median, the study is included as 0%, because estimates in Table 6 are insignificant and signs of estimates are mixed (higher strictness can cause both fewer and more deaths). We don't calculate common standard errors.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	6-Oct-20	medRxiv	We use estimates from regression on strictness alone (Right panel in Table "Regression results, policy strictness. Baseline is "policy not introduced within policy analysis period" in "Additional file"). We use the average of 24 and 38 days from model 5. There are 23 relevant estimates in total (they analyze all levels within the eight NPI measures in the OxCGRT stringency index). We calculate the effect of each NPI (e.g. closing schools) as the average effect in all of U.S./Europe. This is done by calculating the effect for each state/country based on the maximum level for each measure between Mar 16 and Apr 15 (e.g. if all schools in a state/country are required to close (school closing level 3) the relevant estimate for that state/level is -0.031 (average of -0.464 and 0.402). We assume all NPIs are effective for 54 days (from March 15 to June 1 minus 24 days to reach full effect). Standard errors are converted to common standard errors following the same process (this approach is unique for Stokes, as our general approach is not possible).

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Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	1-Apr-20	CESifo Working Papers	It is unclear how they define "lockdown." They write that "many countries [...] imposed lockdowns of varying degrees, some imposing mandatory nationwide lockdowns, restricting economic and social activity deemed to be non-essential," and since all European countries and all states in the U.S. imposed restrictions on economic (closing unessential businesses) and/or social (limiting large gatherings) activity, we interpret this as all European countries and all U.S. states had mandatory nationwide lockdowns. The effect of recommended lockdowns is set to zero in the meta-analysis, as only one country was in this lockdown category (i.e. too few observations, cf. eligibility criteria). The estimate for complete travel closure is -0.226 COVID-deaths per 100,000. Hence, if all of Europe imposed complete travel closure, the total effect would be $-0.266 * 748 \text{ million (population)} * 10 (100,000/1,000,000)$ equal to 1,690 averted COVID-19 deaths. However, according to OxCGRT-data European countries only had complete travel bans (Level 4: "Ban on all regions or total border closure") in 11% of the time between March 16 and April 15, 2020. So the total effect is $1,690 * 11\% = 194$ averted deaths. During the first wave 188,000 deaths in Europe was related to COVID-19 (by June 30, 2020), so the total effect is approximated to -0.1% in Europe and, following the same logic, 0% in U.S., where no states closed their borders completely. We use the average, -0.05%, in the meta-analysis. The estimate for mandatory national lockdown is 0.166 (>0) COVID-deaths per 100,000. Since all European countries (and U.S. states) imposed lockdowns, the total effect is 1,241 (553) extra COVID-19 deaths corresponding to 0.7% (0.4%). We use the average of Europe and the U.S., 0.5%, in the meta-analysis. Calculations of the effect of "Mandatory national lockdown" follow the same logic, but we assume 100% of Europe and United States have had "Mandatory national lockdown."
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	3-Oct-20	Oxford academic	The study is not included in the meta-analysis, as they report the effect of NPIs on Rt which are not easily converted to relative effects.

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From: Barbara Zerr
Sent: 1/27/2022 3:42:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marneye Driesen
Sent: 2/8/2022 8:43:51 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Board members,

In regards to the upcoming TAG meeting considering COVID-19 for inclusion in chapter 246-105 WAC, I would like to provide a comment I sincerely hope you consider. I am a concerned mother with two young children. My concerns stated here are shared by my many friends and family members who are also parents.

According to the AAP, 12 million children have tested positive for COVID-19 since the beginning of the pandemic. For millions of children with natural immunity their risk of injury from COVID-19 vaccination outweigh the benefits.

We have absolutely no long term data on the teratogenic, neurological etc. effects this could have on our children. These vaccines do not prevent transmission and although they are shown to prevent severe disease and hospitalization (of which children are at extremely low risk), they do not offer robust protection against acquiring infection with the currently circulating Omicron variant. We do not know how they will perform with future variants.

There is an increased risk of myocarditis after covid vaccination which is seen on the FDA and CDC safety surveillance systems.

A Kaiser Permanente study found that for every million children vaccinated there was a myopericarditis rate of 208 cases.

Dr. Fauci recently explained that pediatric hospitalization rates are exaggerated by the detection of mild or asymptomatic infection secondary to universal screening. Additionally, a Stanford University study found that 45% of pediatric COVID-19 hospital admissions were unlikely to have been caused by SARS-CoV-2.

It is even harder to justify vaccinating our children when the Omicron variant is

associated with less severe disease and lower hospitalization rates.

Other countries have come to the wise decision against recommending covid shots for children (Sweden); and yet, this board is considering requiring it.

The Omicron variant, millions of children with natural immunity, the increased risk of myocarditis and no long term data on safety or efficacy in children makes a decision on this matter uncomplicated. Please do the responsible thing and leave this decision to the parents. It is not okay to just say parents can file for an exemption. There will be a multitude of parents who pull their children from public/private schools if this becomes a requirement. This is about the principle of letting parents decide, given the current and constantly changing information, what is best for their child.

Respectfully,

Marneye Driesen

From: Rebecca Slater
Sent: 1/30/2022 11:35:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Megan M
Sent: 2/8/2022 8:55:36 PM
To: DOH WSBOH
Cc:
Subject: Oppose Covid vaccine mandates for children

External Email

As a concerned Washington resident, a patient educator and informed-consent advocate, and a parent of school-age children, I stand opposed to Covid vaccine mandates for children and implore you to oppose them as well.

Your own meeting notes admit there is no evidence regarding the effectiveness of vaccines in K-12 settings. Children are at extremely low risk from Covid, whereas the vaccines are still in the testing phase, and long-term side effects may not be known for many years. The evidence that IS available suggests that boys and young men may even be at more risk from vaccine-induced myocarditis than from Covid-19 itself. Mandates have the potential to cause MORE injury and morbidity to children than they prevent.

Parents care for their children's welfare far more than any third party ever could, and those who are concerned about their children's risk from Covid have had ample opportunity to have them vaccinated. At-risk teachers have also had ample opportunity to take advantage of vaccination to mitigate their risk. From this point on, informed-choice decisions about vaccination of children should be left to families.

I stridently oppose Covid-19 vaccine mandates for children and strongly urge you to do the same. It is not worth infringing upon families' medical autonomy for an intervention with questionable evidence supporting its efficacy.

Thank you,

Megan Minnick

From: Sally Coleman
Sent: 2/8/2022 9:25:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darin Padur
Sent: 1/27/2022 5:12:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rosa Ramos
Sent: 2/8/2022 9:40:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Richie
Sent: 2/8/2022 10:05:30 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am against any passing of a law or bill which promotes vaccinating children for Covid.
Richie Meche
Oak Harbor

Sent from my iPhone

From: Bruce Jones
Sent: 1/29/2022 10:06:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mandy Evans
Sent: 2/8/2022 2:50:20 PM
To: DOH WSBOH
Cc:
Subject: Opposing Vaccine for Children

External Email

WA State Board of Health,

I strongly oppose the discussion of covid-19 vaccine mandate for our children. Clearly this vaccine does not do its job as you see the up tick in cases in fully vaccinated individuals. The long term effects of this are unknown and until the full data comes out and time has passed this should not be required it should be a choice.

This is not okay. Let the parents decide what is best for their child. Children are not at high risk and as we have been seeing the vaccine does not do what it was set to do.

Concerned & Upset Washington Parent

From: victor baca
Sent: 2/7/2022 4:22:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:00 AM
To: DOH WSBOH
Cc:
Subject: FW: Urgent: Stop ESHB 1551Association with Covid-19

From: Thlayla <thlayla@hotmail.com>
Sent: Tuesday, January 11, 2022 10:52 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Urgent: Stop ESHB 1551Association with Covid-19

External Email

Dear Kaitlyn Donahoe,

Seeing the meeting agenda for 1/12/22, I was shocked to see Covid 19 and ESHB 1551 mentioned together. ESHB 1551 is specifically addressing purposefully and willing spreading HIV. The timing and suggestion is extremely concerning. Please object to the association and cease pursuing a connection in any way.

Please contact me to let me know why this is even on the agenda? I look forward to hearing from you.

Thank you,

Thlayla Potter

From: Ashley Rubin
Sent: 2/7/2022 6:32:29 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alice Larson
Sent: 1/30/2022 11:52:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robin Medlock
Sent: 1/30/2022 2:30:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ANDI DASH
Sent: 2/8/2022 11:16:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comment on WAC 246-100-040 and 070

External Email

Dear Sirs/Madams,

I am commenting on the morality of the Procedure for isolation or quarantine and enforcement. It is so un-American and goes against freedom and rights of individuals. I am appalled that this would be happening in my state and am fiercely against the measures.

Sincerely,
Andrea Dash (registered voter)

Sent from my iPhone

From: theresalane@comcast.net
Sent: 2/3/2022 7:33:50 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG for K-12 Covid shot mandates - Sweden decides Against Covid shot for kids aged 5-12

External Email

Hello TAG,

Here is some more information for you to consider. Please see link with article related to the subject line

<https://www.reuters.com/world/europe/sweden-decides-against-recommending-covid-vaccines-kids-aged-5-12-2022-01-27/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fworld%2Feurope%2Fsweden-decides-against-recommending-covid-vaccines-kids-aged-5-12-2022-01-27%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca03fb26bf7a043b09dec08d9e78f27b7%7C11d0e2>>

Can I please get a confirmation that my emails are being received and read?

Thank you,

Theresa Lane

Concerned WA parent

From: Rebecca Oshiro
Sent: 2/8/2022 11:17:34 AM
To: DOH WSOH
Cc:
Subject: COVID-19 vaccine requirement for school and daycare

External Email

Hello,

I am vigorously opposed to the COVID-19 vaccine being added to the requirement for children's school and daycare and will move out of state if this is the case. COVID is shifting to an endemic disease, much like flu, and will be with us forever. The COVID-19 shot does not prevent infection or transmission and the vaccinated carry the same viral load as the unvaccinated. I will not be giving a yearly COVID shot to my child.

Thank you,

Rebecca Oshiro

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Nancy Grunewald
Sent: 2/8/2022 2:10:34 PM
To: DOH WSBOH
Cc:
Subject: Opposed to adding Covid "vaccines" to WAC 246-105

External Email

Dear members of the Washington State Board of Health,

In reference to your TAG meeting February 10, I want to register my vehement opposition to including the Covid-19 "vaccines" to the list of mandatory vaccines for children attending school.

A) Children are not dying on a grand scale from Covid. They do not need a "vaccine" against the disease. Especially one which releases large amounts of spike protein into their bodies.

B) The vaccines are still in the experimental stage, "Emergency Use Authorization" only. The adult population has been serving as guinea pigs. We've seen the inefficacy of these injections in the adult population, and do not need to inject these dangerous mRNA substances into the young population.

C) The pharmaceutical companies know that if the vaccines are approved or mandated for widespread use in children, they can move to being non-EUA by the FDA without threat of legal recrimination for damages related to these injections. Of course, Big Pharma is pushing for children to receive these injections!

Please beware of playing with the lives of our next generation in this way.

Sincerely,
Nancy Grunewald
1715 NW Lamont St
Pullman, WA 99163

From: Dr & Mrs William Gray
Sent: 1/31/2022 8:03:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Craig Strom
Sent: 1/29/2022 4:33:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: pspengler@juno.com
Sent: 1/29/2022 9:13:01 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccination and Schools

External Email

The COVID vaccine should be a requirement to attend public school, Schools cannot function with so many students and staff home sick. I have had my vaccination and have been boosted and have yet to contacted COVID, I work in a public school and have COVID all around me. Vaccination work.

Phil Spengler

From: Clark Elster
Sent: 1/28/2022 9:47:41 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/27/2022 9:23:38 PM
To: DOH WSBOH
Cc:
Subject: Gab: Sweden declines vaccine for kids

External Email

<https://gab.com/vaccineregrets/posts/107697723172172219>

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Barbara Levich
Sent: 2/8/2022 6:46:06 PM
To: DOH WSBOH
Cc:
Subject: 246-105 WAC

External Email

Dear Board members,
As no long term testing has been done on these vaccines and there is plenty of evidence already of severe side effects and deaths from them, I think there is no need at all to add this to the list of required vaccines. In addition, school aged children do not contract Covid and suffer very little if they do. The risk assessment says the vaccines don't provide enough benefit to warrant them.

Barbara Levich
Des Moines, WA

From: Jeanine Long
Sent: 2/9/2022 9:17:03 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: theresalane@comcast.net
Sent: 2/6/2022 11:02:41 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG Covid Mandates K-12 STUDY: Fully Vaccinated Carry 251 Times The Normal Viral Load Of COVID-19, May Be Super Spreaders

External Email

Hello TAG,

More science for you to review. Please see the link below for the study in the subject line.

<https://nationalfile.com/study-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnationalfile.com%2Fstudy-fully-vaccinated-carry-251-times-the-normal-viral-load-of-covid-19-may-be-super-spreaders%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0b8a4c111b7c496139c208d9ea07ba87%7>>

Thank you,

Theresa Lane

Concerned WA parent

From: Ellie Rose
Sent: 1/22/2022 3:11:35 PM
To: DOH WSBOH
Cc:
Subject: Hello

External Email

Hi, so I tested positive for COVID-19 today and my boss (we work in a fast food restaurant) told me that I would get fired if I didn't come in to work today. There are two other people aside from myself who also have Covid-19 and we are still working. I was just wondering if this is legal?
Sent from my iPhone

From: Michael Frazee
Sent: 2/4/2022 9:10:21 AM
To: DOH WSBOH
Cc:
Subject: Accountability



attachments\35994DC7258543B4_image0.jpeg

External Email

Sent from my iPhone

From: Karen Capone
Sent: 2/7/2022 5:04:00 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hisaw, Melanie (SBOH)
Sent: 2/8/2022 8:24:21 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:11 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Hisaw,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Jason behling
Sent: 1/28/2022 9:09:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Camacho
Sent: 1/28/2022 9:38:29 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate/s for children in Washington State.

External Email

STOP hurting these kids. Why are you not following the truth about this virus? A lot of lives are in your hands (all of you) on this board. Someday soon everyone will answer to God for what we all have done in this lifetime with what He has given us. Please start making the right choices. SO MANY are against this. Can you just listen to the people?

Susan Camacho
360-621-4215

Sent from my iPad

From: Cristian Petrescu-Prahova
Sent: 1/31/2022 11:50:29 AM
To: DOH WSBOH
Cc:
Subject: Re: Survey for Parents and Caregivers: COVID-19 Vaccine as a School Requirement

External Email

The principal of the school my 11yo child attends sent me a link for a "Survey for Parents and Caregivers: COVID-19 Vaccine as a School Requirement".

I have been unable to identify the reasoning the Washington State Board of Health is using to advance the proposal of making COVID-19 vaccines a requirement for school attendance for children. Perhaps I missed something obvious, can you please point me to the rationale and the data backing it up?

Thank you,
Cristian Petrescu-Prahova

--

Cristian Petrescu-Prahova
cristian@petrescu-prahova.com

From: Robert Holte
Sent: 2/2/2022 2:10:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pamela Sims
Sent: 1/27/2022 7:19:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joshua Daugherty
Sent: 2/1/2022 2:38:22 PM
To: DOH WSBOH,DOH Information,Anne Gayman,Alan Spicciati,School Communication,Greg Brown
Cc:
Subject: Fwd: Enough is Enough! #DoNotComply

External Email

I don't know if you've received this yesterday or not.

Corrupted in WA,

I think we've all had enough of this "Rules for Thee, but not for me..."

When are you going to be giving up on this never-ending covid nonsense? Let our children breathe, get sick, get better/healthier, move on with their lives?

Are you also sick of the hypocrites at ALL levels? I am seriously glad that we will be pulling our children out of WA schools, moving to a free state and will letting them breathe. Very soon, expect to see our withdrawal letters being handed to the schools as they do not fight with us against this tyranny.

I want to send my kids to school without masks but they don't want to wear the 'school/medical masks'. I say, if they give you one, put it in your pocket, have them call me. I'm awaiting a call. No more!

Josh Daugherty

Begin forwarded message:

From: The Unity Project <info@unityprojectonline.com
<mailto:info@unityprojectonline.com> >

Subject: Enough is Enough! #DoNotComply

Date: January 31, 2022 at 3:27:02 PM PST

To: doughboy74@gmail.com <mailto:doughboy74@gmail.com>

Reply-To: info@unityprojectonline.com
<mailto:info@unityprojectonline.com>

<<https://files.constantcontact.com/d20bb52e801/262954a3-4a2f-456c-ad06-8984aa540eb7.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/sys/S.gif>>
Enough is enough! Rules for thee, but not for me.....
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>
<<https://files.constantcontact.com/d20bb52e801/5f0b3708-9514-4030-b478-0714d94a8060.jpg?rdr=true>>

<<https://files.constantcontact.com/d20bb52e801/14f9eecf-44c7-443a-a0c7-4748d95d587d.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

While the Unity Project has been laser focused on stopping the vaccine mandate for K-12 students bringing forth scientific experts and resources, we must widen our fight to include these tyrannical and illogical mask mandates.

There are groups across California and other states that have done amazing work fighting these mask mandates and we are with you when we say Enough is Enough!

Our children are wearing masks for 6-8 hours a day while Governor Newsom, other public officials and celebrities parade around maskless in a California venue that requires them. A venue with 70,000 people, in a state that is still "under emergency". This is not only hypocrisy in the highest degree, it's a blatant slap in the face and, in our opinion, the green light to stop sending your kids to school in masks if you haven't already.

Despite Newsom's poor attempt at an explanation for not wearing a mask, it's time to email and call your schools, principals, teachers and school board members letting them know you will no longer comply.

- * Send your kids to school without a mask, tell them they are heroes for standing up
- * Talk to other parents and get a group together, show power in numbers
- * Reach out to school leaders, let them know your child won't be wearing a mask
- * You can use the verbiage and links below that point to empirical evidence of the efficacy and harm that come from masks
- * Share your success stories, you will be an inspiration to others!

Please see the links below illustrating, with empirical evidence, that masks are not only ineffective (as stated by Fauci in the attached video), they are dangerous. It is time we take action. Stop sending your kids to school with masks on. Do not comply. The only way we end this mask mandate is by uniting and fighting these mandates together. Find your group of parents at your schools, look on our strategic partner page for groups near you and join with them. Protest the mask mandates together. Email and call your principals and school board members.

There is NO LAW that requires the masking of our children. There is not even a mask mandate. There is only a "guidance" from the CDPH which is linked herein.

Those of us that want/need them gone are in the vast majority. They only serve to prevent the infected person from transmitting their illness (with an N95 only) but such people/children should be kept home anyway. Our kids are suffering needlessly.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH
W9N-
1OSILOLpVEYRXC7PeCgn65iH6T3xF3n4SWF9qivCoOx_eWBoSkFwQ6QmSScxglBVDJEEMR6xwIeR0FiuJEW7T
tCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-
j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

<https://youtu.be/Ji5nYvLziYo>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH
vWHZdvTCOkz11LpzAY0xafK5MJPJfch_17C22rqJVpkg==&c=oJ-tCp0B6oHfaquc_eVsid-
3p4L6l9dGQ9KmdkH7UM8hLWKtJ-
j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

From Dr. Paul Alexander, Chief Scientific Officer for The Unity Project

*

<https://palexander.substack.com/p/masks-for-children-the-evidence-indicates>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH
XnVp3QEo4k5xk67QYC96Adz5wU0oOrqkWjvzgr0ZMPhAAfCgVGFW4XR6IspCOzjoKBlp7yA==&c=oJ-
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j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

*

<https://palexander.substack.com/p/over-150-studies-and-pieces-of-evidence>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH
TCJln07XWjNEuNTR_FxVFHgZ4r06cDK6kDTcQa9V52VtwI4_Mn7SX-qLLL4Dx-
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3p4L6l9dGQ9KmdkH7UM8hLWKtJ-
j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

*

<https://palexander.substack.com/p/421-studies-and-pieces-of-high-quality>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH
1BRNPDcFrBaVDnWq_SBsyx10lB4r6ttzFISIXB__xJMdPSzwMe5kqclRc6RPdpB6wzNzePdhikCr03d1eiEOUmYY
tCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-
j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

Thank you,
The Unity Project Team

<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

Without the support and help of our community we would not

be able to continue to keep fighting the mandates.

Thank you for your support.

Donate Today

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbUkNX8p
TegdqNAMLercbQPRsgGxUlaDs8i1V1rGJ0eoQNIYQLIh3waF-
WAYNRuhCK_8tYMQZ5zphAGEGylw4MPOznxI=&c=oJ-tCp0B6oHfaquc_eVsid-
3p4L6l9dGQ9KmdkH7UM8hLWKtJ-
j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>

From: Keith K
Sent: 1/31/2022 4:26:33 PM
To: DOH WSBOH
Cc:
Subject: 2022/2023 School Mask & Vaccine Mandates

External Email

To Whom It May Concern-

I'm reaching out to see who and/or how I can find out more about plans for future mask mandates for K-12 and also the potential for vaccine mandates. I understand a Technical Advisory Committee has been formed regarding consideration of vaccine mandates, but I don't know what is going on on the mask facet.

That said, what is the best way for me to voice my concerns (which are strongly opposed to mandates and believe this should all be voluntary) and/or stay up to date with these items in terms of Department of Health plans/discussions/actions?

Thank you in advance,

Keith Kirby

From: DOH Information
Sent: 1/31/2022 12:00:27 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\898FB1CE89464AE6_image001.png

Hello,

Below is an inquiry regarding the vaccine for children survey.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 4:13 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

Caregivers & Parents Survey: COVID-19 Vaccine as a School Requirement Under state law (RCW 28A.210.140), the State Board of Health (Board) has the authority to create immunization requirements for child care and school entry. Since 2006, the Board has relied on multi-disciplinary technical advisory groups (TAG) to review vaccines against nine criteria to recommend to the Board whether an immunization should be added to the list of requirements. The Board recently directed its staff to work with the Department of Health to begin the process to collect the information necessary to convene a TAG to evaluate COVID-19 vaccine. The TAG will utilize the 9-criteria framework established by the Board to assess and evaluate the COVID-19 vaccine as a requirement for child care and school entry and provide a recommendation to the Board. As the preparation to convene the TAG is underway, Board and Department of Health staff would like your insight and feedback regarding the burden an additional school immunization requirement may create for parents, families, and caregivers. We recognize that getting kids vaccinated can include transporting children to medical appointments, taking time off work for those medical appointments, maintaining the child's immunization records, etc. Vaccine requirements for child care and school entry may also impact the health decisions that parents, families, and caregivers make on their child's behalf because parents must, at the very least, take the required vaccine into account. Since parents, families, and caregivers are often involved in obtaining vaccines for children, your feedback on this topic is essential. Knowing that adding COVID-19 vaccine as a requirement for school entry will impact families across the state, we are asking for your input on the barriers you may face to getting your kids vaccinated and how burdensome a COVID-19 vaccine requirement may be for you and your family. Feedback provided by survey respondents will be presented to the TAG for their consideration during review and discussion. However, the purpose of the TAG is to evaluate a vaccine against the established criteria to develop and provide a recommendation to the Board. The recommendation is then presented to the Board at one of its regularly scheduled meetings for consideration. The Board, at their discretion, may or may not approve the TAG's recommendation.

1.Organization or Community Affiliation La Center School District
2.Would adding COVID-19 vaccine as a requirement for school entry make you more or less likely to get your child vaccinated?
3.How burdensome would an additional immunization requirement for school entry be for you and your family?
4.What are some of the barriers you face to getting your child vaccinated against COVID-19? I will NEVER give my children this vaccine. It is made with aborted fetal cell lines. I absolutely object to this 100%.
5.What are some of the benefits you see to vaccination? Do the possible benefits of vaccinating your child against COVID-19 reduce the impact of identified

burdens of obtaining the vaccine? None. Children have a very powerful immune response and the virus is not dangerous to them. NO. 6. Do you believe adding COVID-19 vaccine as an immunization requirement for school entry is reasonable? Why or why not? ABSOLUTELY NOT REASONABLE. This vaccine does more harm than good to children. We will not accept the vaccine. Here is the note we got when attempting to submit this survey to you: "The maximum number of people have already responded to this form." But we still want you to have our responses.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:

<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FResponsePage.aspx?id=F-LQEU4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>>

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

(no answer)

Email:

(no answer)

Telephone:

(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

From: Chelle Foster
Sent: 1/28/2022 12:51:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Hopkins
Sent: 1/27/2022 9:03:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: John Pavlick
Sent: 2/8/2022 11:20:11 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Judging by the agenda outline, it appears the TAG have already made up their minds. There are two "experts" in attendance that will support the TAG preordained decision. They are, after all, doctors and "experts". The same bunch that have recommended lockdowns and vaccinations that don't work.

It is being proven now. Today. A recent Johns Hopkins study found lockdowns and masks have done more harm than good, especially to children who have a 99.98% survivability rate from covid infection.

The vaccines and boosters are not proving effective long-term. The long term side effects of the vaccines in children are also unknown.

Where are the doctors who are against the experimental vaccine being given to kids? Why aren't they being asked to give testimony? Why aren't they being heard? Because they might give you real information, not the government provided narrative that can't be disputed or held up for examination.

Holding a vote when the outcome has been previously decided is disingenuous at best. Not inviting opposing viewpoints and information is dangerous and unscientific. Allowing the public to only see or hear the meeting but provide no feedback is shameful. These are our children, not yours. We make the decisions on their health and safety. You "experts" have had free reign for 2 years and it is now worse, not better.

Leave our kids alone. Let the parents and their children's doctors make the decision to vaccinate or not.

Stop doing more damage. Vote no and allow the parents to decide what's best for their children.

Sincerely,
John Pavlick
Concerned and frustrated parent.

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>>

Sent from my iPhone

From: Jen Edington
Sent: 2/8/2022 10:04:09 PM
To: DOH WSBOH
Cc:
Subject: Board of health parent concern



attachments\DBFF7C20D0064503_IMG_3800.jpg

External Email

Dear SBOH members,

Please provide your data and facts that you have stating that this vaccine PREVENTS the disease and REDUCES the risk of person to person transmission that is stated in criteria's 5 and 6 at the bottom of this email.

The CDC even states that the vaccine does not prevent people from getting the disease or reduces transmission. It may lessen some people's' symptoms and/or may keep some people out of the hospital if they contract COVID, but it is not necessary for children who are basically unaffected by either. This vaccine has known side effects and is not a one size fit all. Also, take note that the vaccine is for the original variant and not for the current or future variants.

Where there are risks, there should be a choice. I hope you take this into consideration during the meeting. America is the land of the free and parents should have the freedom to make medical decisions for their children.

Thank you,
Jennifer Edington
Mead School district parent

Sent from my iPhone

From: William Norman
Sent: 2/7/2022 3:56:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Heidi Ochsner
Sent: 2/9/2022 9:17:41 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am writing to comment about my concern that the DOH is considering adding the COVID-19 vaccination to the list of shots for school attendance. There is currently no published literature on pediatric COVID-19 vaccine effectiveness in the K-12 school setting. I do not think this is a safe idea for our children. If people want to get their children vaccinated with a new vaccine that has no research in young children they can do that but to make it a requirement to be in school is forcing people to use what is an emergency only basically experimental drug for that age group. Please consider that this is not in the best interests of the children at this time.

Thanks for your time and hard work.

Sincerely,
Heidi Ochsner

From: Nellie Rumburg
Sent: 2/7/2022 3:37:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rick Bart
Sent: 1/29/2022 1:46:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Fleming
Sent: 1/28/2022 8:47:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tim Caldwell
Sent: 1/31/2022 1:40:30 PM
To: DOH WSBOH
Subject: FW: Covid-19 Guidelines and Actual Hospitalizations of Youth.



attachments\0799162C306D4CEA_image003.jpg



attachments\E3728E46E762496C_555751943-Letter-to-CDC.pdf



attachments\A31E036E2458482B_image002.png



*attachments\AC102EC8E8584A54_CDC Morbidity and Mortality
Weekl_PRDTool_NAMETOOLONG.pdf*



attachments\6A4B12AC1B724016_US Hospitalization Trends.pdf

External Email

Dear State Board of Health,

Please, fix the current policy to reflect the updated science and remove the responses parents get from local school boards and superintendents that they are just following your guidelines. You are not elected officials and your inability to adjust policy to current science has done damage to this state and its children and continues to do more damage.

Please find your integrity to do your job and stop this draconian policy making that is causing far more harm than good and update your policy to reflect science and new information.

Denmark a similar size population to the State of Washington announced effective February 1, 2022, all restrictions are ending in the country. Funny such a small country has better genomic sequencing than the United States. So even with a growth in Omicron BA. 2 they are eliminating all Covid mandates and requirements.

When will Washington join the rest of the world and move forward from the Pandemic to an Endemic as vaccines do not stop the spread nor do they stop a person from getting multiple variants over time nor are they better at reducing hazard risk than natural immunity.

Please revise your policies and do what is right for the children of Washington as your constituents expect. Stop the pandemic of bureaucratic fear mongering and the US Hospitalization Trends is from your January 12, 2022, meeting presented by your Chief Science Officer. Kids have never been at risk and your own data presentation sourced from the CDC shows that.

Sincerely,

Tim Caldwell

From: Polm Jr, John A. <PolmjJA@puyallup.k12.wa.us>
Sent: Monday, January 31, 2022 12:35 PM
To: Tim Caldwell <tim@bartelsontransport.com>; Romero, Joseph <RomerJ@puyallup.k12.wa.us>; Keaton, Michael D. <KeatoMD@puyallup.k12.wa.us>; Names, Madeleine D. <NamesMD@puyallup.k12.wa.us>; Kayaoglu, Turan <KayaoT@puyallup.k12.wa.us>; Berg, David B. <BergDB@puyallup.k12.wa.us>
Subject: RE: Covid-19 Guidelines and Actual Hospitalizations of Youth.

Dear Mr. Caldwell,

Thank you for your email. We appreciate the input from community members, parents, staff, and students. It is important to note that although there may be differences in the level of public support for the CDC or other public health agencies, K-12 public and private schools in our state are required to follow the K-12 Covid-19 Requirements <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F105-K12Schools2021-2022.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06fde7ca309242541bc808d9e50229c9%7C11d0>> published by the Washington State Department of Health (DOH) in order to continue to provide in-person instruction. While we have advocated for changes in the guidance over the past many months, the mandate to follow the guidelines remains in place at this time. The most recent update was published January 26, 2022.

Sincerely,

John Polm, Ed.D.

Pronouns: he/him/his

Superintendent

From: Tim Caldwell <tim@bartelsontransport.com <mailto:tim@bartelsontransport.com>>

Sent: Monday, January 31, 2022 11:46 AM
To: Polm Jr, John A. <PolmjJA@puyallup.k12.wa.us
<mailto:PolmjJA@puyallup.k12.wa.us> >; Romero, Joseph
<RomerJ@puyallup.k12.wa.us <mailto:RomerJ@puyallup.k12.wa.us> >; Keaton,
Michael D. <KeatoMD@puyallup.k12.wa.us <mailto:KeatoMD@puyallup.k12.wa.us> >;
Names, Madeleine D. <NamesMD@puyallup.k12.wa.us
<mailto:NamesMD@puyallup.k12.wa.us> >; Kayaoglu, Turan
<KayaoT@puyallup.k12.wa.us <mailto:KayaoT@puyallup.k12.wa.us> >; Berg, David B.
<BergDB@puyallup.k12.wa.us <mailto:BergDB@puyallup.k12.wa.us> >
Subject: Covid-19 Guidelines and Actual Hospitalizations of Youth.

Caution: This email came from outside the Puyallup School District. Do not reply, click any link or open attachments unless you have verified the sender.

Dear Superintendent Polm and Puyallup School Board Members,

Please see the attached documents including the letter to the CDC from Republican members of congress showing how little science is involved in the CDC policies. Additionally, from the CDC you will find attached a document showing actual hospitalizations by age group and as you can see children are in the bottom orange line. So, at no time was there a large group of children in the hospital due to the pandemic and your teachers, the Teachers' Union and others have promoted a narrative of fear instead of one based on actual data. Even during the less severe and more contagious Omicron variant there has been at most 4,400 children in hospitals nationwide or .008 percent of the 56 million school age children in America. In fact, according to the CDC data since August of 2020 a total of 85,369 people under the age of 18 with confirmed cases of Covid-19 have been admitted to hospital or .15% of all school age children under the age of 18 in the United States. There have been less than 883 deaths for the 18 and under age group in the United States based on CDC data through 1/22/2022 and 603 for school age children 5 to 18 years old out of 56 million school age children nationwide or expressed as a percentage of school age children .001%. Covid-19 is and never was a leading cause of death to youth and fear and stupidity have driven this response and bad policy. Sweden has decided not to vaccinate any school age children as they have an infinitesimal small risk of hospitalization or death.

You will also notice that a recent CDC study of Covid-19 Cases and Hospitalizations by Covid-19 Vaccination Status and Previous Covid-19 Diagnosis—California and New York, May-November 2021 showing the vaccine timeline and results that directly indicates graphically that Unvaccinated with previous Covid-19 diagnosis have less hazard rate than vaccinated, no previous Covid-19 diagnosis. Also Noted that by early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone. Why our leaders have chosen to ignore 100 years of the science of natural immunity is beyond me. Apparently making money at all costs was more important than practicing sound medicine and public health policy.

To summarize you are following guidelines that do not match science or studies that have debunked as deeply flawed and bad science such as is the situation with the Arizona study that the CDC keeps using to justify a mask mandate for children. At what point do

you and the board and the school district recognize the damage you are doing. Your policies are not backed by science. Maybe you want to start teaching the kids that the earth is flat again, leaches and bloodletting are modern medical procedures, or the sun rotates around the earth. Science is about replacing poor scientific theory with new conclusions backed by sound science and data. The time must be now for the removal of mandates that are not grounded in anything scientific, and you are proving why our district has a 38% rating in the science area when people cannot understand when one theory is debunked because it had no grounding in sound science. Below you will also find the Atlantic article that demonstrates the poor science the CDC masking policy is based on, and you are forcing on our children with little discernible benefit. Masks should be at best optional and surely not mandated as they do far more damage to kids and especially those in early elementary school learning to speak and read.

<https://www.theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theatlantic.com%2Fideas%2Farchive%2F621133%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C06fde7ca309242541bc808d9e50>>

Best Regards,

Tim Caldwell

Director of Sales

253.209.3159 Cell

253.200.0752 Direct

253.845.6962 Ext. 106

tim@bartelsontransport.com <<mailto:tim@bartelsontransport.com>>

Weekly / January 28, 2022 / 71(4);125–131

On January 19, 2022, this report was posted online as an MMWR Early Release.

Tomás M. León, PhD¹; Vajeera Dorabawila, PhD²; Lauren Nelson, MPH¹; Emily Lutterloh, MD^{2,3}; Ursula E. Bauer, PhD²; Bryon Backenson, MPH^{2,3}; Mary T. Bassett, MD²; Hannah Henry, MPH¹; Brooke Bregman, MPH¹; Claire M. Midgley, PhD⁴; Jennifer F. Myers, MPH¹; Ian D. Plumb, MBBS⁴; Heather E. Reese, PhD⁴; Rui Zhao, MPH¹; Melissa Briggs-Hagen, MD⁴; Dina Hoefer, PhD²; James P. Watt, MD¹; Benjamin J. Silk, PhD⁴; Seema Jain, MD¹; Eli S. Rosenberg, PhD^{2,3} ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Data are limited regarding the risks for SARS-CoV-2 infection and hospitalization after COVID-19 vaccination and previous infection.

What is added by this report?

During May–November 2021, case and hospitalization rates were highest among persons who were unvaccinated without a previous diagnosis. Before Delta became the predominant variant in June, case rates were higher among persons who survived a previous infection than persons who were vaccinated alone. By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone.

What are the implications for public health practice?

Although the epidemiology of COVID-19 might change as new variants emerge, vaccination remains the safest strategy for averting future SARS-CoV-2 infections, hospitalizations, long-term sequelae, and death. Primary vaccination, additional doses, and booster doses are recommended for all eligible persons. Additional future recommendations for vaccine doses might be warranted as the virus and immunity levels change.

By November 30, 2021, approximately 130,781 COVID-19–associated deaths, one in six of all U.S. deaths from COVID-19, had occurred in California and New York.* COVID-19 vaccination protects against infection with SARS-CoV-2 (the virus that causes COVID-19), associated severe illness, and death (1,2); among those who survive, previous SARS-CoV-2 infection also confers protection against severe outcomes in the event of reinfection (3,4). The relative magnitude and duration of infection- and vaccine-derived protection, alone and together, can guide public health planning and epidemic forecasting. To examine the impact of primary COVID-19 vaccination and previous SARS-CoV-2 infection on COVID-19 incidence and hospitalization rates, statewide testing, surveillance, and COVID-19 immunization data from California and New York (which account for 18% of the U.S. population) were analyzed. Four cohorts of adults aged ≥18 years were considered: persons who were 1) unvaccinated with no previous laboratory-confirmed COVID-19 diagnosis, 2) vaccinated (14 days after completion of a primary COVID-19 vaccination series) with no previous COVID-19 diagnosis, 3) unvaccinated with a previous COVID-19 diagnosis, and 4) vaccinated with a previous COVID-19 diagnosis. Age-adjusted hazard rates of incident laboratory-confirmed COVID-19 cases in both states were compared among cohorts, and in California, hospitalizations during May 30–November 20, 2021, were also compared. During the study period, COVID-19 incidence in both states was highest among unvaccinated persons without a previous COVID-19 diagnosis compared with that among the other three groups. During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated

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persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated persons without a previous diagnosis; 7.2-fold (California) and 9.9-fold lower (New York) among unvaccinated persons with a previous COVID-19 diagnosis; and 9.6-fold (California) and 8.5-fold lower (New York) among vaccinated persons with a previous COVID-19 diagnosis. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These relationships changed after the SARS-CoV-2 Delta variant became predominant (i.e., accounted for >50% of sequenced isolates) in late June and July. By the week beginning October 3, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, case rates among vaccinated persons without a previous COVID-19 diagnosis were 6.2-fold (California) and 4.5-fold (New York) lower; rates were substantially lower among both groups with previous COVID-19 diagnoses, including 29.0-fold (California) and 14.7-fold lower (New York) among unvaccinated persons with a previous diagnosis, and 32.5-fold (California) and 19.8-fold lower (New York) among vaccinated persons with a previous diagnosis of COVID-19. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These results demonstrate that vaccination protects against COVID-19 and related hospitalization, and that surviving a previous infection protects against a reinfection and related hospitalization. Importantly, infection-derived protection was higher after the Delta variant became predominant, a time when vaccine-induced immunity for many persons declined because of immune evasion and immunologic waning (2,5,6). Similar cohort data accounting for booster doses needs to be assessed, as new variants, including Omicron, circulate. Although the epidemiology of COVID-19 might change with the emergence of new variants, vaccination remains the safest strategy to prevent SARS-CoV-2 infections and associated complications; all eligible persons should be up to date with COVID-19 vaccination. Additional recommendations for vaccine doses might be warranted in the future as the virus and immunity levels change.

Four cohorts of persons aged ≥ 18 years were assembled via linkages of records from electronic laboratory reporting databases and state-specific immunization information systems.¹ Persons were classified based on whether they had had a laboratory-confirmed SARS-CoV-2 infection by March 1, 2021 (i.e., previous COVID-19 diagnosis)⁵; had received at least the primary COVID-19 vaccination series⁶ by May 16, 2021; had a previous COVID-19 diagnosis and were fully vaccinated^{7,8}; or had neither received a previous COVID-19 diagnosis by March 1 nor received a first COVID-19 vaccine dose by the end of the analysis period. The size of the unvaccinated group without a previous diagnosis was derived by subtracting the observed groups from U.S. Census estimates.⁹ To maintain each defined cohort, persons who received a COVID-19 diagnosis during March 1–May 30, 2021, or who died before May 30, 2021, were excluded (to maintain eligibility for incident cases for all cohorts on May 30, 2021),¹⁰ as were persons who received a first vaccine dose during May 30–November 20, 2021. During May 30–November 20, 2021, incident cases were defined using a positive nucleic acid amplification test (NAAT) result from the California COVID-19 Reporting System (CCRS) or a positive NAAT or antigen test result from the New York Electronic Clinical Laboratory Reporting System. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19–associated hospitalizations. A lifetable method was used to calculate hazard rates (average daily cases during a 7-day interval or hospitalizations over a 14-day interval), hazard ratios, and 95% CIs for each cohort. Rates were age-adjusted to 2000 U.S. Census data using direct standardization.¹¹ Supplementary analyses stratified case rates by timing of previous diagnoses and primary series vaccine product. SAS (version 9.4; SAS Institute) and R (version 4.0.4; The R Foundation) were used to conduct all analyses. Institutional review boards (IRBs) in both states determined this surveillance activity to be necessary for public health work, and therefore, it did not require IRB review.

Approximately three quarters of adults from California (71.2%) and New York (72.2%) included in this analysis were vaccinated and did not have a previous COVID-19 diagnosis; however, 18.0% of California residents and 18.4% of New York residents were unvaccinated with no previous COVID-19 diagnosis (Table 1). In both states, 4.5% of persons were vaccinated and had a previous COVID-19 diagnosis; 6.3% in California and 4.9% in New York were unvaccinated with a previous diagnosis. Among 1,108,600 incident COVID-19 cases in these cohorts (752,781 in California and 355,819 in New York), the median intervals from vaccination or previous COVID-19 diagnosis to incident diagnosis were slightly shorter in California (138–150 days) than in New York (162–171 days).

Before the Delta variant became predominant in each state's U.S. Department of Health and Human Services region (June 26 in Region 9 [California] and July 3 in Region 2 [New York]),¹² the highest incidence was among unvaccinated persons without a previous COVID-19 diagnosis; during this time, case rates were relatively low among the three groups with either previous infection or vaccination and were lowest among vaccinated persons without a previous COVID-19 diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/cdc/113253>) (Supplementary Figure 2, <https://stacks.cdc.gov/view/cdc/113253>). During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated

persons without a previous diagnosis; rates were 7.2-fold (California) and 9.9-fold (New York) lower among unvaccinated persons with a previous COVID-19 diagnosis and 9.6-fold (California) and 8.5-fold (New York) lower among vaccinated persons with a previous COVID-19 diagnosis (Table 2).

As the Delta variant prevalence increased to >95% (97% in Region 9 and 98% in Region 2 on August 1), rates increased more rapidly among the vaccinated group with no previous COVID-19 diagnosis than among both the vaccinated and unvaccinated groups with a previous COVID-19 diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/cdc/113253>) (Supplementary Figure 2, <https://stacks.cdc.gov/view/cdc/113253>). For example, during the week of October 3, compared with rates among unvaccinated persons without a previous COVID-19 diagnosis, rates among vaccinated persons without a previous diagnosis were 6.2-fold lower (95% CI = 6.0–6.4) in California and 4.5-fold lower (95% CI = 4.3–4.7) in New York (Table 2). Further, rates among unvaccinated persons with a previous COVID-19 diagnosis were 29-fold lower (95% CI = 25.0–33.1) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 14.7-fold lower (95% CI = 12.6–16.9) in New York. Rates among vaccinated persons who had had COVID-19 were 32.5-fold lower (95% CI = 27.5–37.6) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 19.8-fold lower (95% CI = 16.2–23.5) in New York. Rates among vaccinated persons without a previous COVID-19 diagnosis were consistently higher than rates among unvaccinated persons with a history of COVID-19 (3.1-fold higher [95% CI = 2.6–3.7] in California and 1.9-fold higher [95% CI = 1.5–2.3] in New York) and rates among vaccinated persons with a history of COVID-19 (3.6-fold higher [95% CI = 2.9–4.3] in California and 2.8-fold higher [95% CI = 2.1–3.4] in New York).

COVID-19 hospitalization rates in California were always highest among unvaccinated persons without a previous COVID-19 diagnosis (Table 2) (Figure). In the pre-Delta period during June 13–June 26, for example, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 27.7-fold lower (95% CI = 22.4–33.0) among vaccinated persons without a previous COVID-19 diagnosis, 6.0-fold lower (95% CI = 3.3–8.7) among unvaccinated persons with a previous COVID-19 diagnosis, and 7.1-fold lower (95% CI = 4.0–10.3) among vaccinated persons with a previous COVID-19 diagnosis. However, this pattern also shifted as the Delta variant became predominant. During October 3–16, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 19.8-fold lower (95% CI = 18.2–21.4) among vaccinated persons without a previous COVID-19 diagnosis, 55.3-fold lower (95% CI = 27.3–83.3) among unvaccinated persons with a previous COVID-19 diagnosis, and 57.5-fold lower (95% CI = 29.2–85.8) among vaccinated persons with a previous COVID-19 diagnosis.

Among the two cohorts with a previous COVID-19 diagnosis, no consistent incidence gradient by time since the previous diagnosis was observed (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253>). When the vaccinated cohorts were stratified by the vaccine product received, among vaccinated persons without a previous COVID-19 diagnosis, the highest incidences were observed among persons receiving the Janssen (Johnson & Johnson), followed by Pfizer-BioNTech, then Moderna vaccines (Supplementary Figure 4, <https://stacks.cdc.gov/view/cdc/113253>). No pattern by product was observed among vaccinated persons with a previous COVID-19 diagnosis.

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Discussion

This analysis integrated laboratory testing, hospitalization surveillance, and immunization registry data in two large states during May–November 2021, before widespread circulation of the SARS-CoV-2 Omicron variant and before most persons had received additional or booster COVID-19 vaccine doses to protect against waning immunity. Rate estimates from the analysis describe different experiences stratified by COVID-19 vaccination status and previous COVID-19 diagnosis and during times when different SARS-CoV-2 variants predominated. Case rates were initially lowest among vaccinated persons without a previous COVID-19 diagnosis; however, after emergence of the Delta variant and over the course of time, incidence increased sharply in this group, but only slightly among both vaccinated and unvaccinated persons with previously diagnosed COVID-19 (6). Across the entire study period, persons with vaccine- and infection-derived immunity had much lower rates of hospitalization compared with those in unvaccinated persons. These results suggest that vaccination protects against COVID-19 and related hospitalization and that surviving a previous infection protects against a reinfection. Importantly, infection-derived protection was greater after the highly transmissible Delta variant became predominant, coinciding with early declining of vaccine-induced immunity in many persons (5). Similar data accounting for booster doses and as new variants, including Omicron, circulate will need to be assessed.

The understanding and epidemiology of COVID-19 has shifted substantially over time with the emergence and circulation of new SARS-CoV-2 variants, introduction of vaccines, and changing immunity as a result. Similar to the early period of this study, two previous U.S. studies found more protection from vaccination than from previous infection during periods before Delta predominance (3,7). As was observed in the present study after July, recent international studies have also demonstrated increased protection in persons with previous infection with or without vaccination relative to vaccination alone^{39, 595} (4). This

might be due to differential stimulation of the immune response by either exposure type.¹¹¹ Whereas French and Israeli population-based studies noted waning protection from previous infection, this was not apparent in the results from this or other large U.K. and U.S. studies^{****} (4,8). Further studies are needed to establish duration of protection from previous infection by variant type, severity, and symptomatology, including for the Omicron variant.

The findings in this report are subject to at least seven limitations. First, analyses were not stratified by time since vaccine receipt, but only by time since previous diagnosis, although earlier studies have examined waning of vaccine-induced immunity (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253>) (2). Second, persons with undiagnosed infection are misclassified as having no previous COVID-19 diagnosis; however, this misclassification likely results in a conservative bias (i.e., the magnitude of difference in rates would be even larger if misclassified persons were not included among unvaccinated persons without a previous COVID-19 diagnosis). California seroprevalence data during this period indicate that the ratio of actual (presumptive) infections to diagnosed cases among adults was 2.6 (95% CI = 2.2–2.9).¹¹² Further, California only included NAAT results, whereas New York included both NAAT and antigen test results. However, antigen testing made up a smaller percentage of overall testing volume reported in California (7% of cases) compared with New York (25% of cases) during the study period. Neither state included self-tests, which are not easily reportable to public health. State-specific hazard ratios were generally comparable, although differences in rates among unvaccinated persons with a previous COVID-19 diagnosis were noteworthy. Third, potential exists for bias related to unmeasured confounding (e.g., behavioral or geographic differences in exposure risk) and uncertainty in the population size of the unvaccinated group without a previous COVID-19 diagnosis. Persons might be more or less likely to receive testing based on previous diagnosis or vaccination status; however, different trajectories between vaccinated persons with and without a previous COVID-19 diagnosis, and similar findings for cases and hospitalizations, suggest that these biases were minimal. Fourth, this analysis did not include information on the severity of initial infection and does not account for the full range of morbidity and mortality represented by the groups with previous infections. Fifth, this analysis did not ascertain receipt of additional or booster COVID-19 vaccine doses and was conducted before many persons were eligible or had received additional or booster vaccine doses, which have been shown to confer additional protection.⁵⁶⁶⁵ Sixth, some estimates lacked precision because of sample size limitations. Finally, this analysis was conducted before the emergence of the Omicron variant, for which vaccine or infection-derived immunity might be diminished.¹¹¹⁹ This study offers a surveillance data framework to help evaluate both infections in vaccinated persons and reinfections as new variants continue to emerge.

Vaccination protected against COVID-19 and related hospitalization, and surviving a previous infection protected against a reinfection and related hospitalization during periods of predominantly Alpha and Delta variant transmission, before the emergence of Omicron; evidence suggests decreased protection from both vaccine- and infection-induced immunity against Omicron infections, although additional protection with widespread receipt of booster COVID-19 vaccine doses is expected. Initial infection among unvaccinated persons increases risk for serious illness, hospitalization, long-term sequelae, and death; by November 30, 2021, approximately 130,781 residents of California and New York had died from COVID-19. Thus, vaccination remains the safest and primary strategy to prevent SARS-CoV-2 infections, associated complications, and onward transmission. Primary COVID-19 vaccination, additional doses, and booster doses are recommended by CDC's Advisory Committee on Immunization Practices to ensure that all eligible persons are up to date with COVID-19 vaccination, which provides the most robust protection against initial infection, severe illness, hospitalization, long-term sequelae, and death.^{*****} Additional recommendations for vaccine doses might be warranted in the future as the virus and immunity levels change.

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^{¶¶} https://covid.cdc.gov/covid-data-tracker/#cases_deaths_per_100k_race_days

[†] Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry; the laboratory system is the California COVID Reporting System (CCRS). In New York, immunization information systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System (ECLRS). California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the ECLRS with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19-associated hospitalizations.

[‡] For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 nucleic acid amplification test (NAAT) or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result.

[§] Fully vaccinated with the primary vaccination series is defined as receipt of a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021.

^{**} Because of the timing of full vaccination, the cohort definitions, and analysis timeframe, this cohort consisted nearly exclusively of persons who had previously received a laboratory-confirmed diagnosis of COVID-19 and later were fully vaccinated (California: 99.9%, New York: 99.7%), as opposed to the reverse order.

^{††} Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus the number of persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for U.S. Census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

^{§§} In California, a person-level match was performed to exclude deaths in each cohort before May 30, 2021. In New York, COVID-19 deaths were removed in aggregate from the starting number of unvaccinated persons with a previous COVID-19 diagnosis on May 30, 2021.

^{¶¶} <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>

^{***} <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

^{†††} <https://www.medrxiv.org/content/10.1101/2021.09.12.21263461v1>

^{§§§} <https://www.medrxiv.org/content/10.1101/2021.11.29.21267006v1>

^{¶¶¶} https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html#anchor_1635540449320

^{****} <https://www.medrxiv.org/content/10.1101/2021.12.04.21267114v1>

^{††††} <https://www.medrxiv.org/content/10.1101/2021.12.09.21267565v1>

^{§§§§} <https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>

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^{*****} <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

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TABLE 1. Cohort sizes and cohort-specific incident laboratory-confirmed COVID-19 cases in California (N = 752,781) and New York (N = 355,819) and hospitalizations in California (N = 56,177) — May 30–November 20, 2021

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State/Vaccination and diagnosis status*,†	No. of persons in each cohort (%)	Incident laboratory-confirmed COVID-19 cases			Incident COVID-19 hospitalizations**
		No. (cumulative incidence)§,¶	Median (IQR) interval from vaccination to positive test, days	Medlan (IQR) interval from previous diagnosis to positive test, days	No. (cumulative incidence)§,¶
California					
Vaccinated					
Previous COVID-19 diagnosis	968,167 (4.5)	3,471 (3.6)	138 (95–181)	262 (218–322)	273 (0.3)
No previous diagnosis	15,484,235 (71.2)	240,045 (15.5)	150 (112–189)	NA	10,737 (0.7)
Unvaccinated					
Previous COVID-19 diagnosis	1,370,782 (6.3)	6,805 (5.0)	NA	277 (229–356)	378 (0.3)
No previous diagnosis	3,911,146 (18.0)	502,460 (128.5)	NA	NA	44,789 (11.5)
New York					

State/Vaccination and diagnosis status ^{*,†}	No. of persons in each cohort (%)	Incident laboratory-confirmed COVID-19 cases			Incident COVID-19 hospitalizations ^{**}
		No. (cumulative incidence) ^{§,¶}	Median (IQR) Interval from vaccination to positive test, days	Median (IQR) Interval from previous diagnosis to positive test, days	No. (cumulative incidence) ^{§,¶}
Vaccinated					
Previous COVID-19 diagnosis	485,649 (4.5)	2,355 (4.9)	162 (118–201)	276 (227–348)	NA
No previous diagnosis	7,809,968 (72.2)	142,388 (18.2)	171 (133–203)	NA	NA
Unvaccinated					
Previous COVID-19 diagnosis	527,140 (4.9)	3,250 (6.2)	NA	295 (242–427)	NA
No previous diagnosis	1,993,709 (18.4)	207,826 (104.2)	NA	NA	NA

Abbreviations: NA = not applicable; NAAT = nucleic acid amplification test.

* Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry, and the laboratory system is the California COVID Reporting System; in New York, Immunization Information Systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System. California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the Electronic Clinical Laboratory Reporting System with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from the California COVID Reporting System and supplemental hospitalization reports were used to identify COVID-19-associated hospitalizations.

† For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 NAAT or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result. Fully vaccinated is defined as having received a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥14 days before May 30, 2021. Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

§ Cumulative cases per 1,000 persons.

¶ These summaries of cumulative incidence are estimated across a period of variability in the epidemic for all cohorts.

** Hospitalization data for New York are not included in this analysis.

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TABLE 2. Hazard ratios for incident laboratory-confirmed COVID-19 cases — New York and California and hospitalizations* — California, May 30–November 20, 2021

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State and date range	Hazard ratio (95% CI) [†]

State and date range	Hazard ratio (95% CI) ^a			Vaccinated, no previous COVID-19 diagnosis versus	
	Unvaccinated, no previous COVID-19 diagnosis versus			Unvaccinated, no previous COVID-19 diagnosis versus	Vaccinated, no previous COVID-19 diagnosis versus
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, no previous COVID-19 diagnosis	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, no previous COVID-19 diagnosis	Vaccinated, no previous COVID-19 diagnosis
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, no previous COVID-19 diagnosis	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, no previous COVID-19 diagnosis	Vaccinated, no previous COVID-19 diagnosis
Cases, California					
May 30–Jun 5	20.9 (18.9–22.9)	8.2 (6.6–9.9)	10.6 (8.1–13.2)	0.4 (0.3–0.5)	0.5 (0.4–0.6)
Jun 6–12	17.9 (16.2–19.5)	8.6 (6.8–10.4)	10.5 (7.9–13.0)	0.5 (0.4–0.6)	0.6 (0.4–0.7)
Jun 13–19	16.0 (14.7–17.4)	10.8 (8.5–13.2)	10.6 (8.2–13.1)	0.7 (0.5–0.8)	0.7 (0.5–0.8)
Jun 20–26	12.3 (11.4–13.1)	14.5 (11.2–17.8)	17.3 (12.8–21.8)	1.2 (0.9–1.5)	1.4 (1.0–1.8)
Jun 27–Jul 3	9.7 (9.2–10.2)	16.6 (13.5–19.7)	20.9 (16.0–25.8)	1.7 (1.4–2.0)	2.2 (1.6–2.7)
Jul 4–10	8.7 (8.4–9.0)	24.0 (20.1–28.0)	29.3 (23.1–35.6)	2.8 (2.3–3.2)	3.4 (2.6–4.1)
Jul 11–17	7.8 (7.5–8.0)	29.0 (25.0–32.9)	33.4 (27.3–39.4)	3.7 (3.2–4.2)	4.3 (3.5–5.1)
Jul 18–24	7.4 (7.2–7.6)	31.8 (28.1–35.6)	35.2 (29.8–40.6)	4.3 (3.8–4.8)	4.7 (4.0–5.5)
Jul 25–31	7.5 (7.4–7.7)	26.5 (24.1–29.0)	38.6 (33.3–43.9)	3.5 (3.2–3.8)	5.1 (4.4–5.8)
Aug 1–7	7.8 (7.6–7.9)	32.6 (29.5–35.6)	42.2 (36.7–47.7)	4.2 (3.8–4.6)	5.4 (4.7–6.1)
Aug 8–14	8.1 (7.9–8.2)	33.4 (30.4–36.5)	43.1 (37.6–48.6)	4.1 (3.8–4.5)	5.3 (4.7–6.0)
Aug 15–21	8.4 (8.3–8.6)	31.3 (28.5–34.1)	42.0 (36.7–47.3)	3.7 (3.4–4.0)	5.0 (4.3–5.6)
Aug 22–28	8.4 (8.3–8.6)	31.3 (28.4–34.3)	41.0 (35.5–46.5)	3.7 (3.4–4.1)	4.9 (4.2–5.5)
Aug 29–Sep 4	8.5 (8.3–8.6)	31.2 (28.1–34.3)	42.0 (36.1–48.0)	3.7 (3.3–4.1)	5.0 (4.3–5.7)
Sep 5–11	8.3 (8.1–8.5)	35.0 (31.0–39.0)	48.0 (40.2–55.9)	4.2 (3.7–4.7)	5.8 (4.8–6.7)

State and date range	Hazard ratio (95% CI)*				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Sep 12–18	8.4 (8.2–8.6)	33.8 (29.9–37.8)	48.0 (39.8–56.2)	4.0 (3.6–4.5)	5.7 (4.7–6.7)
Sep 19–25	8.0 (7.8–8.2)	27.0 (23.8–30.1)	37.8 (31.5–44.1)	3.4 (3.0–3.8)	4.7 (4.0–5.5)
Sep 26–Oct 2	7.7 (7.5–7.9)	28.6 (24.9–32.2)	34.8 (28.9–40.7)	3.7 (3.2–4.2)	4.5 (3.7–5.3)
Oct 3–9	7.2 (7.0–7.4)	30.0 (26.0–34.1)	33.5 (28.5–38.6)	4.1 (3.6–4.7)	4.6 (3.9–5.3)
Oct 10–16	7.2 (7.0–7.4)	31.2 (26.8–35.7)	33.9 (27.8–40.0)	4.3 (3.7–5.0)	4.7 (3.9–5.5)
Oct 17–23	7.1 (7.0–7.3)	31.9 (27.6–36.1)	40.7 (33.3–48.1)	4.5 (3.9–5.0)	5.7 (4.7–6.7)
Oct 24–30	7.1 (6.9–7.3)	26.6 (23.3–29.9)	40.1 (32.9–47.3)	3.7 (3.3–4.2)	5.6 (4.6–6.6)
Oct 31–Nov 6	6.8 (6.6–7.0)	33.1 (28.7–37.6)	37.9 (31.0–44.7)	4.9 (4.2–5.5)	5.5 (4.5–6.6)
Nov 7–13	7.1 (6.9–7.3)	30.6 (26.3–35.0)	41.2 (33.0–49.5)	4.3 (3.7–4.9)	5.8 (4.6–7.0)
Nov 14–20	7.3 (7.0–7.5)	25.4 (21.4–29.3)	32.5 (25.5–39.5)	3.5 (2.9–4.0)	4.5 (3.5–5.5)
Cases, New York					
May 30–Jun 5	19.4 (16.9–21.8)	10.9 (7.5–14.3)	9.5 (6.7–12.4)	0.6 (0.4–0.7)	0.5 (0.3–0.7)
Jun 6–12	15.2 (13.2–17.2)	8.0 (5.5–10.6)	10.4 (6.6–14.3)	0.5 (0.4–0.7)	0.7 (0.4–0.9)
Jun 13–19	12.8 (11–14.5)	8.2 (5.3–11.2)	5.4 (3.7–7.0)	0.6 (0.4–0.9)	0.4 (0.3–0.6)
Jun 20–26	10.1 (8.8–11.4)	7.9 (5.1–10.7)	6.0 (4.0–8.0)	0.8 (0.5–1.1)	0.6 (0.4–0.8)
Jun 27–Jul 3	7.3 (6.5–8.1)	8.8 (5.8–11.8)	11.2 (6.7–15.7)	1.2 (0.8–1.6)	1.5 (0.9–2.2)

State and date range	Hazard ratio (95% CI) ^a				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Jul 4–10	6.1 (5.6–6.7)	17.8 (10.6–25.0)	11.5 (7.5–15.6)	2.9 (1.7–4.1)	1.9 (1.2–2.6)
Jul 11–17	4.5 (4.2–4.8)	11.7 (8.5–15.0)	14.7 (9.9–19.6)	2.6 (1.9–3.3)	3.2 (2.2–4.3)
Jul 18–24	4.7 (4.5–5.0)	21.7 (15.6–27.8)	14.1 (10.5–17.7)	4.6 (3.3–5.9)	3.0 (2.2–3.8)
Jul 25–31	5.1 (4.9–5.3)	16.1 (13.1–19.2)	18.3 (14.1–22.6)	3.2 (2.6–3.8)	3.6 (2.8–4.4)
Aug 1–7	5.3 (5.2–5.5)	19.2 (15.9–22.6)	18.3 (14.7–21.9)	3.6 (3.0–4.2)	3.4 (2.7–4.1)
Aug 8–14	5.3 (5.2–5.5)	16.2 (13.8–18.6)	19.2 (15.6–22.7)	3.0 (2.6–3.5)	3.6 (2.9–4.3)
Aug 15–21	5.5 (5.3–5.7)	19.5 (16.5–22.6)	22.7 (18.4–26.9)	3.6 (3.0–4.1)	4.1 (3.4–4.9)
Aug 22–28	5.4 (5.2–5.6)	19.2 (16.4–22.1)	26.5 (21.2–31.8)	3.6 (3.0–4.1)	4.9 (3.9–5.9)
Aug 29–Sep 4	5.5 (5.3–5.6)	17.9 (15.3–20.5)	20.9 (17.2–24.6)	3.3 (2.8–3.8)	3.8 (3.1–4.5)
Sep 5–11	5.4 (5.2–5.5)	18.9 (16.1–21.6)	22.3 (18.3–26.4)	3.5 (3.0–4.0)	4.2 (3.4–4.9)
Sep 12–18	5.8 (5.6–5.9)	15.0 (13.1–16.9)	23.2 (19.1–27.4)	2.6 (2.3–2.9)	4.0 (3.3–4.8)
Sep 19–25	5.6 (5.4–5.7)	15.4 (13.3–17.5)	23.8 (19.3–28.3)	2.8 (2.4–3.1)	4.3 (3.5–5.1)
Sep 26–Oct 2	5.4 (5.2–5.5)	18.4 (15.5–21.2)	24.2 (19.3–29.1)	3.4 (2.9–4.0)	4.5 (3.6–5.4)
Oct 3–9	5.5 (5.3–5.7)	15.7 (13.6–17.9)	20.8 (17.2–24.5)	2.9 (2.5–3.3)	3.8 (3.1–4.4)
Oct 10–16	5.5 (5.3–5.6)	17.2 (14.7–19.8)	25.9 (20.6–31.1)	3.2 (2.7–3.6)	4.7 (3.8–5.7)
Oct 17–23	5.4 (5.2–5.6)	18.9 (15.7–22.1)	27.6 (21.2–34.0)	3.5 (2.9–4.1)	5.1 (3.9–6.3)

State and date range	Hazard ratio (95% CI) ^a				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Oct 24–30	5.2 (5.0–5.4)	21.0 (17.2–24.7)	25.9 (20.2–31.6)	4.0 (3.3–4.7)	5.0 (3.9–6.1)
Oct 31–Nov 6	4.8 (4.6–4.9)	17.3 (14.7–20.0)	20.1 (16.3–23.8)	3.6 (3.1–4.2)	4.2 (3.4–5.0)
Nov 7–13	4.8 (4.7–4.9)	23.9 (20.1–27.6)	24.5 (20.1–28.9)	5.0 (4.2–5.8)	5.1 (4.2–6.1)
Nov 14–20	4.8 (4.6–4.9)	22.6 (19.4–25.7)	23.0 (19.3–26.6)	4.7 (4.1–5.4)	4.8 (4.1–5.6)
Hospitalizations, California					
May 30–Jun 12	29.8 (23.5–36.1)	3.7 (2.5–5.0)	7.2 (4.2–10.1)	0.1 (0.1–0.2)	0.2 (0.1–0.3)
Jun 13–26	28.7 (23.4–34.0)	7.0 (4.3–9.7)	8.1 (5.0–11.3)	0.2 (0.1–0.3)	0.3 (0.2–0.4)
Jun 27–10	30.1 (26.1–34.0)	16.4 (10.0–22.8)	16.0 (10.0–22.1)	0.5 (0.3–0.8)	0.5 (0.3–0.7)
Jul 11–24	25.8 (23.7–28.0)	45.0 (27.6–62.4)	41.5 (25.2–57.8)	1.7 (1.1–2.4)	1.6 (1.0–2.2)
Jul 25–Aug 7	28.8 (27.1–30.6)	41.7 (29.2–54.1)	72.9 (44.4–101.4)	1.4 (1.0–1.9)	2.5 (1.5–3.5)
Aug 8–21	29.7 (28.0–31.4)	49.0 (35.0–62.9)	64.0 (43.0–85.1)	1.6 (1.2–2.1)	2.2 (1.4–2.9)
Aug 22–Sep 4	29.1 (27.4–30.8)	62.4 (41.4–83.3)	63.9 (42.2–85.5)	2.1 (1.4–2.9)	2.2 (1.4–2.9)
Sep 5–18	26.3 (24.6–28.1)	74.4 (40.9–107.9)	96.4 (48.3–144.4)	2.8 (1.5–4.1)	3.7 (1.8–5.5)
Sep 19–Oct 2	25.0 (23.1–26.9)	61.9 (34.5–89.3)	99.4 (43.8–155.0)	2.5 (1.4–3.6)	4.0 (1.7–6.2)
Oct 3–16	20.8 (19.2–22.4)	56.3 (28.3–84.3)	58.5 (30.2–86.8)	2.7 (1.4–4.1)	2.8 (1.4–4.2)

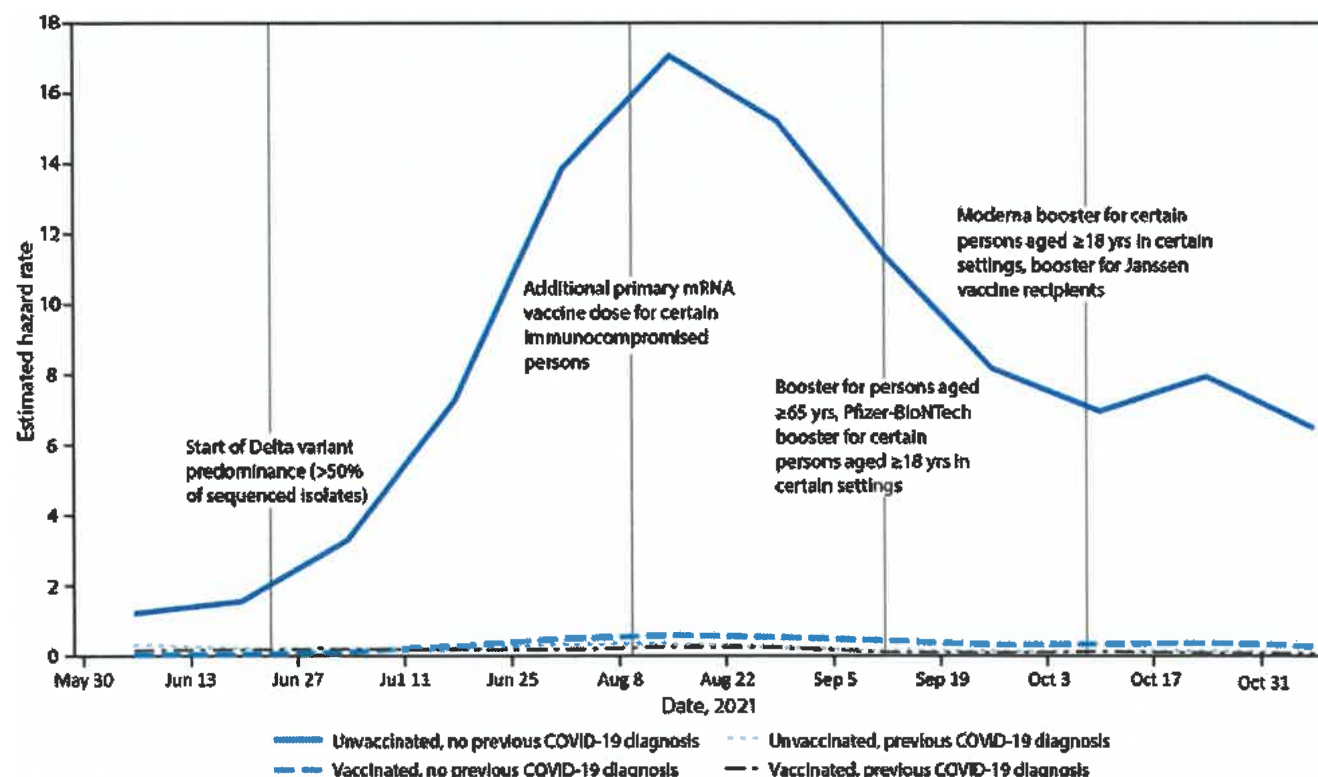
State and date range	Hazard ratio (95% CI) [†]				
	Unvaccinated, no previous COVID-19 diagnosis versus			Vaccinated, no previous COVID-19 diagnosis versus	
	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Oct 17–30	21.5 (19.9–23.0)	56.5 (31.5–81.5)	92.1 (39.1–145.1)	2.6 (1.5–3.8)	4.3 (1.8–6.8)
Oct 31–Nov 13	22.7 (20.8–24.6)	70.7 (32.0–109.4)	86.1 (34.2–138.1)	3.1 (1.4–4.8)	3.8 (1.5–6.1)

* Life tables estimated at 7-day intervals for cases and 14-day intervals for hospitalizations.

† Hazard ratios and 95% CIs reported in this table differ numerically from presentation of corresponding results in the text as “X-fold lower” rates (i.e., a hazard rate of 1.0 is zero-fold lower). For example, a hazard ratio of 20.9 (95% CI = 18.9–22.9) for those “Unvaccinated–no previous COVID-19 diagnosis” versus “Vaccinated, no previous COVID-19 diagnosis” is equivalent to a 19.9-fold lower (95% CI = 17.9–21.9) rate for those “Vaccinated, no previous COVID-19 diagnosis” relative to those “Unvaccinated, no previous COVID-19 diagnosis.”

FIGURE. Incident laboratory-confirmed COVID-19-associated hospitalizations among immunologic cohorts defined by vaccination and previous diagnosis histories — California, May 30–November 13, 2021^{*,†}


Top
Return



* The SARS-CoV-2 Delta variant exceeded 50% of sequences in U.S. Department of Health and Human Services Region 9 (containing California) during the week of June 26. <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

† Estimated hazard rate is laboratory-confirmed COVID-19-associated hospitalizations per 100,000 person-days visualized at midpoint of each reporting interval.

Top

Suggested citation for this article: León TM, Dorabawila V, Nelson L, et al. COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:125–131. DOI: <http://dx.doi.org/10.15585/mmwr.mm7104e1> .

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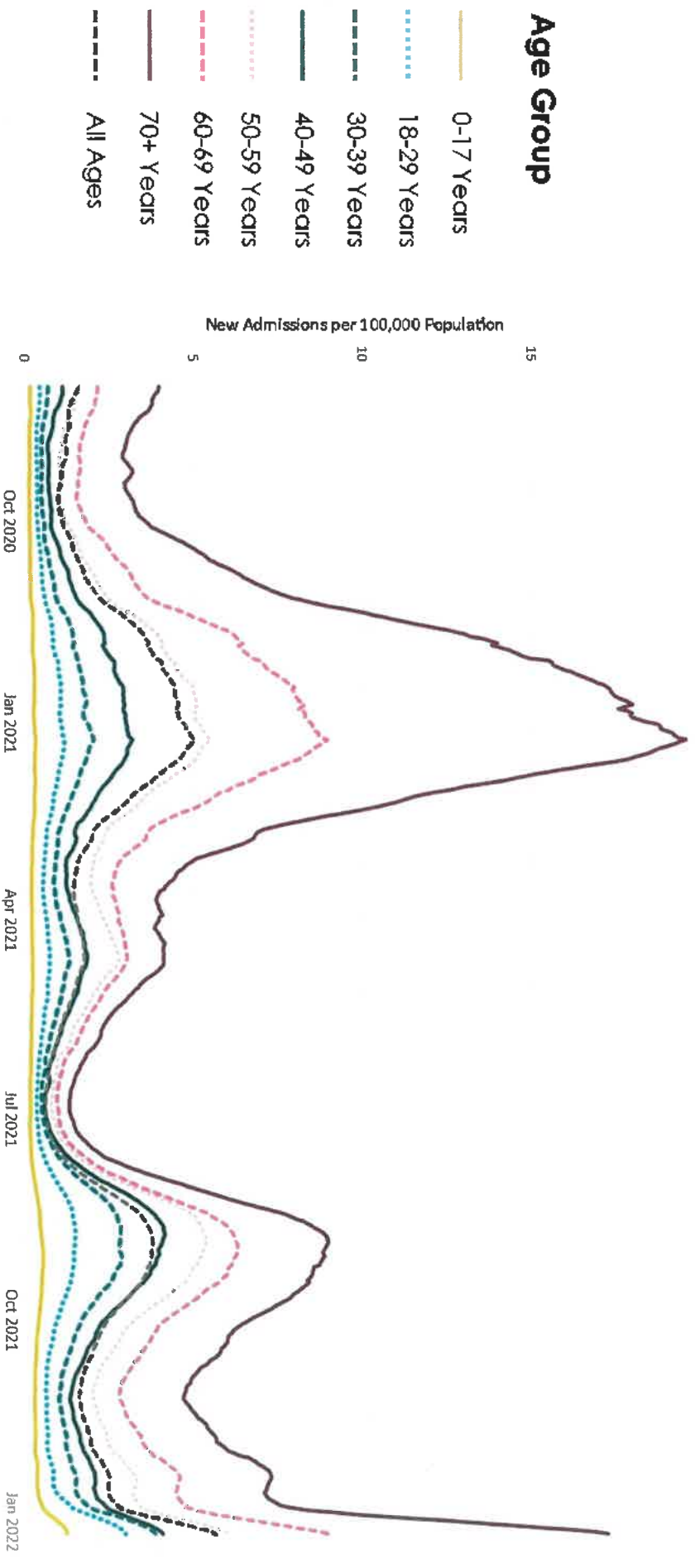
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Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.

Page last reviewed: January 27, 2022

U.S. hospitalization trends



Source: Centers for Disease Control and Prevention <https://covid.cdc.gov/covid-data-tracker/#new-hospital-admissions> (1/7/2022)

From: Jamie Goodwin
Sent: 1/31/2022 5:49:26 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dana Demonte
Sent: 2/8/2022 7:06:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sandy Cunningham
Sent: 2/7/2022 3:06:58 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Chris Apol
Sent: 1/27/2022 4:37:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: monicazone
Sent: 1/26/2022 3:03:58 PM
To: DOH WSBOH
Cc:
Subject: Covid Vax

External Email

Hello, Washington State Board of Health,

I am writing to you to request you not to put the Covid-19 Vaccination as a requirement for children to go to school in Washington State. You know that what you are requiring is against the constitution and against science. You know you are pushing this is against people's will. You know the Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. And you know that you are still pushing it is for your own benefit!!!! The blood will be on your hands if you continue participating in this evil.

Sent from my Galaxy

From: Candy Hulse
Sent: 1/27/2022 3:43:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ricky Tjoelker
Sent: 2/8/2022 3:23:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Aho
Sent: 1/27/2022 7:34:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Davis, Michelle (SBOH)
Sent: 1/24/2022 12:59:17 PM
To: DOH WSBOH
Cc:
Subject: FW: End of Covid pandemic 'plausible,' WHO claims — RT World News

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website | Facebook | Twitter

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

From: Monica Huckleberry <ronron.34@icloud.com>
Sent: Monday, January 24, 2022 9:40 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: End of Covid pandemic 'plausible,' WHO claims — RT World News

External Email

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rt.com%2Fnews%2F546895-europe-covid-pandemic-omicron%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C668f0843838e4ed217a808d9df7c62>

Monica Campbell
Citizen of WA state and USA
P.O. Box 174
Malden WA 99149
Sent from my iPhone

From: Pam Soliday
Sent: 2/7/2022 5:30:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 2/6/2022 6:07:22 PM
To: DOH WSBOH
Cc:
Subject: FW: Oath

From: Me Zee <mzee636@gmail.com>
Sent: Friday, February 4, 2022 10:51 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Oath

External Email

The Right to Informed Consent is Meaningless Without the Right to Refuse Any Medical Intervention, Including Mandated Vaccination. Government Agents and those Acting Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Vaccination. Furthermore, this includes mask mandates and PCR testing. Children under the age of eighteen years of age need a parent's signature on any and all documents that deal with medical testing and this includes PCR testing in school.

On Tue, Jan 25, 2022 at 9:34 AM Me Zee <mzee636@gmail.com>
<mailto:mzee636@gmail.com> > wrote:

The oath you took to uphold the laws includes these laws.

Requirements for vaccinations should never include an experimental gene altering injection.

We now know that these COVID injections do a great deal of harm to children.
Can you live with that on your conscience?

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: Erik Novak
Sent: 2/2/2022 9:27:55 PM
To: DOH WSBOH
Cc:
Subject: School Covid vaccine survey

External Email

The vaccine survey was full - all of the links on your website. I would like to provide my input. Please send a new link if possible.

Thank you.

Erik Novak

Sent from my iPhone

From: Andrew Richter
Sent: 1/27/2022 8:21:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Zana Carver
Sent: 1/25/2022 12:39:04 PM
To: DOH WSBOH
Cc:
Subject: Missing Safety Data-TAG-Urgent



attachments\600412B4E2684E41_covid-19-vaccines-safety-update-20-january-2022_en.pdf



attachments\F77F333F1B3541C3_Nonclinical evaluation report.pdf



attachments\DE2C34C0604C4EA5_5.3.6-postmarketing-experience.pdf



attachments\CD1DD66D2FE54013_8B3F6D8791F24C6FA6662390E1EA3B6B.png

External Email

https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ema.europa.eu%2Fen%2Fdocuments/rmp-summary%2Fcomirnaty-epar-risk-management-plan_en.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7fe5b763b6544074bed008d9e042627e%7C1>

From the attached Nonclinical Evaluation Report:

“Parturition: One ~ in the BNT162b3 group was euthanised on LDI showing hunched posture, pale, marked piloerection,

bleeding at the vulva, distended/purple abdomen. One ~ each in the BNT162bl and BNT162b3 groups were

euthanised due to all stillborn pups or total litter death. No macroscopic findings were noted in maternal necropsy.”

Fetal malformations/variations were found in the pups of dams in the treatment groups.

Also of concern:

Genotoxicity

No genotoxicity studies were conducted for the vaccine

Carcinogenicity studies were not conducted.

and are not listed on the TGA' s ingredient database.

ALC-0315 was more completely metabolized and only 50% was excreted

These data prove that the LNP are distributed systemically, not broken down efficiently, and stay in the body for a long period of time. Not only that, but the spike (S) protein expression can occur anywhere in the body, reaches high levels of expression, and may be of long duration (possibly mimicking the length of time antibody titers remain elevated.)

The biodistribution study is also very alarming because it shows the these LNPs accumulate not only at the injection site but also immediately to the liver, spleen, kidneys, and lymph nodes with rising concentrations (at 48 hours, the longest timepoint measured) in the ovaries, bone marrow, thyroid gland, pituitary gland, heart, and lungs. I can send you this study if you would like. I have not had time to curve fit and mathematically extrapolate the tissue concentrations to further timepoints.

Dr. Zana A. Carver

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%
for Windows

From: Belzak Babies and Farm
Sent: 1/31/2022 10:43:51 PM
To: DOH WSBOH
Cc:
Subject: Please stop taking away our freedom

External Email

Stop trying to hurt the children by mandating something that has not had enough time to know the full health risks on our children.

If you really care, then research the people who have been injured by this covid shot!

<https://youtu.be/9jMONZMuS2U>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F9jMONZMuS2U&data>

Sent from my iPhone

From: David Demaree
Sent: 2/8/2022 9:20:50 PM
To: DOH WSBOH
Cc:
Subject: COVID related restrictions and requirements for public school students

External Email

Hello,

I am writing to you not as a parent or a student in the Washington state public schools, but as someone who recently-ish (5 years ago) graduated from Interlake high school in Bellevue. I find the notion of requiring COVID vaccinations to participate in the public school system in Washington state deeply disturbing for the following reasons:

1. Students in the public school system are at the lowest risk of suffering due to COVID related symptoms. Rather, the greatest risk they face is an epidemic of mental health concerns, isolation, and suicide. Requiring a vaccination that is ineffective in preventing the transmission or contraction of COVID will only further isolate many students already at risk of the aforementioned health concerns.
2. The COVID vaccination is ineffective in preventing the transmission or contraction of COVID. While some symptoms may be reduced due to the vaccination, the vaccine does not serve to prevent the virus from spreading. As such, it is irresponsible to mandate a vaccine on students when the long term impacts of said vaccine are unknown. This is particularly true considering that students in the public schools are among the least at risk of serious complications due to COVID.

I hope that you will consider the views of concerned citizens (whom you govern with the consent of) as you discuss and strategize in how to move forward with public health in Washington State.

Cheers,

David

From: Timothy Danhof
Sent: 2/7/2022 11:11:11 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Eryn Kesler
Sent: 1/29/2022 12:30:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Leslie Fleming
Sent: 1/31/2022 8:35:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stephen Thompson
Sent: 2/8/2022 7:52:01 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Katrina Gagner
Sent: 1/31/2022 4:59:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:18:21 AM
To: DOH WSBOH
Cc:
Subject: FW: TAG and SBOH MEETING Jan 12, and subsequent meetings

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

From: Twinkle Kitty <tkitty187@gmail.com>
Sent: Tuesday, January 11, 2022 12:23 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: TAG and SBOH MEETING Jan 12, and subsequent meetings

External Email

In response to your clarification for the meeting tomorrow, January 12, 2021 and subsequent meetings regarding vaccines for children:

There is no justification to mandate the covid vaccine for children age 5 and older. Nor is there a justification or need to require parents to file for an exemption. A parents' simple "no" to having their child be given the covid vaccine should close the matter. The decision and parental right to make the decision does not require your approval of an exemption. Nor does the risk to society outweigh the risk of the adverse effects of the vaccine.

I would ask the board to again review the under-reported VAERS data, increased cases of myocarditis, lack of definitive clinical trials, hidden vaccine contents, and future data. I would also remind the board this is not a "true" vaccine and only has EUA authorization which was inappropriate to begin with. Sincerely, Mary Sizer

Sent from my iPhone

From: Haag, Hannah R (SBOH)
Sent: 2/8/2022 7:47:29 AM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:07 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Haag,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Shelley Weber
Sent: 2/7/2022 3:50:12 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Duane Johnson
Sent: 2/7/2022 4:16:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Thomas Holden
Sent: 2/7/2022 3:46:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:18:34 AM
To: DOH WSOH
Cc:
Subject: FW: It's critical to preserve the personal/philosophical exemption

From: David Rubino <tigger@live.com>
Sent: Tuesday, January 11, 2022 11:13 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: It's critical to preserve the personal/philosophical exemption

External Email

Kaitlyn,

I believe the covid-19 vaccines are more harmful to children than they are helpful and should never have been approved for kids. As a medical professional, you probably know or suspect this is true. At the very least, you know the trials did not have the statistical power needed to prove the vaccine is safe when compared to the miniscule risk to children from covid.

At the same time, the pressure to require the covid-19 vaccine in school is enormous, because not doing so appears to align yourself with people who are "anti-vax" and more generally with Republicans, which you may not be or may not wish to be known for. Requiring the vaccine for school children seems inevitable in a "blue state" and taking a stand will cause damage to your reputation and career, and maybe your income and family well-being... and it won't change anything. The governor will remove you from the Board if needed to ensure this policy is put into place.

It seems likely that you will approve the school vaccine mandate knowing it will kill a few children, and hurt a few more... and I understand why.

What I ask of you, therefore, is that you insist on keeping the personal/philosophical exemption in place for the covid-19 childhood vaccine. This will allow parents who wish to protect their children from harm to do so, without forcing us to withdraw them from school.

And make no mistake... hundreds of thousands of kids will vanish from school if you do not allow the personal/philosophical exemption. No manner of pressure or threat of punishment will force us to harm our kids knowingly, and the damage to schools,

families, and communities will be incalculable.

Please, do the less wrong thing that protects my kids, keeps them in school, and preserves your career as well. It's all I ask in these difficult times.

Thanks,

-David Rubino

Renton, WA

From: Robert Crisp
Sent: 1/28/2022 7:16:40 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steven Duenkel
Sent: 2/1/2022 12:51:19 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lord Garmadon
Sent: 2/3/2022 8:20:39 PM
To: DOH WSBOH
Cc:
Subject: Covid Policies

External Email

I am completely against any of the proposed Covid policies that are overreaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

From: Mary Liebsch
Sent: 1/27/2022 9:39:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:48 AM
To: DOH WSBOH
Cc:
Subject: FW: Teresa Moyer says no

From: Terimoyer <tmteacherteri@gmail.com>
Sent: Tuesday, January 11, 2022 3:25 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Teresa Moyer says no

External Email

Vancouver longtime tax payer say no on

<https://margaretannaalice.substack.com/p/letter-to-the-washington-state-board>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmargaretannaalice.substack.com%2Fp/letter-to-the-washington-state-board&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C811c03d94c0b4d8bc58608d9e4ee5db0%7C11d>>

Sent from my iPhone

From: Janna Suzette Youngblood
Sent: 2/7/2022 4:59:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Fleming
Sent: 2/1/2022 12:15:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Joanne Gonder
Sent: 2/7/2022 5:26:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joe Mitrovich
Sent: 1/29/2022 5:14:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 1/31/2022 6:14:42 PM
To: DOH WSBOH
Cc:
Subject: Survey comment



attachments\88F84E90040849B0_image002.png

Hello,

This is intended for the Board about the survey being capped.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 5:57 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Comment on the web

2.

Please enter your comments or questions in the space provided below:

You made a questionnaire for the Kennewick School District and capped the responses. :(

3.

If you are sending feedback on one of our Web pages, please paste the URL here:

<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLOffcWsfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLOffcWsfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>

4.

Would you like a response?

Tell us how to get in touch with you.

Name:
christina caprio
Email:
caprio_lv@pocketinet.com <mailto:caprio_lv@pocketinet.com>
Telephone:
5093081262

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

caprio_lv@pocketinet.com <mailto:caprio_lv@pocketinet.com>

From: j
Sent: 2/1/2022 8:37:42 PM
To: DOH WSBOH
Cc:
Subject: This PICTURE tells it all!

External Email

<https://cdn.substack.com/image/fetch/f_auto,q_auto:good,fl_progressive:steep/https%3A%2F%2Fbucket05bbc84-baa3-437e-9518-adb32be77984.s3.amazonaws.com%2Fpublic%2Fimages%2F259ee3e7-f731-4650-8e88-3475e6f5d8fc_873x1280.jpeg>

From: Nathaniel Terpstra
Sent: 1/28/2022 5:24:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/5/2022 3:24:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brendon Cromwell
Sent: 1/30/2022 5:59:28 PM
To: DOH WSBOH
Cc:
Subject: Re: What's going on with vaccines?

External Email

I have yet to hear a response... 2 weeks seems like a reasonable timeframe for a response.

-Brendon

On 12Jan 2022, at 12:45 PM, Brendon Cromwell <bacromwell@gmail.com> wrote:

If COVID-19 is a "vaccine preventable disease" what is going on in countries with exceptionally high vaccination rates (e.g., Israel, etc.)? I posit that COVID-19 doesn't qualify as a "vaccine preventable disease".

-Brendon

From: Nancy Tvedt
Sent: 2/7/2022 11:07:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: CHRISTINA CHAPPELL
Sent: 2/8/2022 1:44:54 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Comments for the Immunizations Technical Advisory Group

External Email

----- Forwarded message -----

From: Jerry Bakken <bakkenjr7@gmail.com <mailto:bakkenjr7@gmail.com> >
Date: Tue, Feb 8, 2022 at 11:05 AM
Subject: Re: Comments for the Immunizations Technical Advisory Group
To: CHRISTINA CHAPPELL <chappellcm67@gmail.com
<mailto:chappellcm67@gmail.com> >

Right On!! We are SICK of it all. Liers.

On Tue, Feb 8, 2022 at 10:39 AM CHRISTINA CHAPPELL <chappellcm67@gmail.com
<mailto:chappellcm67@gmail.com> > wrote:

----- Forwarded message -----
From: CHRISTINA CHAPPELL <chappellcm67@gmail.com
<mailto:chappellcm67@gmail.com> >
Date: Tue, Feb 8, 2022 at 10:26 AM
Subject: Comments for the Immunizations Technical Advisory Group
To: <wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> >

DROP THE COVID-19 ISSUE AND LAY OFF RESTRICTIONS!!!
(We are going on three years of this nonsense and I do believe that IF this was such a safety concern, the SUPER BOWL would even be still considered in your damn restrictions!)

The face masks are a joke!
The lab technicians in Wuhaun, China wore HAZMAT suits from head-to-toe.
The 6 ft social distancing is a joke!
This whole damn thing is a joke! Ha! Ha!
It's time you people STOP with your BULLSHIT and leave people ALONE!
If citizens wanted the 'jab', they would be seeking it out.
STOP! FORCING PEOPLE TO DO WHAT POWER-TRIP YOU'RE ON!!!!

Signed,
Christina M Chappell

From: Pskowski, Samantha L (SBOH)
Sent: 2/8/2022 5:23:11 PM
To: DOH WSBOH
Cc:
Subject: FW: Proposed Covid Vaccination Mandates

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Patrick Milewski <patmilewski@q.com>
Sent: Thursday, January 27, 2022 12:38 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Febach, Hannah M (DOH) <hannah.febach@doh.wa.gov>; londeck@nwesd.org; Annie Hetzel <annie.hetzel@k12.wa.us>
Subject: Proposed Covid Vaccination Mandates

External Email

I urge you to please refrain from mandating covid vaccination in WA students. Please consider the legal and ethical consequences related to mandating an experimental vaccination and the significant damage that may result from forcing children to receive an experimental drug that lacks long-term safety data and has not been extensively studied in children. I urge you to please consider the fact that Covid vaccination does not prevent infection nor prevent one from spreading the virus to others. Please consider that the record high numbers of Covid cases currently happening in our schools is clear evidence that increasing Covid vaccination rates in school age children is showing a direct positive correlation with increased covid cases in our schools.

Finally, please be cognizant of a parent's legal and ethical right to informed consent and individual autonomy regarding their child's health care. Parents should be able to choose for themselves what they feel is best for their child and should never be coerced and forced into giving their child an experimental therapeutic that lacks safety data in children and is proving to be ineffective in reducing rates of Covid-19 in our schools.

Please do not mandate Covid vaccination for children to attend school. Please refrain from making unethical, and immoral decisions to force this experimental vaccine on students.

Thank you for your consideration.

Pat Milewski

From: Gavin Elster
Sent: 1/28/2022 9:52:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kelly Nicholson
Sent: 1/30/2022 9:28:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Anthony Karuza

Sent: 1/12/2022 6:11:24 PM

To:

Cc:

Subject: Explosive: secret military documents reveal 1. ivermectin works on ALL PHASES OF INFECTION 2. fauci knew funding Wuhan would lead to enhanced functioned viruses.

External Email

Ivermectin 'Works Throughout All Phases' Of COVID According To Leaked Military Documents | ZeroHedge

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zerohedge.com%2F covid-19%2Fhidden-military-documents-reveal-nih-intent-create-sars-cov-2-using-gain-function-research%3Futm_source%3D%26utm_medium%3Demail%26utm_campaign%3D411&data=04%7C01%70>

From: Robert Holte
Sent: 1/29/2022 10:29:30 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sandra Kord
Sent: 2/8/2022 3:13:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jennifer Garcia
Sent: 2/8/2022 8:28:38 PM
To: DOH WSBOH
Cc:
Subject: No mandatory Covid shots for kids!



attachments\70EABC17A50F49F1_image0.png

External Email

This screenshot (below) says it all! Kids do NOT need this shot. Many parents who are pro vaccinations (as am I) are preparing to remove their kids from the public school system should you decide to force this on our children. This needs to end now.

From: James Spies
Sent: 1/23/2022 11:43:52 AM
To: DOH WSBOH
Subject: 391F97C6-E83B-480B-A43D-E31D44BA41E2

External Email

<https://rumble.com/vt386q--watch-live-patriot-news-outlet-defeat-the-mandates-washington-d.c.-1130am-.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt386q--watch-live-patriot-news-outlet-defeat-the-mandates-washington-d.c.-1130am-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C61bd113987bc45c5a01508d9dea8a459%7C11d0e2>>

Dear WA State BOH,

Please watch the attached event & important information.

Sincerely,

#WeThePeople

□□□□□□□□□□□□□□□□

From: Lacey Rasmussen
Sent: 2/9/2022 8:32:52 AM
To: DOH WSBOH
Cc:
Subject: Technical Advisory Group: covid -19 Inclusion in Chapter 246-105WAC

External Email

To whom it may concern,

I am a concerned parent in the state of WA. I have three children and pay taxes to the state for their education. I do not in any way approve of mandating the covid-19 vaccine in schools. My children are not in danger of dying from covid-19. They have a less than 1% chance of doing so. They have been exposed to covid on multiple occasions and have no more than a sniffle. Injecting them with a vaccine that does more harm than good to their system to fight against something that isn't a danger to them is irresponsible and dangerous. Please say no to this mandate and give the parents of this state the ultimate say in what goes into their children's bodies. We should not have to sacrifice their health for their education.

Thank you,

Lacey B.

From: Carlos Quintanilla
Sent: 2/8/2022 8:33:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ellen
Sent: 2/9/2022 6:03:16 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please vote against Covid shots for kids! They are not at risk for COVID but are more at risk for the side affects of the shot. Please vote against this!

Sent from my iPad

From: Shirley Cummings
Sent: 2/8/2022 10:47:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karen Barnes
Sent: 1/29/2022 1:43:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Amy Aguigui
Sent: 1/27/2022 4:05:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/8/2022 3:28:23 PM
To: DOH WSBOH
Cc:
Subject: Vaccine survey



attachments\BEDD4F6A1E694116_image002.png

Hello,

This is intended for the Board regarding the survey and their responses when the first survey had reached maximum participants, 1/28/22.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 4:32 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

Ref: Parent and Caregiver Survey. My school district, Lynden, sent out your survey to all guardians of students. I tried to submit my form response but it failed saying that the max participants had already responded. I have no doubt that my politically charged community responded with break neck speed. But I also wanted to share my perspective with your admin from someone who lives in the Lynden School District, loves my community, and votes in the minority. My household is fully vaccinated and boosted. Your survey asked why-my answer is that I believe in healthcare and prevention and reducing the likelihood of a fatal outcome and spreading it to others. Your survey asked about a vaccine requirement- my answer is no, because I still believe in the power of choice and freedom from forced vaccinations. I highly support recommendations from the experts but reject the idea of forced vaccinations in exchange for an education. I personally feel that it's irresponsible to not protect your children medically but I would not force my opinion on another family. Parents and students should be allowed to form their own decisions, while the government can offer alternative learning modules and methods-even if it's shifting to online or magnet /charter school type instruction. It's ridiculous that public education is so far behind in offering alternative methods that meet the needs of all students especially special education. LIVE streaming should be automatic and in every classroom so that students who are ill, traveling, chronically ill have equal opportunity and access to learning. I am very happy to chat with anyone about suggestions or concerns. Thank you for your time.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Krista Gottschalk

Email:

qkrinkle@gmail.com <mailto:qkrinkle@gmail.com>

Telephone:

3604106427

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

qkrinkle@gmail.com <mailto:qkrinkle@gmail.com>

From: Georgia Tourikis
Sent: 2/3/2022 8:02:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: John Ogorsolka
Sent: 1/25/2022 8:43:31 AM
To: DOH WSB OH
Cc:
Subject: Another athlete death

External Email

<https://www.msn.com/en-us/sports/olympics/olympic-gold-medallist-csollany-dies-from-covid-aged-51/ar-AAT64PB?ocid=winp1taskbar&fullscreen=true#image=1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fsports%2Folympics%2Folympic-gold-medallist-csollany-dies-from-covid-aged-51%2Far-AAT64PB%3Focid%3Dwinp1taskbar%26fullscreen%3Dtrue%23image%3D1&data=04%7C01%7Cwsboh%4>>

While Csollany had shared several 'anti-vax' posts on his Facebook page, he had been vaccinated in order to work as a gymnastics coach, the newspaper Blikk reported at the start of January.

From: Dana Ames
Sent: 1/27/2022 5:33:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lynn Bergeron
Sent: 2/8/2022 12:11:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for 2/10/22 TAG meeting



attachments\FC40EDD6870B436C_letter to WA BoH.docx

External Email

Message was attached to: Public Comment for 2/10/22 TAG meeting

From: Lynn Bergeron
Sent: 2/8/2022 12:11:31 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for 2/10/22 TAG meeting

From: Dean Bass
Sent: 1/28/2022 9:20:03 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joe Brouwer
Sent: 2/9/2022 6:16:35 AM
To: DOH WSB OH
Cc:
Subject: WSDOH is lying to you!

External Email

Before you mandate vaccines you should get a true report on the breakthrough cases.

The Washington State Department of Health is Lying to You!
Here is the Smoking Gun!

This is a somewhat detailed report. Actually it wasn't that hard to expose their lies.

They are deciding on "Vaccine Mandates" on false information and now it is criminal!

<https://jetero.wixsite.com/kitsapcountyreport/the-wsdoh-is-lying-to-you-yes-here-is>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjetero.wixsite.com%2Fkitsapcountyreport/the-wsdoh-is-lying-to-you-yes-here-is&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8890611dc6194ba9473508d9ebd68f77%7C11d0e2172>>

You can see that King County gives the actual breakthrough numbers.

99.7% of the cases recover and are naturally immune and don't need a booster! Who does that hurt? Gov and big pharma! Where do you think those billions go? Right into the pockets of big pharma and the health departments.

The vaccine does not work!

WSDOH has finally issued a report after 3 weeks and sadly it is a complete mess. They are lying on the report, and it cannot be trusted. I assume the trends of King County are representative of the state.

King County COVID Breakthrough Report!

As you can see the cases are equal with both the vaccinated and unvaccinated which makes you wonder why King County has a vaccine mandate.

Breakthrough Cases: The Fully Vaccinated that Get COVID!

King County somewhat honestly presents the breakthrough data by including the actual numbers. They still present it as comparison to the unvaccinated which gives a biased view. WSDOH data is on a different report and is marginally useful. KPHD actually manipulates the data to favor the vaccine.

You will not see this type of analysis anywhere else. It should be everywhere.
You can see the vaccine is marginally effective.

This is important information when they are mandating all be vaccinated. Do these statistics warrant a vaccine mandate?

The vaccinated are spreading and getting the virus, going to the hospital and dying at a significant rate.

The only people that are truly safe from the virus are the naturally immune and those that have been tested in the last 72 hours.

Those with one Pfizer or Moderna injection or have not waited the two weeks are not included in the fully vaccinated, yet they are included in the unvaccinated.

If someone dies of the vaccine there is no record. We need three categories for the deaths!

Week Ending 1-27-22 – 12,054 Cases 54% of the Cases

Week Ending 1-27-22 – 161 Hospitalization 43% of the Hospitalizations

2 Weeks Ending 1-27-22 – 39 Deaths 49% of the Deaths

They update it weekly!

<https://kingcounty.gov/depts/health/covid-19/data/vaccination-outcomes.aspx>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkingcounty.gov%2Fdepts%2Fhealth%2Fdata%2Fvaccination-outcomes.aspx&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8890611dc6194ba9473508d9ebd68f77%7>

Kitsap county has decided to revamp their breakthrough reports on the last week of the year when the breakthroughs are soaring. How convenient!

Kitsap County 52% of the cases are vaccinated.

Nov -Dec

Fully Vaccinated 1207

Unvaccinated 1116

These come from the Washington State Report Jan 5 and Jan 12 Report.

You can get the Jan 12 report here. I will send you the Jan 5 report

Both are PDFS!

[https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/421-010-](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/421-010-CasesInNotFullyVaccinated.pdf?fbclid=IwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

[CasesInNotFullyVaccinated.pdf?fbclid=IwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/421-010-CasesInNotFullyVaccinated.pdf?fbclid=IwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2Fdata-tables%2F421-010-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2Fdata-tables%2F421-010-CasesInNotFullyVaccinated.pdf%3Ffbclid%3DIwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

[CasesInNotFullyVaccinated.pdf%3Ffbclid%3DIwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2Fdata-tables%2F421-010-CasesInNotFullyVaccinated.pdf%3Ffbclid%3DIwAR1GLMQDVeDybCR0POcRaERGBZIVF_r_K5BTLtm2LTG1qjtdt590)

From: Karen J Barnes
Sent: 2/9/2022 8:48:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: phoenixrisingslam@tutanota.com
Sent: 2/1/2022 12:01:27 PM
To: DOH WSBOH
Cc:
Subject: Why can't I contact board members?

External Email

I would have liked to send a group email to all ten members of the board with this link. As that apparently is not possible, in true non transparency spirit of government, I guess I have to send it to this generic email so it can be memory holed and never read by anyone. How ridiculous.

<https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2F2022%2F1%2Fvideo-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf477c3fce5ff4027a8b308d9e5bd72b7%7C11d0e217>>

--

Sent with Tutanota, the secure & ad-free mailbox.

From: Humbal1
Sent: 2/2/2022 11:09:00 PM
To: DOH WSOH
Cc:
Subject: Attorney Thomas Renz'



attachments\8D64BF797361427A_Thomas Renz atty.docx

External Email

To The Washington State Board of Health and the Public It Serves:(Please Post)

We the free and united people of America and the world are writing in regards to the unlawful and corrupt actions taken by the healthcare industry, bureaucrats, and media regarding COVID-19. The actions taken for nearly two years have stripped people of their rights, decimated the US Constitution, violated the principles of international law embodied in the Nuremburg Code and ignored basic and inalienable human rights. The people behind this have leveraged their privileged positions to make billions of dollars at the expense of humanity, and we are unwilling to allow this to continue.

For decades, the field of public health has researched the use of fear as a tool to manipulate people into action. The use of that tool has now been perfected and implemented against the people of the world with COVID-19. Evidence of this knowledge can be found in a CDC presentation, other DHHS materials, and in numerous academic journals. The intentional use of fear to sow hate, division, and discord is unethical, unacceptable, and must stop immediately. The reality is that COVID-19 has a 99%+ recovery rate in most of the population and approximately a 94% recovery rate in the most vulnerable. Compare this to the original SARS which had approximately a 9% case fatality rate and the original MERS which had over a 30% case fatality rate. We did not lockdown, mask, or even widely acknowledge these diseases when they were prevalent despite the fact that they had similar rates of spread to COVID-19. This fear has been used as a marketing tool to attempt to justify previously unthinkable actions by bureaucrats and public health figures around the world; the most egregious of which is the forced injection of gene therapy drugs into healthy people. Gene therapy literally alters the 1 genetic makeup of a human being and simply cannot legally, morally, or ethically be forced on anyone, ever. If the decision to alter one's own genetic makeup does not rest with the individual, then, there can be no argument that freedom is lost. Not only are the COVID "vaccines" admittedly a gene therapy, they are inarguably unsafe.

The swine flu vaccine was pulled from after just over 20 deaths, and the Chevy Volt was recently recalled over the potential for battery fires; but the Pfizer shot was given expanded authorization despite the high recovery rate from COVID-19 and the fact that Pfizer's own documents, submitted to the DHHS show that over 1200 people died in less than the first 3 months of authorization. This is nothing more than corruption. The COVID shots are also ineffective. A recent Department of Defense document stated that 71% of new cases of COVID-19 in the Medicare population are in fully vaccinated individuals and 60% of hospitalizations are in the fully vaccinated. This same document also stated that the injections are even less effective in North American Natives, Hispanics, and "Blacks" (the document apparently was unconcerned with political correctness).

If the 1 Moderna acknowledged in SEC filings that mRNA technology is a gene therapy. This has also been acknowledged in documents from Pfizer and by numerous scientists. If “vaccines” do not stop the spread, do not stop hospitalization, alter our genes, and have not even existed long enough for long term testing, why are we attempting to violate people’s inalienable rights by forcing them? The fact is that facets of our government are now moving ahead as quickly as possible with these COVID shots. We are even authorizing them in children despite the fact that people under 30 are at ZERO statistical risk of death from COVID-19. and the shots appear far more dangerous to children than the disease. Further, we are doing this with no transparency. The DHHS has done everything possible to cover up the side effects and dangers of these injections, even going so far as to request 55 years to release the documents they relied upon to authorize/approve these deadly injections.

How can informed consent be given without a true understanding of the risk? This situation is untenable and we demand that it be remedied. We the free people of this nation and world will no longer comply with mandates that fail to consider our inalienable rights. In the spirit of Martin Luther King, Gandhi, and Jesus Christ we will spread our message through peace and we will resist peacefully, but make no mistake, we WILL resist.

The accompanying presentation found at www.renz-law.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.renz-law.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce4665561f7e04623c4ee08d9e6e3be3b%7C>>
supplies you with additional data to demonstrate everything stated here. We now demand the following from our elected leaders, and vow to remember your actions or inaction when it comes time to vote and donate:

1. The resignation/termination of Anthony Fauci and civil/criminal investigation of his actions by a truly INDEPENDENT prosecutor;
2. The criminal and civil investigation of those involved with any gain of function research that may have been responsible for the creation of SARs-COV2;
3. Investigations – criminal and civil – into the deceptive and misleading push for the gene therapy injections that have been falsely labeled as vaccines (only after the definition of “vaccine” was changed); a. This should include RICO and fraud claims (as is appropriate) involving the “Trusted News Initiative”, the drug companies, hospital systems, and some government actors;
4. Transparency legislation that gives the public immediate access to the raw data and submitted documents related to the shots and COVID “pandemic” – If there is nothing to hide, NO ONE should oppose transparency; a. This should be passed on the state level as well;
5. Liability for injury from vaccines under the same rules as any other product – if they are safe, there should be no opposition to liability to help those that have been injured;
6. Legislation that recognizes the absolute right to reject medical treatment or vaccination of any type for ANY reason;

7. NO funding for state/federal contracts with ANY organization that discriminates based on vaccination or health status;

8. Funding for the hundreds of thousands of individuals injured by job loss and "vaccine" injury;

9. NO on vaccination status tracking legislation; and

10. Our local law enforcement to uphold their oaths to uphold the Constitution and refuse to enforce unconstitutional mandates and rules.

Submitted by: Linda Jeanne Hagan. The preceding is submitted on behalf of the free people of the world and with the support of: author, Thomas Renz, Esq Renz Law Renz-law.com

Joey Gilbert, Esq Joey Gilbert Law joeygilbertlaw.com

Pam Popper Make Americans Free Again makeamericansfreeagain.com

American Frontline Doctors americasfrontlinedoctors.org

Truth for Health Foundation www.truthforhealth.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.truthforhealth.org%2F&data=>

Christian Revolution Christianrevolution.net

Kevin Jenkins

Susan Sweetin Urban Global Health www.urbanglobalhealthalliance.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.urbanglobalhealthalliance.com>

Jeff Witzeman President Health Freedom for Humanity
www.healthfreedomforhumanity.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.healthfreedomforhumanity.org>

Leslie Manookian President, Health Freedom Defense Fund HealthFreedomDefense.org

Christiane Northrup, MD MaineStandsup.org New Mexico Stands Up Nmstandsup.org

Leigh Dundas, Esq President, Advocates for Citizens Rights www.citizens-rights.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.citizens-rights.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce4665561f7e04623c4ee08d9e6e3be3b%7C>>

Michael A. Hamilton Cornerstone Law, PSC www.cornerstoneattorney.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cornerstoneattorney.com%2F>>

Ron Jenkins, Esq Meridian 361 International Law meridian361.com

Robert J. Gargas, Esq Jonathan Diener, Esq N. Ana Garner. Esq

Garner Law Firm Patricia Finn, Esq

Reiner Fuellmich, Esq

Dr. David Martin www.davidmartin.world
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.davidmartin.world%2F&data=>>

Mary Holland President, Children's Health Defense

Peter Glidden ND 2ND Opinion Health Solutions Inc

RiseUpIntoHealth.com Jane Ruby, PhD, EdD, MS Medical Professional and former
Pharmaceutical Drug Development Expert t.me/drjaneruby
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ft.me%2Fdrjaneruby&data=04%7Cdrjaneruby.com>>

Peter A McCullough, MD CJ Wheeler-CEO Book It CJ BookItCJ.com

Dr. Bryan Ardis www.theardisshow.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.theardisshow.com%2F&data=>>

Mary Fanning Alan Jones The American Report TheAmericanReport.org

General Thomas McInerney

General Paul Vallely

Col Lawrence Sellin The Fortnight Intelligence Briefing

John B Wells Ark to Midnight on Salem radio caravantomidnight.com

Mike Adams, Founder of Brighteon Brighteon.com Brighteontv.com

Naturalnews.com

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

Secure Email.

From: Cori Goodmansen
Sent: 2/9/2022 6:10:28 AM
To: DOH WSBOH
Cc:
Subject: mandate

External Email

I am emailing you in reference to the voting that is taking place today on the Covid 19 mandate for children to enter schools.

I strongly oppose this mandate. I will be home schooling if this takes place in our state- which will pull me away from my full-time Clinical Practice.

The risk for children is low for Covid-19 but the risk they are taking with the vaccination runs high (we now know there is a high risk of myocarditis).

If teachers feel unsafe they should mask and vaccinate.

Please consider all facts before voting today.

Thank you for your time.

Dr. Corene Bodily-Goodmansen

From: Monica Huckleberry
Sent: 1/22/2022 1:10:20 PM
To: Davis, Michelle (SBOH)
Cc:
Subject: rEALy

External Email

<https://bc.ctvnews.ca/b-c-hospitals-can-put-covid-positive-and-negative-patients-in-same-rooms-top-doctor-1.5750555>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbc.ctvnews.ca%2Fb-c-hospitals-can-put-covid-positive-and-negative-patients-in-same-rooms-top-doctor-1.5750555&data=04%7C01%7Cmichelle.davis%40sboh.wa.gov%7Cd2743c13b3354a1ae67408d9ddeb8ee>>

If an entire nation is NOT going to isolate there + & - Covid-19 w other health issues in hospital!

Then why should there be forced quarantine and isolation camps ect. In our state of WA that is neighbors with Canada? Get rid of all WAC pertaining to forced quarantine and isolation.

Sincerely
Monica Campbell
Citizen and resident of WA state and USA
P.O. Box 174
Malden WA 99149

Sent from my iPhone

From: Allison Camm
Sent: 1/31/2022 5:23:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Krissy Wescott
Sent: 2/1/2022 10:14:12 AM
To: DOH WSBOH
Cc:
Subject: No on Covid Vaccine Mandates for Children

External Email

To warrant adding Covid Vaccines to the schedule of vaccinations for school enrollment one fundamental question must be asked and verified: Is there a risk of this disease causing death to the child? The CDC has answered this question in their own data - school-aged children have a 0% mortality rate to Covid. The data is clear and unquestionable - vote NO to adding Covid vaccines to the regular schedule.

FYI: VAERS Death Count 22,000+
Injuries 1M+
Krissy Wescott

From: Wanda Haarstad
Sent: 2/7/2022 4:48:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darlene Martin
Sent: 2/7/2022 3:25:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathleen Metzger
Sent: 1/27/2022 5:27:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: theresalane@comcast.net
Sent: 2/5/2022 4:04:50 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG K-12 Covid shot Mandate- Teachers Union prime driver of vaccine mandates

External Email

Dear TAG,

Did you know the Teachers Union donates millions of dollars to political campaigns and is a prime driver in the vaccine mandates for school aged children? Teachers Unions are not qualified to and should not be making this decision for our children.

According to the CDC children are at a statistically 0% risk of serious illness or death from Covid. The CDC also acknowledges, the vaccines do not prevent infection or transmission of the virus. Vaccine efficacy against Omicron is down to 27%, far below the 50% threshold required for FDA approval. Therefore, there is no need to vaccinate children against Covid.

On the other hand, there have been 41 reported deaths after COVID-19 vaccine among children aged 0 to 17. There have also been 602 reports of myocarditis and pericarditis and 51 reported cases of blood clotting disorders among children. It is evident that these vaccines carry serious risks for children.

Vaccine mandates override the right to provide informed consent for this medical intervention by not allowing patients or parents to make their own decisions. Considering the low Covid-related risks for healthy children, the risks associated with the vaccine, declining vaccine efficacy against new variants, the protection from any liability for vaccine manufacturers, it should absolutely be the right of every parent to decide whether to vaccinate their child.

Please do the right thing and let there be Choice with Covid vaccines.

Sincerely,

Theresa Lane

From: Scott Hashimoto
Sent: 2/8/2022 10:36:25 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To Whom It May Concern:

We are very concerned about children having to be vaccinated. We adopted our son when he was 7 years old and knew nothing about his medical history. He seemed to be a fine healthy boy. When we got him he was all caught up with his vaccinations and didn't think much about it. Well, when he was 12 years old we had him take the flu vaccination and the Meningococcal and Td/Tdap booster. A few months later he got really sick from the flu. He had never been sick since we had him other than just sometimes a runny nose but never a temperature or throwing up or really sick. He was sick for 7-8 days and missed school for a week. He ended up having a temperature for 3 days and throwing up and just not feeling well for a while. After that about a month later, he slowly ended up with ticks and jerks and slowly got worse and worse. We were really concerned but didn't know what could be done about it. Fortunately, the ticks and jerks slowly went away but it took about 3 months for the symptoms to go away. We had no idea if this was going to be a permanent thing or not. I looked back in his records to see if anything like this had happened to him and found that he also ended up with ticks and jerks also the year he had 8 shots injected that year as well and this was a couple of years before we adopted him. Both times he ended up with the ticks/jerks, he had vaccinations.

Just recently a life insurance company also found out that there was an increase of deaths by 40% with people between 18-64 years old. Now, remember an insurance company does not want this to happen since they have to pay out and this was last year. There is such concern for the vaccinations that if you force parents for the kids to have them, you don't realize the medical issues or deaths and the heartache you are creating for the parents and especially for the children. If you truly care about the children, you will not force these vaccinations on the children to go to school.

If they had mandated these vaccines on our kids last year, I would have definitely pulled my child out of school and homeschooled him or sent him to a private school. Once you have a vaccine injury, you can't undo the damage and we all know Covid isn't killing kids like the media wants to portray it is. Please have some humanity and dignity for the people you say you care about. If you mandate the vaccines and give the parents no choice then the death and injuries are on you but if you give the parents the choice then that guilt is on the parents.

Thank you for taking the time to listen.

Lori & Scott

From: Katy Radelich
Sent: 2/8/2022 9:12:29 PM
To: DOH WSBOH
Cc:
Subject: No to COVID Vaccine Mandates for Public Schools

External Email

To the Washington State Board of Health,
I am writing to you to ask that you do not make the COVID vaccine a mandate in order for children to attend public school and here is why:

- * The vaccine has only been approved for emergency use only at this point.
- * There are no long-term studies on the side effects of the vaccine and we don't know what kind of harm it could cause our children in the future.
- * We know that there is a risk for teens and young adults to get myocarditis and pericarditis from the vaccine.
- * Kids are not dying from COVID.
- * The vaccine does not stop the spread of COVID nor does it prevent someone from getting COVID.
- * This is not a vaccine like the Measles, Mumps, Polio, Chicken Pox and it shouldn't be required just like the flu shot is not required.
- * This should be a parent decision on whether or not a child should take have the vaccine.
- * There has already been about 40K children removed from public schools within the last year, if you make the vaccine a requirement you are going to see thousands more.

Thank you for taking the time to hear my concerns and the concerns of many other Washington parents.

Regards,
Katy Radelich

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Rebecca Sapp
Sent: 2/8/2022 8:28:44 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kimberly Nordstrom
Sent: 2/1/2022 12:43:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pookie Snackenburg
Sent: 2/7/2022 4:40:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mary Hall
Sent: 1/29/2022 1:11:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Twinkle Kitty
Sent: 2/8/2022 12:59:36 PM
To: DOH WSBOH
Cc:
Subject: Public Comment regarding vaccine for children and TAG committee

External Email

Dear BOH:

Please share with your TAG committee:

Response to # 5-6 on your criteria:

The sub set that has significant morbidity is 80+ year old people in nursing homes! All other age groups DO NOT have significant morbidity, especially school age children.

We could just as well extend your logic to protect the elderly by murdering all the children so there would be ZERO transmissions by children.

Again I ask, how much money is the health care industry receiving from the government to encourage you to sacrifice children for a EUA so-called vaccine with significant adverse reactions and NO ACCOUNTABILITY for vaccine makers, and NO TRANSPARENCY in their clinical trial data.

Stop this attempt to get children on a vaccine schedule that will insure no liability.

Sincerely,
Mary Sizer
WA State Resident, voter, and parent/grandparent

From: Jennine Marth
Sent: 1/30/2022 11:22:07 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Hammer
Sent: 2/1/2022 8:44:14 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: halanddebbie
Sent: 2/8/2022 9:53:22 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members- Covid Vaccine for Children

External Email

To whom it may concern,
I am reaching out to you today in regards to the consideration of covid vaccines for school children. I deeply understand the need for the safety of children and teachers however, this vaccine does not stop transmission or prevent sickness. I cannot understand and just cannot wrap my mind around why we would even consider this type of vaccine for our children without the true test of time. The damage that could be done is irreversible. Choosing to vaccinate your child based on your own families health and circumstances is one thing, considering it a vaccine (which it is NOT) needed for school is quite another. The risks deeply out weigh the benefit and it is my hope and prayer that you will NOT consider a covid vaccine for any school children. Thank you.

Sincerely,
Debbie Stokes

From: Cafferty, Jessica
Sent: 1/28/2022 10:47:44 AM
To: DOH WSBOH
Cc:
Subject: Concerns with parent/caregiver survey

External Email

Good morning!

This morning, someone shared the TAG survey to assess and evaluate the COVID-19 vaccine as a requirement for entry to schools and child care. I understand the survey closes today, and wanted to share two concerns.

First, many of us weren't aware that this survey existed. We would have been happy to support outreach in our own communities, which include parents, families, child care providers, community based organizations, school administrators, and other caregivers.

Second, it appears that the survey is only offered in English. The disparities in health and other outcomes as a result of the pandemic are extensive and well documented. Offering this survey only in English effectively means you will not hear the voices of families who aren't native English speakers – a significant and important portion of our communities.

I hope you'll consider re-issuing this survey, and working to ensure it is accessible and shared with a diverse range of families and caregivers. If you'd like to talk more, please let me know.

Best,

Jessica Tollenaar Cafferty

pronouns: she/her

Child Care Policy Lead

206-263-6905 – direct

206-290-6646 – cell

From: Barb Leder
Sent: 2/8/2022 11:25:09 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Re: February 10, 2022 agenda item - adding Covid 19 vaccinations to required list for students.

The prudent thing to do would be waiting to see study results regarding natural immunity and some longer term studies regarding vaccine adverse reactions. These are our children, tomorrows leaders. Let us safeguard them until we have more information. Does anyone know how many children were in the test group before the emergency use authorization was granted?

Sent from my iPhone

From: Tommy Hunt
Sent: 2/2/2022 11:30:11 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. I am not taking issue with the vaccine itself, and in fact continue to encourage vaccination in my community. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

- It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority.

- Under 51% of Spokane County residents are vaccinated. (srdc.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>>)
- Less than 40% of kids 12-17 are vaccinated. (srdc.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>>)
- Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>>)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

- As stated in the above vaccination statistics, parents are choosing not to vaccinate their children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

From: Sue Kimpton
Sent: 2/8/2022 8:27:54 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Do not inject our children with this poison. Do you understand Devolution? If you do this, you will be tried for Crimes Against Humanity. If you have a family, think about your Actions.

.

You will be held accountable.

From: JACKIE PURVIS
Sent: 2/8/2022 10:12:04 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello,

As a parent I do not feel comfortable allowing my children to get an injection of a new vaccine or medication that has not had any long term studies done on it. The Covid vaccine has not been used long enough to properly know what if any long term side effects it may cause. I do not want to find out years from now that there are side effects that are serious and we shouldn't have given this to our children. It is just too new to know! We must not mandate this vaccine for children who have a much greater risk of death from suicide than Covid! Please do not let this vaccine become part of the required immunization schedule, it is just too new and frankly not necessary!

Sincerely,
Jackie Purvis

From: Kimberly Taylor
Sent: 2/1/2022 1:18:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Garry Blankenship
Sent: 2/9/2022 6:55:40 AM
To: DOH WSBOH
Cc:
Subject: mRNA Drugs

External Email

Good Day,

I trust you are all aware that a suit has been brought in the World Court against the primary promoters of these dangerous gene therapy drugs. The plaintiffs, promoters and participants in this suit are world class professionals with incomparable credentials. There is no fake news, misinformation or radicalism involved. The promotion and advancement of these drugs is shameful at any level. Fully mRNA "vaccinated" people contract, spread and die from the COVID virus. Our health system denies early treatment until a COVID patient can be given more dangerous, ineffective and expensive drugs just before they become a death statistic. This blind push for all to receive as many patented drugs as possible must stop. Health and healthy living does not and will not come from a needle. Can you for a moment please consider how a country, indeed world, can go all in on a drug with unknown efficacy and side effects and deny the use of known safe and effective drugs. mRNA drugged people are suffering horrible adverse reactions and the full extent of this carnage is not yet known. Post mRNA introduction all cause deaths are up dramatically. It truly is insanity. That anyone would even consider giving these drugs to children is criminal. A human under 70 years of age is far more likely to die from the drugs than the virus. Please stop the poisoning.

Sincerely,

Garry Blankenship
Sequim, WA

From: Tracey Donovan
Sent: 2/8/2022 5:39:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Terri Camp
Sent: 1/27/2022 3:55:12 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Olga Motornaya
Sent: 2/4/2022 3:14:43 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sue Stevenson
Sent: 1/28/2022 3:48:09 PM
To: DOH WSBOH
Cc:
Subject: Stop the poison

External Email

I really wish that all of you who are working for the people would really work for the people. You are being given in accurate information and this vaccine is killing people on a massive level. Please learn something!

Sue Stevenson

Sent from my iPhone

From: Julie Mayer
Sent: 2/9/2022 7:28:25 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am emailing you today to let you know that my family believes that the COVID-19 shot should be a choice not mandatory for children to go to school. I would appreciate a strong hard no for mandating an experimental gene therapy on anyone let alone our most vulnerable. Can you guarantee that the long term side effects won't be damaging to them in the future? You are playing Russian roulette with these children's lives. I will pray for you to find it in yourselves to make the choice not to mandate these on our children. This will ultimately be on your hands if things go extremely bad. Are you able to live with that responsibility?

Thank you

Julie

From: Kahler, Kelie (SBOH)
Sent: 1/26/2022 7:53:30 AM
To: DOH WSBOH
Cc:
Subject: FW: Tracking users

From: klfleishman <klfleishman@yahoo.com>
Sent: Wednesday, January 26, 2022 7:15 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Tracking users

External Email

WA State Board of Health information should be available with e-mail tracking.

Sent from my Verizon, Samsung Galaxy smartphone

From: CHRISTINA CHAPPELL
Sent: 2/8/2022 10:26:44 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

DROP THE COVID-19 ISSUE AND LAY OFF RESTRICTIONS!!!
(We are going on three years of this nonsense and I do believe that IF this was such a safety concern, the SUPER BOWL would even be still considered in your damn restrictions!)

The face masks are a joke!
The lab technicians in Wuhaun, China wore HAZMAT suits from head-to-toe.
The 6 ft social distancing is a joke!
This whole damn thing is a joke! Ha! Ha!
It's time you people STOP with your BULLSHIT and leave people ALONE!
If citizens wanted the 'jab', they would be seeking it out.
STOP! FORCING PEOPLE TO DO WHAT POWER-TRIP YOU'RE ON!!!!

Signed,
Christina M Chappell

From: Beverly Maloy
Sent: 2/7/2022 8:22:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sally Ormond
Sent: 2/7/2022 5:00:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bill Osmunson
Sent: 2/2/2022 9:59:55 AM
To: DOH WSBOH
Cc:
Subject: HB 1684 Fluoridation



attachments\E59884BAE715484F_HB 1684 Fluoridation 2 1 22 Osmunson (1).pdf

External Email

Dear Washington State Board of Health, Keith Grellener, Tom Pendergrass, Elisabeth Crawford, Temple Lentz, Vazaskia Crockerell, Fran Bessermin, Bob Lutz, and Umair Shah,

The Legislature has asked the Board of Health for advice on HB 1684 Fluoridation to be provided within 10 days. Ten days is not enough time for the smartest person in the world to carefully review all streams of evidence on all sides. Tradition supports fluoridation. Please consider science rather than endorsements.

The US Food and Drug Administration and the Washington State Board of Pharmacy, all Pharmacopeias and most developed countries have determined fluoride when marketed for ingestion with the intent to prevent dental caries is a legend (prescription) drug.

The research is clearly showing too many (70%) of children have dental fluorosis, a biomarker of excess fluoride exposure.

The research is clearly showing mothers on fluoridated water and infants ingesting fluoridated water used to make their formula result in developmental neurotoxicity (lower IQ). In the last 4 years, 22 human studies report lower IQ. Grandjean et al 2021 reported 5 IQ loss with mother's urinary fluoride concentration at 0.7 ppm. Urine fluoride concentration mirrors the fluoride concentration of water the mothers and infants are ingesting and a Benchmark Dose for only 1 IQ loss is 0.2 ppm.

HB 1684 is built on historic tradition without looking at the current science. Dental caries are not highly contagious or lethal like COVID and fluoride ingestion should not be mandated when so many are showing signs of excess fluoride. Makes no sense to give those with too much fluoride even more.

Fluoride is now considered as lethal to the developing brain as lead. Although HB 1684 does not mandate fluoridation, it pressures more water purveyors to fluoridate their water.

Proponents have never answered the most fundamental question of how the fluoride gets from the blood in the tooth to the surface of the tooth where caries start or have started. No known mechanism for fluoride transfer through the tooth is known. Researchers are now reporting swallowing fluoride has little chance of reducing dental caries. No metabolic function requires fluoride. Fluoride is not a nutrient.

Proponents rely on endorsements, tradition and one side of the science. Please review the attached for more evidence. The Board has a great deal of historical evidence from previous submissions.

Please advise the Legislature to not pass HB 1684 until a more thorough and careful review of the science can be achieved.

Sincerely,

Bill Osmunson DDS MPH

Comments Regarding HB 1684 and Water Fluoridation

Bill Osmunson DDS MPH
American Environmental Health Studies Project, Board Chair
billosmunson@gmail.com

HB 1684 is a public health danger and very expensive.

Comments are presented below in summary form, followed by a more detailed review of some serious errors with HB 1684. Finally, the need for notifications to water users regarding the potential for fluoride overexposure and risks is presented.

Summary: See also [Fifty](#) reasons HB 1684 will harm the public

The lack of individual freedom of choice, excess exposure, serious risks and lack of FDA approval make HB 1684 harmful to public health. Hundreds of published research studies reporting fluoride's danger have been published since the 2006 [NRC report](#) for the EPA on fluoride in water. The 12 members were unanimous the Maximum Contaminant Level Goal as set by the EPA is not protective.

Yes indeed, the EPA classifies fluoride as a **contaminant** and HB1684 pushes water purveyors to contaminate their water. The legislature should not promote the contamination of water. The risks raised in 2006 included risks to [teeth](#),¹ [musculoskeletal](#), [reproductive](#), [neurotoxic](#) and neurobehavioral, [endocrine](#), [GI](#), [renal](#), [hepatic](#), [immune](#), [genotoxicity](#), and [carcinogenicity](#). Those links are for about 10,000 published studies reporting harm from fluoride. Each one of those links provide ample evidence to stop fluoridation rather than further overdosing the public.

Of urgent concern is fluoride's effect on the developing brain. Below are listed 22 human studies published from 2017 through 2021. Fluoride is presumed to be a developmental neurotoxin, more toxic than lead, lowering IQ. Lower IQ is known to increase special education in schools and drop outs, increase incarceration rates, increase crime, increase divorce and increase job loss. HB 1684 increases human suffering and significant monetary costs to society.

Grandjean et al,² 2021 "[A Benchmark Dose Analysis for Maternal Pregnancy Urine-Fluoride and IQ in Children](#)" reporting 1 IQ loss at 0.2 mg/L mothers urine fluoride concentration must be carefully reviewed by the legislature and Washington Board and Department of Health. Note, urine fluoride and water fluoride concentrations are similar. At fluoridation concentrations of 0.7 ppm (same as mg/L), 5 IQ points are lost. The highly respected international authors have more than a thousand published studies, many in the area of toxins on the developing brain. Their expertise has been accepted by research publications, courts and universities.

¹ All 12 members of the NRC committee agreed the MCLG should prevent dental fluorosis. See page 23

² Phillippe Grandjean is Professor at the T.H Chan Harvard School of Public Health and University of Southern Denmark. Howard Hu and Morteza Bashash are at the Department of Preventive Medicine, Keck School of Medicine USC. Christine Till and Rivka Green and David Flora, Faculty of Health, York University, Martha Tellez-Rojo, Mexico, Peter Song Department of Biostatistics, School of Public Health, University of Michigan, Bruce Lanphear Faculty of Health Sciences, Simon Fraser University, British Columbia,, Esben Budtz-Jorgensen Department of Biostatistics, University of Copenhagen, Denmark.

A careful scientific review inclusive of all stakeholders (including vulnerable members of the public) rather than blind trust in historic flawed policies and laws, needs to be a top priority.

HB 1684 is NOT supported by a careful review of current science. Topical fluoride has benefit, swallowing does not. Studies supporting fluoridation are mostly historic and have serious flaws. Water fluoridation as promoted by HB 1684 will cause harm in many ways, which constitutes negligence³ on the part of those promoting this bill, advocating for it, and voting for it. Some harms are outlined below in the remainder of the summary, and are described in further detail with citations following the summary.

HB 1684 will most seriously harm the unborn, infants, and children, and fails to warn pregnant mothers and caregivers of known risks. Fluoridation has similar if not greater risk to the brain than lead.

HB 1684 is built on historical policies and assumptions, marketing and trust rather than current science. Many studies have been published and more than 50 streams of evidence must be considered which have significant impact on HB 1684. A careful review of the science takes a great deal of time.

HB 1684 will harm the developing brain and teeth and will increase the burden to schools, businesses, parents, and society while having no FDA approved health benefit.

HB 1684 fails to provide individual recommended fluoride dosages for benefits and risks. Although water systems regulate the concentration of fluoride in water, they do not regulate the amount of water each person drinks. Therefore, individual dosage is unregulated and of most concern to the unborn and infants.

HB 1684 fails to notify water purveyors that the Washington State Board of Pharmacy determined that the ingestion of fluoride with intent to prevent dental caries makes fluoride a **prescription drug**. The US Food and Drug Administration has determined that fluoride for ingestion is an **unapproved drug** and the evidence for its efficacy is incomplete. Pharmacopeias list fluoride as a drug. If not regulated as a drug, fluoride fits within the definition of poison per RCW 69.38.010 (i.e., a substance that, when introduced into the human body in quantities of sixty grains or less, causes violent sickness or death). Note: 60 grains is 3,888 mg, and fluoride can cause death at 5 mg/kg body weight, or around 250-500 mg for an adult, less for a child. Fluoride is a poison under this RCW definition, however, it is exempt from poison laws in Washington State when regulated as an approved legend drug or exempted by law.⁴ Fluoride is not FDA approved, has no approved label, and no NDA number.

The World Health Organization's Technical Report Series 846, *"Dental and Public Health administrators should be aware of the total fluoride exposure in the population before introducing any additional fluoride program for caries prevention."* Many in Washington State are ingesting too much fluoride even without fluoridated water.

WHO's 1992 recommendation, *"Estimation of the amount of fluoride ingested from all environmental and dietary sources is important so that rational and scientifically sound decisions can be made when guidelines for the use of fluorides are reviewed periodically and modified."*

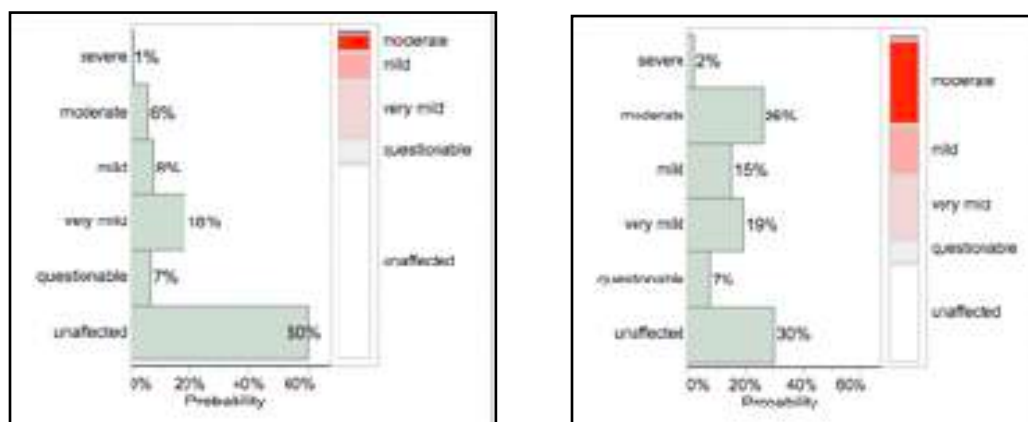
³ Negligence is defined as the failure to use the degree of care appropriate to the circumstances, resulting in an unintended injury to another.

⁴ A legend drug is a drug approved by the U.S. Food and Drug Administration that can be dispensed to the public only with a prescription from a medical doctor or other licensed practitioner.

During public testimony 1/25/2021, the Local Government Committee chairman mentioned that the legislature has asked the DOH (I believe it should be WSBOH) to advise on the safety and efficacy of fluoridation within the next 10 days. With many serious streams of evidence needing to be considered, and Federal reviews of just one of those streams of evidence has taken decades, the WSBOH will not be able to provide a complete literature review and reasoned studied advice. A cut and paste of historical policy and unscientific marketing opinions is inadequate and will result in harm to the public. As stated earlier, an unscientific review would constitute willful negligence on the part of the legislators promoting this bill and those voting for it.

Fluoride's mechanism of action is topical, not via ingestion. Fluoride works by interacting topically after teeth erupt. The evidence for its effectiveness when applied to erupted teeth is well supported. Fluoride incorporation into developing teeth is very minor and does not contribute to caries prevention. Fluoride is not a nutrient nor essential for any bodily function. A very small amount of ingested fluoride makes its way to saliva to provide some topical fluoride after tooth eruption, but this amount is 50 to 100 fold less than what is obtained from fluoride that is present in food and beverages. Enamel and dentin demonstrate significant transport hindrance. The effective pore radii of the transport pathways in the enamel are approximately 0.7-0.9 nm.

Many are ingesting too much fluoride and are overexposed. The two charts below, [Neurath et al, \(2019\)](#) compare dental fluorosis rates as reported by the National Health and Nutrition Survey, in the 1999-2004 and 2011 to 2012 survey periods. Moderate and severe dental fluorosis has significantly increased in the roughly 10 years between these two surveys.



[Dong et al \(2021\)](#) looked at the NHANES 2015-2016 and reported 70% of children and adolescents in the survey have dental fluorosis. [\(NIDCR\) Oral Health in America](#) is a sobering admission Oral Health in the United States needs to improve but even more fluoride is not the answer.

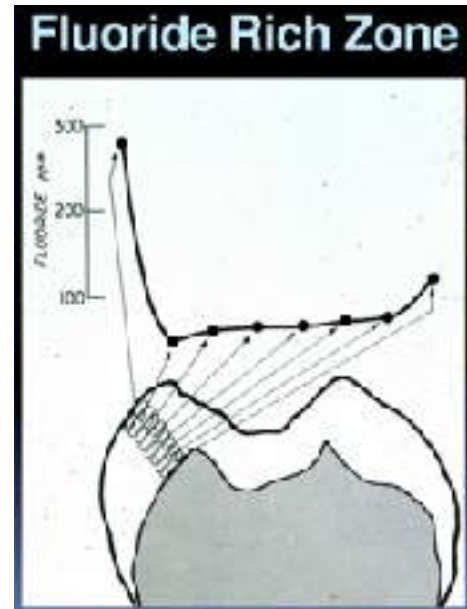
HB 1684 puts more emphasis and money on a failed public health policy rather than taking a fresh look at alternatives to better address oral health. Using a toxic chemical, a legend drug with an uncontrolled dose, to try to prevent dental caries, not only fails because it can't prevent caries but the policy is flawed because the policy fails to help those children develop good oral health habits which prevent other diseases such as periodontal disease, oral cancer, and good overall health.

Studies typically cited to support water fluoridation are of low quality, need to be carefully evaluated and understood, and need to be considered with all of the more recent streams of evidence.

Studies concluding fluoridation is effective, have problems, which include but are not limited to: not one study corrects for unknown confounding factors which is most important, not one prospective randomized controlled trial (RCT),⁵ socioeconomic status usually not controlled, inadequate size, difficulty in diagnosing decay, delay in tooth eruption not controlled, diet (Vitamin D, calcium, strontium, sugar, fresh and frozen year round vegetables and fruit consumption) not controlled, total exposure of fluoride not determined, oral hygiene not determined, not evaluating life time benefit, estimating or assuming subject actually drinks the water, dental treatment expenses not considered, mother's fluoride exposure not measured, breast feeding and infant formula excluded, fraud, gross errors, and bias not corrected, and genetics not considered. The FDA is correct, the evidence for efficacy is incomplete.

Note the "Fluoride Rich Zone" figure to the right. When the tooth is sectioned like slices of bread and the fluoride concentration measured in each slice, the fluoride concentration in each slice is similar regardless of fluoride intake except on the outside layer from topical fluoride. Fluoride does not migrate through the tooth as we were taught in dental school.

No agency accepts jurisdiction for determine the safety, dosage, label and benefit of fluoridation. In a letter from the Washington State Department of Health (WSDH) I was informed the WSDH *"will rely on known national entities like the CDC and EPA to assess the science"* on fluoridation.



The Washington State Legislature relies on the WSDH who rely on agencies not responsible for determining the safety, efficacy, dosage and label of the fluoride drug. Neither the CDC nor the EPA⁶ are charged by Congress to regulate the addition of fluoride in water with the intent to prevent disease. The EPA is prohibited from adding anything to water for the treatment of humans, EPA treats water. EPA relies on the FDA. The FDA does not regulate public water systems. When the CDC warned care givers to avoid using fluoridated water to make infant formula, the WSDH disagreed and protected policy rather than infants.

Jurisdiction of fluoride is like a hot potato tossed to "someone else" and no one has jurisdiction. HB1684 should be amended to designate an agency(s) to have jurisdiction. Congress has charged the FDA with jurisdiction and the Washington legislature should do the same. Once fluoride is FDA approved, the dispensing of fluoride in water needs to have WSDH jurisdiction.

⁵ A prospective study is an epidemiologic study in which the groups of individuals (cohorts) are selected on the bases of factors that are to be examined for possible effects on some outcome. For example, the effect of exposure to a specific risk factor on the eventual development of a particular disease can be studied. The cohorts are then followed over a period of time to determine the incidence rates of the outcomes being studied as they relate to the original factors in question. Also called a cohort study. Examples include concurrent cohort studies and randomized controlled trials.

⁶ Safe Drinking Water Act Section 1412 (b)(II)

I. REVIEW of HB 1684 Flaws

Sec. 1 (1) claims fluoride is a proven mechanism for reducing health disparities affecting people of all stages of life.

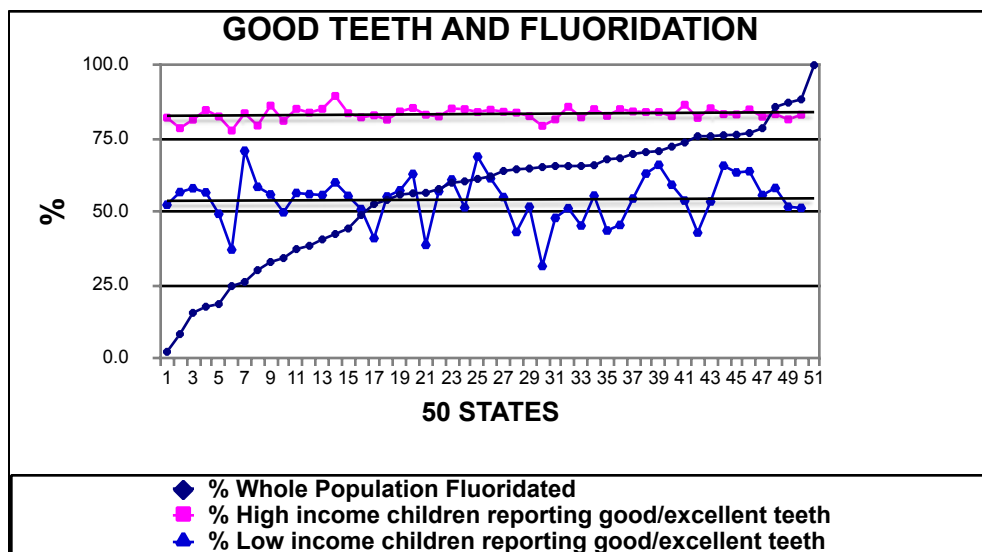
Consistent and undisputed evidence demonstrates there are disparities in health and oral health. However, fluoridation has not and does not close those disparities (e.g., see [\(NIDCR\) Oral Health in America](#)). The science is robust, HB1684 will make disparities worse by causing harm to many.

A Cochrane analysis (2015) of fluoridation research lacked a single RCT, reported studies to be mostly historic, mostly of naturally occurring fluoride with high mineral content, before much toothpaste was used, no life-time benefit, no benefit for social disparities, but studies available did find relative benefit from tooth decay. We will show how those studies of benefit have serious flaws.

Studies reporting increases in dental caries in low socioeconomic cohorts are low quality with many flaws (see [Neurath et al \(2017\)](#))

Sec 1 (2) “The legislature further finds . . . fluoridated water promotes community oral health. . . ”

Fluoridation does not promote health or reduce disparities. The graph below is from data of the National Survey of Children’s Health, US HHS, 2005. Note the 50 states of the USA and reported “good to excellent teeth.” About 80% of the wealthy have good teeth and about 52% of the poor report “good to excellent teeth.” However, fluoridation has no common cause. Oral health and health equities would be better with fluoridation money spent on improving income and health education rather than imposing a highly toxic chemical with serious side effects.



Sec 1(3) “The legislature further finds . . . bridge social inequities” See comments on Sec. 1(1). No quality research demonstrates fluoridation bridges social inequities.

Sec 1(5) “The legislature further finds . . . fluoridation is cost-effective. . . ” The legislature relies on assumption of benefit and estimates the cost savings based on that flawed assumption.

[Ko \(2015\)](#) estimates a savings of “\$3 per person per year for best-case scenario, but this savings is eliminated by the estimated cost of treating dental fluorosis.”

[Maupome \(2007\)](#) compared cost of dental treatment for children in health maintenance organization (HMO) members in fluoridated Vancouver, WA ((\$186/year) with unfluoridated in Portland, OR (\$180/year) and found enough savings to pay for equipment repairs, but not for the costs of installing the equipment, introducing the chemicals, or the costs of treating dental fluorosis. About 2% difference is within the differences in diagnosis and treatment skills of the dentists.

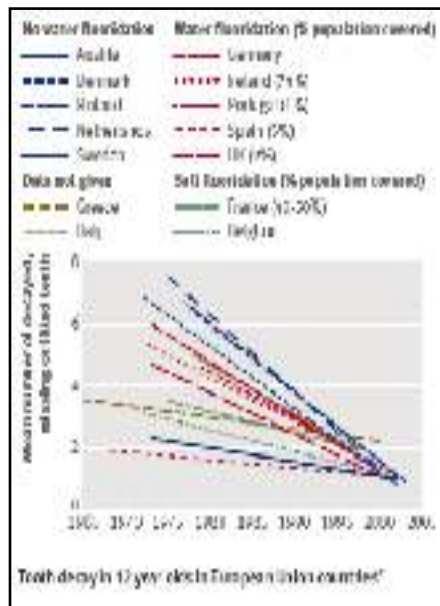
Estimates usually do NOT include the cost of: 1) other chemicals added (e.g., pH balancing chemicals to reduce damage to water system infrastructure) because hydrofluorosilicic acid (HFSA) is used, 2) fluoride testing, 3) record keeping and reporting, 4) extra hazmat precautions and training, 5) fluoride equipment maintenance, upgrades & replacement, 6) fluoridation promotion such as HB 1684, 7) added liability insurance and legal fees, 8) holding fluoridation plebiscites, 9) HFSA spills and fluoridation overfeeds, 10) avoiding fluoride in families sensitive to fluoride, 11) treating objectionable fluorosis, or 12) treating other fluoride-related health problems.

Frequently proponents suggest they are only adjusting the natural fluoride concentration in the water. If the natural concentration of arsenic, lead, or other toxins were “adjusted” higher, we would also object. “Natural” fluoride is generally found in the form of calcium fluoride, a less toxic form of fluoride than the industrial waste product HFSA. In addition, the bioavailability of added fluoride chemicals like HFSA varies depending on the hardness of the receiving water. Washington State for the most part has relatively soft water, and thus the bioavailability and potential intake of fluoride into body tissues is greater than locations where the water is harder. Generic policies regarding target concentrations of fluoride fail to account for these types of important factors determining exposure.

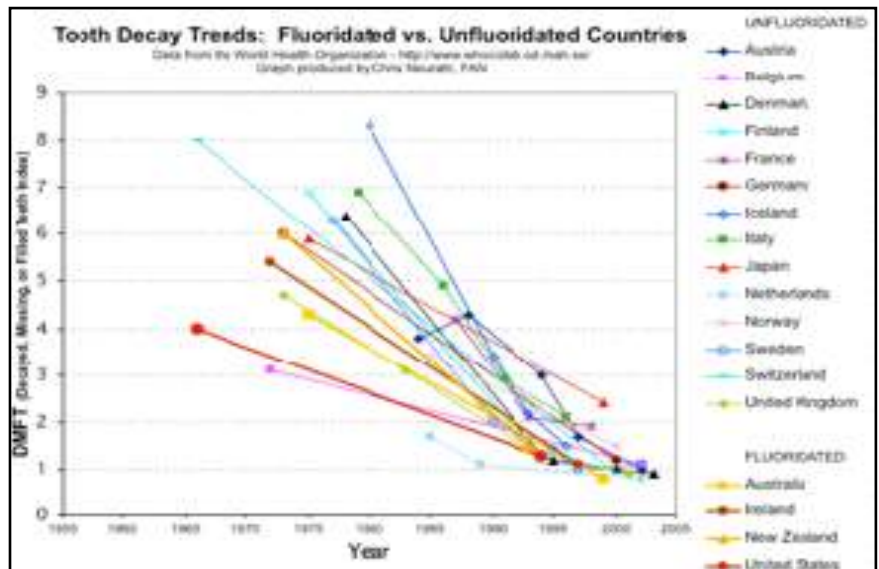
Sec 1 (6) “The legislature further finds. . . fluoridation. . . is essential”

Fluoride is not an essential nutrient. Dental caries are not due to inadequate fluoride ingestion. For example, scurvy is the result of inadequate vitamin C, dental caries are not the result of inadequate fluoride ingestion. British Columbia has lower dental caries rates without fluoridation than Washington State. Oregon with about 19% fluoridated has slightly lower caries than Washington with about 44% of the population fluoridated. Some areas of Europe have lower caries rates and no fluoridation. Fluoride is not an essential mineral for the body, it is a toxin.

Two studies published using WHO data graphically demonstrate dental caries decline regardless of fluoridation. Fluoridation is not essential for good oral health.

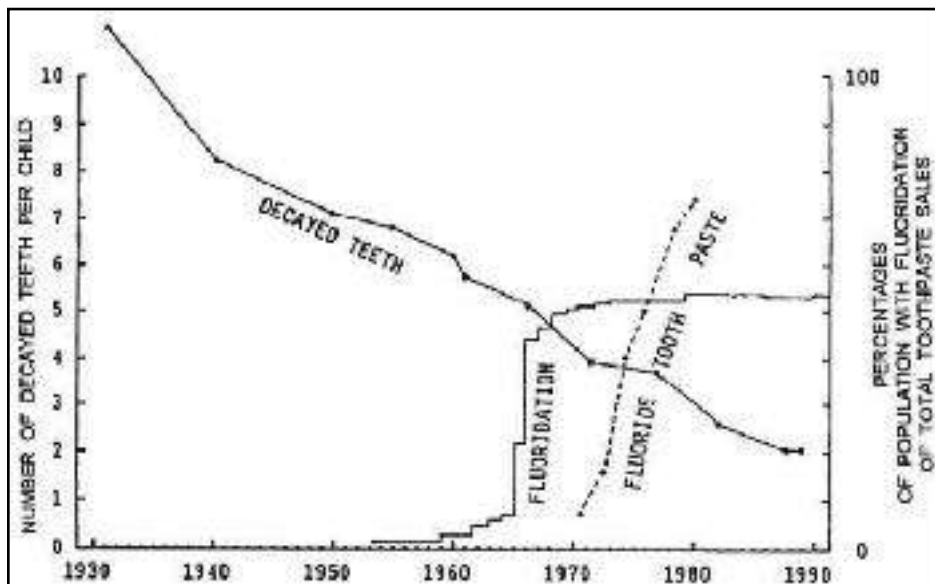


Chen et al, BMJ 5 October



Neurath: Fluoride Research 2006

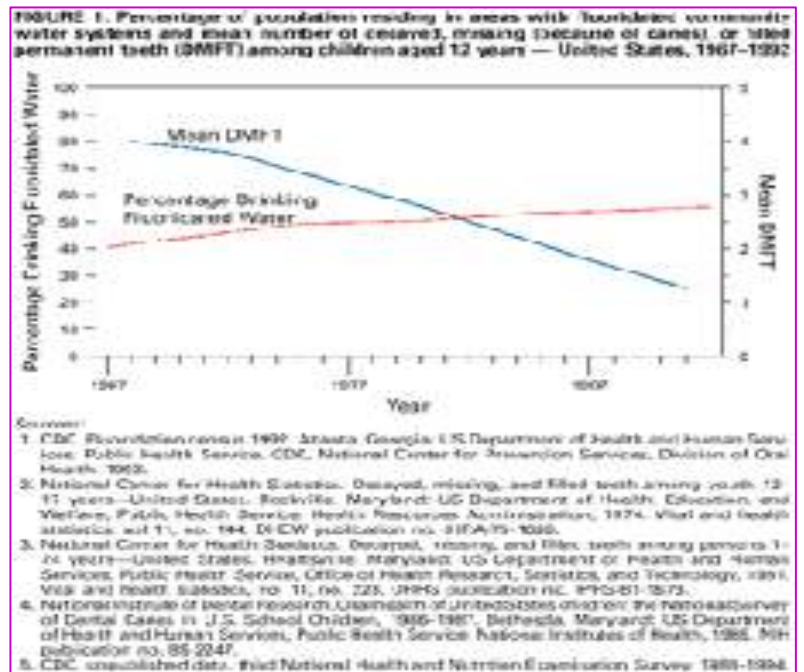
Colquhoun 1997 ISFR published the following graph illustrating the decline of dental caries prior to fluoridation. No studies on fluoridation address the factors causing a dramatic reduction in dental caries prior to fluoridation. As can be seen above, other countries continued the decline regardless of fluoridation status. The FDA is correct when finding the evidence for benefit from fluoride ingestion is incomplete.⁷ The recent PPTOX keynote speaker, former director of the US NTP and OHAT confirmed ingested fluoride would not reduce dental caries.⁸



⁷Published in Drug Digest 1975

⁸ Prenatal Programming Toxicity Conference, January 2022, Del Linda Birnbaum retired from National Toxicology Program and Office of Health Assessment and Translation 771717

In contrast, the CDC presents Figure 1 of support for fluoridation. At first glance it appears an increase in fluoridation reduces dental caries. However, the CDC cherry picked the years. Indeed, caries declined and percentage of the population fluoridated increased but the two events are unrelated. Caries rates were declining regardless of fluoridation. And consider perhaps more of the public were randomly fluoridated in cities and CDC would have us believe that resulted in an implausible 70% decline in dental caries. The fluoride was not targeted to high risk individuals.



The legislature has failed to provide current scientific support for the marketing claim that fluoridation is essential. Most dental caries decline took place prior to fluoridation. No one knows what factors were most significant in causing the decline, and no studies have corrected for those highly significant unknown factors.

Consider these countries response to fluoridation:

Austria	REJECTED: "toxic fluorides" NOT added
Belgium	REJECTED: encourages self-determination – those who want fluoride should get it themselves.
Finland	STOPPED: "...do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride our teeth need." A recent study of Finnish data found "...no indication of an increasing trend ...of caries."
Germany	STOPPED: A recent study of German data found no evidence of an increasing trend of caries.
Denmark	REJECTED: "...toxic fluorides have never been added to the public water supplies in Denmark."
Norway	REJECTED: "...drinking water should not be fluoridated"
Sweden	BANNED: "not allowed". No safety data available!
Netherlands	REJECTED: "...at present the addition of chemicals to drinking water is prohibited by law in the Netherlands. This law came into effect because it was widely perceived that drinking water should not be used as a vehicle for pharmaceuticals. Furthermore, fluoridation of drinking water would conflict with the freedom to choose for natural drinking water. This principle of freedom of choice is considered as an important basic principle in the

Netherlands.” [SOURCE](#): 2007 – RIVM report 270091004/2007 for the Dutch Ministry of Health, Welfare and Sports.

Hungary STOPPED: for technical reasons in the '60s. However, despite technological advances, remains unfluoridated.

Japan REJECTED: "...may cause health problems...." The 0.8 -1.5 mg regulated level is for calcium-fluoride, not the hazardous waste by-product which is added with artificial fluoridation.

Israel SUSPENDED mandatory fluoridation until the issue is reexamined from all aspects.: June 21, 2006 “The labor, welfare and health Knesset committee”

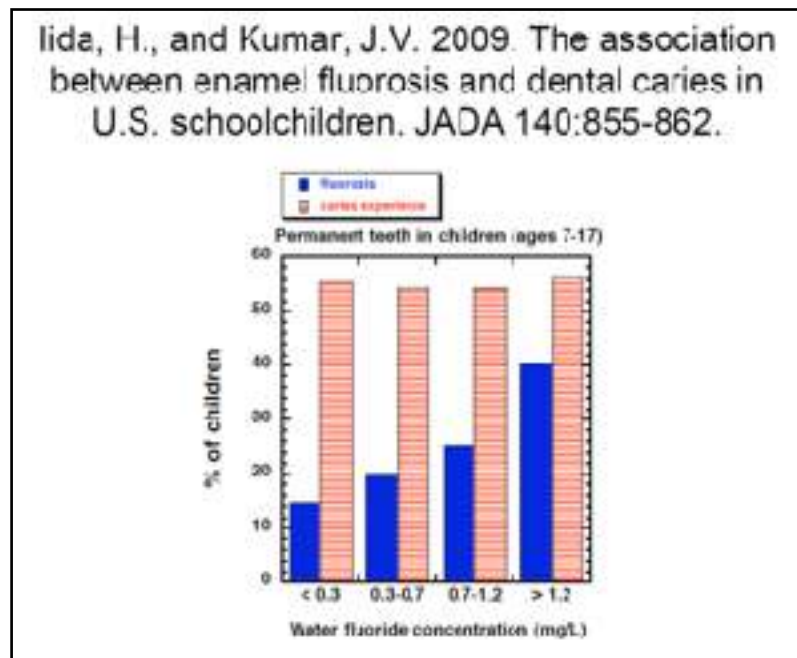
China BANNED: "not allowed“ China sells their fluoride toxic waste to the USA for us to drink in fluoridated water.

France REDUCED: Was 50% purchased fluoridated salt, decreasing to 30%.

US organizations opposed to fluoridation include the International Academy of Oral Medicine and Toxicology, International Academy of Biological Dentistry and Medicine, and the American Academy of Integrative Medicine.

Numerous USA organizations support fluoridation, but those are endorsements, not science, and those organizations do not accept jurisdiction or liability for fluoridation.

Some studies show increased dental caries with increased fluoride exposure. Note the graph below from Iida and Kumar (2009). With increased fluoride concentration, dental fluorosis increases and dental caries (red line) has very slight decrease between 0.3 and 1.2 mg/L and then caries increases with increased fluoride exposure at concentrations >1.2 mg/L.

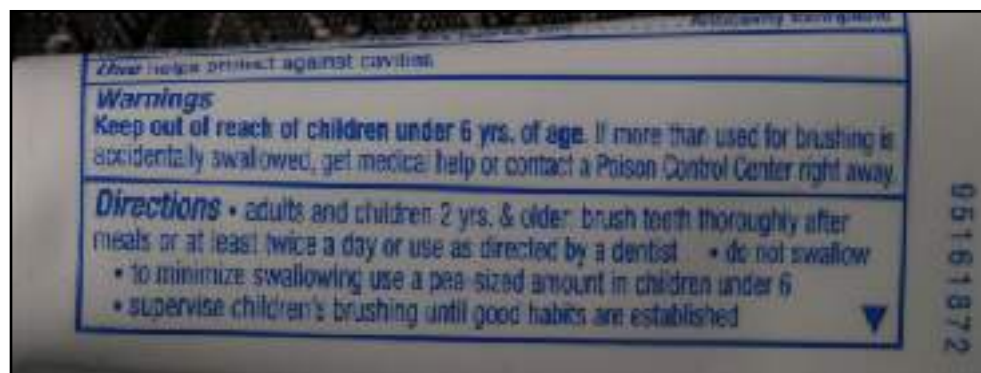


The American Dental Association provides this picture of Early Childhood Caries in its promotion of water fluoridation.



Fluoridation did not help that child. Are proponents of fluoridation suggesting that fluoridation only helps bottom teeth? No. This child has baby bottle caries, going to bed with a bottle of juice and sucking on it while sleeping. The tongue protected the bottom teeth to some extent but not the top. The damage is tragic, and health education would help, not fluoridation. Forcing water fluoridation of 100% of Washington State or the world will not help children like this, but health education can.

Fluoridated toothpaste is FDA approved. Note that the label states, "Drug Facts" because fluoride is a drug when marketed with the intent to prevent dental caries and is a drug because it is listed in the Pharmacopeias. The warnings on the label are especially intended to protect infants and children. The picture below shows a large pea size of toothpaste, which contains twice as much fluoride (about 0.5 mg) than the amount of fluoride recommended by the FDA in drinking water (about 0.25 mg per large glass of water). In other words, each large glass of fluoridated water contains about a quarter milligram of fluoride, which in the form of toothpaste, the FDA warns not to swallow.



FDA 1975 warned manufacturers of fluoridated supplements the evidence for efficacy was incomplete and maintains that position today.⁹ The FDA sent a warning to the company DS Waters of America that their fluoridated Nursery Water product is misbranded and illegal to be sold for children under the age of two. Fluoride ingestion has never gone through the FDA approval process, and fluoride is determined by both the FDA 21 USC 321 (g)(1)(B) and Washington State Board of Pharmacy to be a legend drug.

In 2013, Steve Neugeboren, Associate General Counsel of the EPA's Water Law Office [responded](#) to the question of who had jurisdiction over the fluoride added to water supplies as follows: *"The FDA, remains responsible for regulating the addition of drugs to the water supply for health care purposes."*

In 2001, the FDA testified fluoride is a drug. In 2012 FDA Donald Dobbs Consumer Safety Officer Division of Drug Information responded, *"... FDA has no authority to regulate fluoride compounds used to fluoridate public drinking water. . . is regulated by the US EPA"* SDWA.

EPA and FDA each assign jurisdiction for regulating chemicals used in water fluoridation to the other agency, and thus neither are taking responsibility for determining the safety and/or efficacy of the practice.

The EPA testified to Congress in 2001, "The EPA has no "empirical scientific data on the effects of fluosilicic acid or sodium silicofluoride on health and behavior."

The FDA warned manufacturers of fluoride supplements, *"...there is no substantial evidence of drug effectiveness as prescribed, recommended or suggested in its labeling. . . marketing is in violation of the new drug provisions of the Federal Food, Drug, and Cosmetic Act; they have, therefore, requested that marketing of these products be discontinued."* FDA Letter to 35 Companies (DRUG THERAPY 1975).

EPA scientists have expressed their concern through their union, *"In summary, **we hold that fluoridation is an unreasonable risk.** That is, the toxicity of fluoride is so great and the purported benefits associated with it are so small - if there are any at all – **that requiring every man, woman and child in America to ingest it borders on criminal behavior on the part of governments.**" Dr. J. William Hirzy, Senior Vice-President, Headquarters Union, US Environmental Protection Agency, March 26, 2001.*

Sec. 2 of HB 1684 attempts to pressure water purveyors to fluoridate their water and fails to explain the other sources of fluoride available to people, such as tea, toothpaste, and supplements. Giving people freedom of choice for treatment of a non-lethal and non-contagious disease (dental caries) is the ethical approach. Forced treatment without informed consent is not ethical.

The fluoride chemicals added to water are not pharmaceutical grade but have contaminants. Currently, a shortage of fluoride chemicals in the USA is forcing some suppliers to purchase fluoride from other countries (including China) and the contaminants in these sources are not monitored or known.

Sec. 4. HB 1684 appears to make discontinuing fluoridation difficult, in effect strong arming water systems with the assumption that the legislature knows best, and the assumption that fluoride ingestion has benefit

⁹ Drug Digest 1975

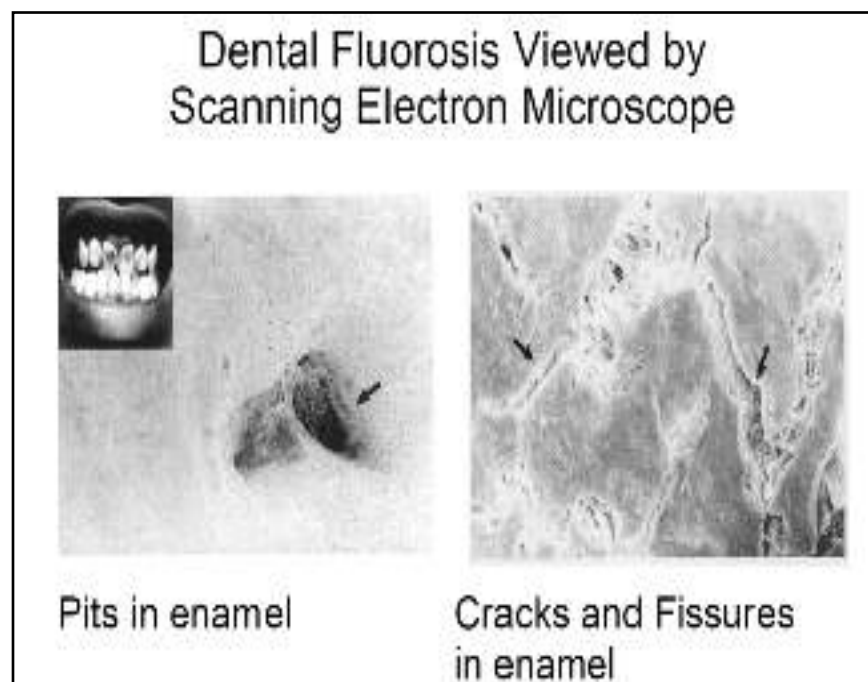
without risk. Science is dynamic and our understanding evolves. One size or dosage does not fit everyone. Variations in ages, genders, and the existence of other health problems make mass medication using an unapproved drug dangerous and illegal.

Sec. 5. HB 1684 calls for implementing assessments, but the assumption built into the bill is that fluoridation will reduce inequities. Connecticut, Detroit and Boston have fluoridated for over 60 years and report a crisis of dental caries. Kentucky (2003), fluoridated for 50 years, was awarded 100% fluoridated by the American Dental Association and yet ranked as the #1 highest state in number of edentulous residents (individuals without teeth). Fluoridation has not helped Kentucky. Giving a highly toxic substance to everyone without consent is not ethical or effective.

II. HB 1684 MUST INCLUDE A PROVISION FOR NOTIFICATION OF WATER USERS REGARDING THE RISKS AND POTENTIAL FOR OVEREXPOSURE TO FLUORIDE.

1. **Dental fluorosis** is an undisputed and known risk of fluoridation and brushed off by some as only cosmetic. Cosmetic harm is harm for some people. Damage to a person's face resulting in a scar is both harm and cosmetic. Dental fluorosis is a biomarker of excess fluoride exposure, and thus an indicator of potential harm to other tissues in the body. Fluoride promoters' assumption that the only risk of fluoride is to teeth, and the presumption that it is safe for all the other cells and functions of the body is seriously flawed. I sometimes treat dental fluorosis. Lifetime treatment for teeth damaged by fluorosis can cost over \$100,000 per person.

Below is an electron microscope look at dental fluorosis.



Below is an example of a “Fluoride Bomb.” Fluoride makes the tooth harder and more difficult to diagnose the caries, resulting in a bombed-out tooth when the caries are finally diagnosed.

Below are photographs taken before and after treatment of dental fluorosis, at a cost about \$1,000 per tooth, with an average treatment lifespan of 15 years (i.e., requiring future re-treatment). (Photo Courtesy of Dr. Markus)

Caregivers should be notified and clearly instructed not to give fluoridated water or fluoride supplements to their children, and to teach their children to spit out toothpaste before swallowing.

A 2009 review paper covering 17 studies found that *“Infant formula consumption was associated with a higher prevalence of enamel fluorosis in the permanent dentition”* Hujoel et al, JADA:2009,140:849.

The [CDC](#) states that *“Dental fluorosis only occurs when younger children consume too much fluoride, . . . when teeth are developing under the gums.”* And this is the same time during which fluoride is the most dangerous to the developing brain.

2. Development neurotoxicity from fluoride is a serious risk.

At a minimum, HB 1684 needs to require that water purveyors providing warnings regarding the adverse effects of excess fluoride exposure and the risks to vulnerable subpopulations.

For over four years the National Toxicology Program has been reviewing fluoride’s effect on the developing brain, developmental neurotoxicity. A [draft review](#) is available and is reported to be finalized later this Spring. However, the draft report does not include the most recent studies. In just a few months, the research has become more exact and specific reporting harm with ever lower fluoride concentrations.

Here are links to:

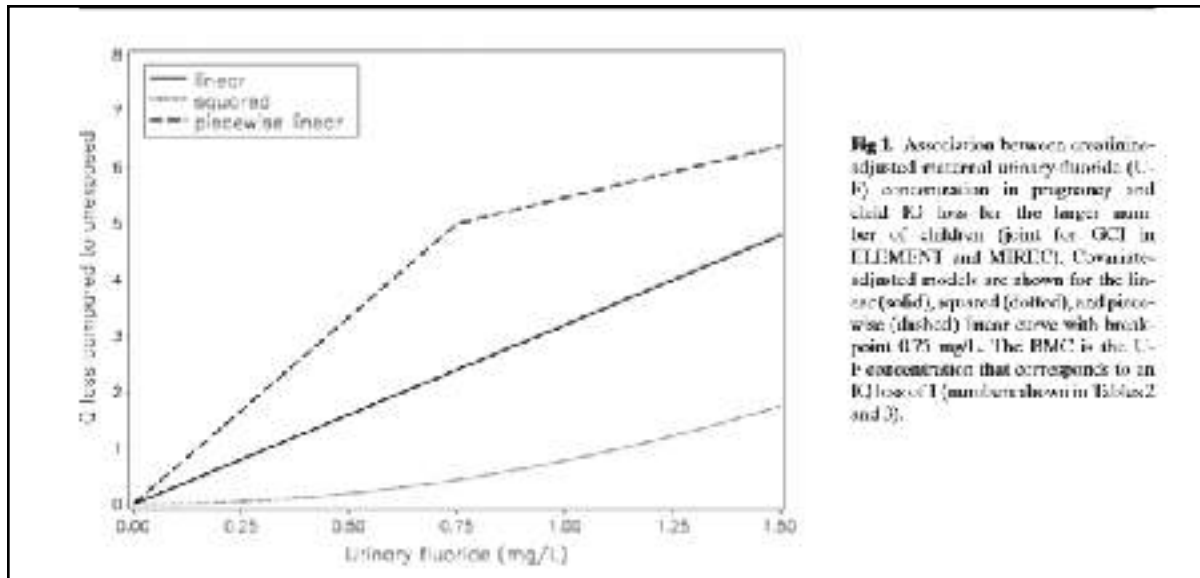
[23 human studies](#) published since 2017 on the association of fluoride exposure and reduced IQ.

[125 human studies](#) published on cognitive function and IQ score.

In 2021, Grandjean et al published [“A Benchmark Dose Analysis for Maternal Pregnancy Urine-Fluoride and IQ in Children”](#). This is the second fluoride benchmark study published that finds fluoride causing lower IQ and using measured data of urine-fluoride concentrations. The authors conclude, *“Thus, the joint data show a BMCL in terms of the adjusted U-F concentrations in the pregnant women of approximately 0.2 mg/L. These results can be used to guide decisions on preventing excess fluoride exposure in pregnant women.”*

Note that urine fluoride concentrations are similar to water fluoride concentrations, which make the measures used in these modern studies particularly valuable. Based on this study and others, water fluoridation at 0.2 ppm (mg/L) would cause loss of 1 IQ point. Fluoridation target concentration is at 0.7 ppm, and is reported to cause a loss of 5 IQ points. See Fig 1 below from Grandjean et al (2021).

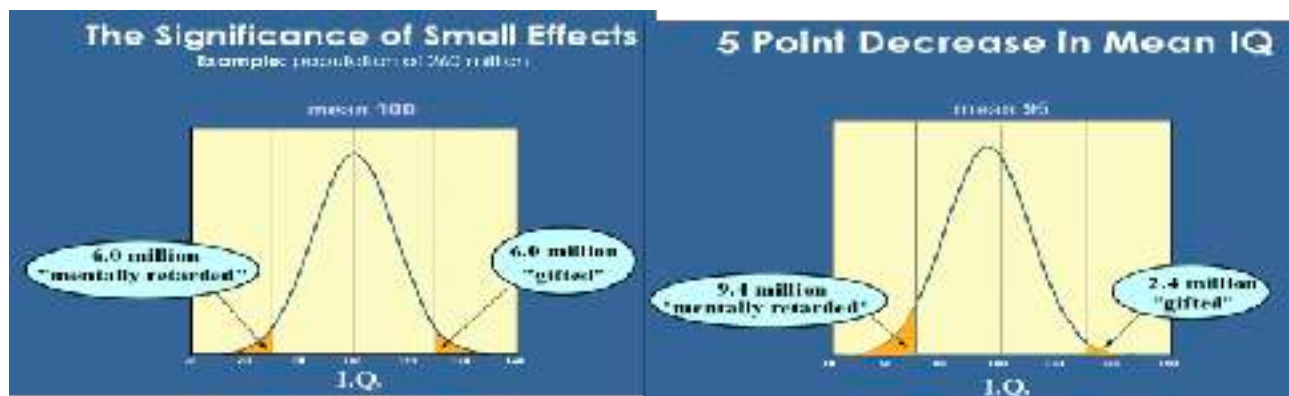
Note Fig 1 below from Grandjean shows about a 5 IQ point loss with urinary (and water) fluoride concentration of 0.7 ppm.



Mothers consuming fluoridated water are lowering their child's IQ. Scientists are starting to evaluate the effect of toxins on sperm development, where it appears that fluoride may lower sperm count, and the effects may be carried on for 2 to 4 generations. ([2022 PPTOX Conference](#)).

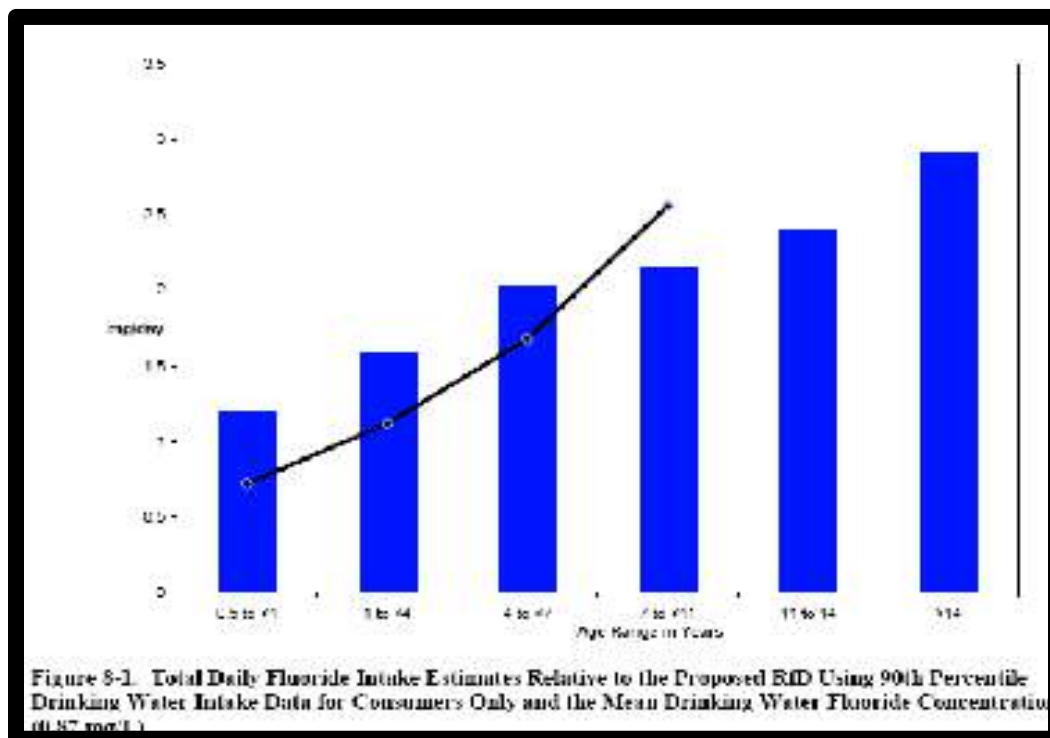
HB 1684 must require water purveyors that fluoridate to warn mothers to not drink fluoridated water and caregivers to not use fluoridated water for making infant formula.

The significance of 5 IQ point loss is illustrated in the two bell curves below. The low IQ have a disproportionate harmful effect. Our special education classes have a 57% increase. The number of gifted have a 60% reduction. How can we tell if an average child should have been gifted. "Frying" our children's brains has a serious impact on all of us.

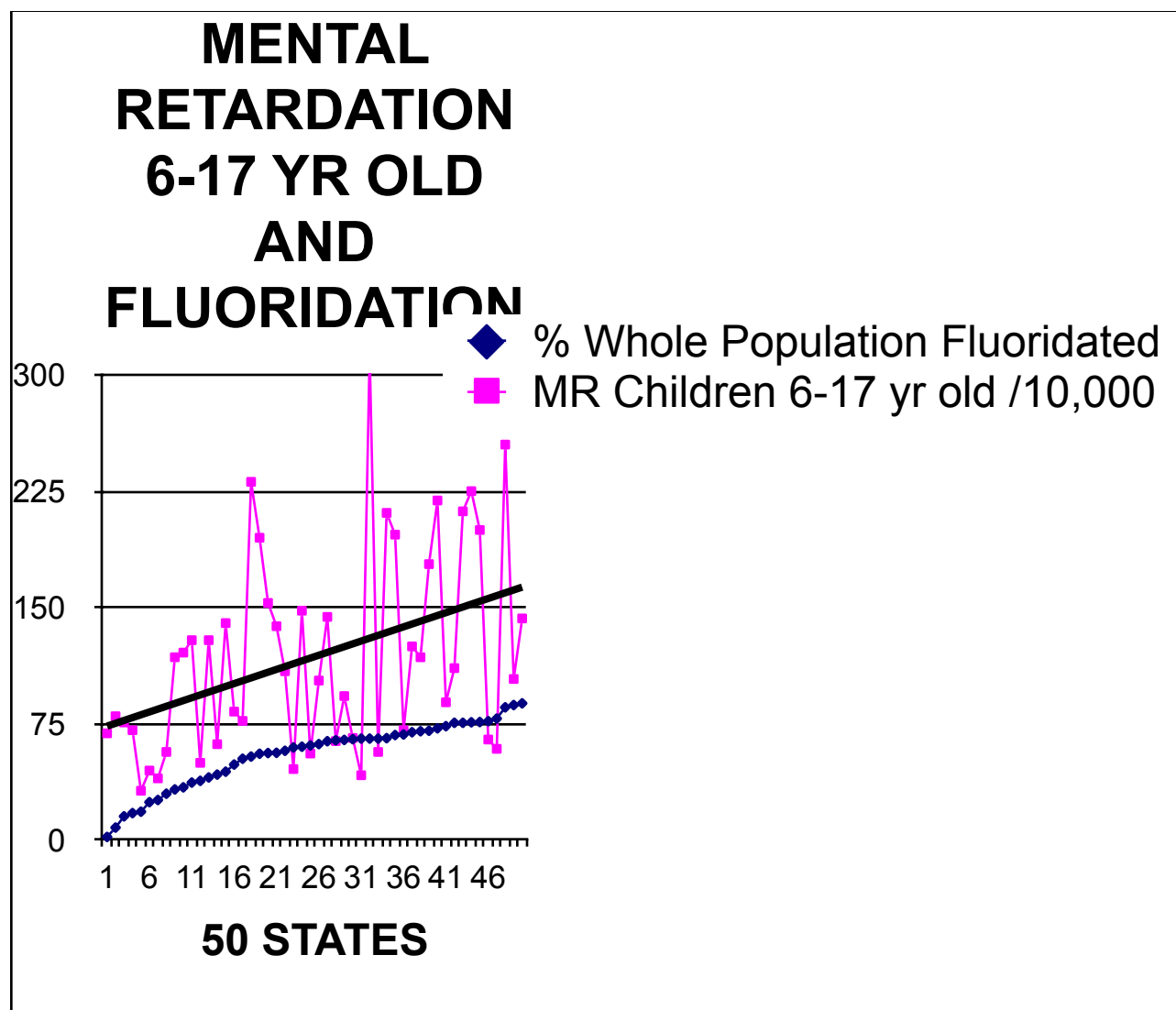


In 2006, the EPA was advised by the National Research Council to do a Dose Response Analysis and Relative Source Contribution Analysis. Their report was published in 2010, and it showed that at least a third of children under seven years of age would exceed what was then considered as a safe dose of fluoride.

EPA's Figure 8-1 (reproduced below) graphically illustrates those most at risk. Note that infants are not included, even though these are an even greater at risk population. The percentage above the black line are ingesting above "safe" dosage levels. The black line is demonstrating redefining the "safe" daily dosage up by 33%, but even with that change, children will still not be protected. In addition, this figure only addresses water intake for 90% of the public, and does not address the 10% drinking the most water and infants are ignored.



The graph below ranks the 50 USA states and the reported “mental retardation” in 6 to 17 year olds per 10,000 population of their state. Although there are many factors affecting what is reported as “mental retardation,” fluoride does appear to have a common cause.



In 2016, the EPA was taken to court to defend a claim that their Maximum Contaminant Level for fluoride is not safe and allows for lowering of IQ to occur. The case is under the Toxic Substances Control Act in the Federal Court in San Francisco (Case Number: Civ. No. 17-CV-02162-EMC). EPA hired experts because the EPA claimed they don't have anyone capable of determining the toxicity of fluoride. The EPA is not capable of protecting the public from the risks of fluoride. The judge has scheduled the next hearing in the case for June 7, 2022.

Although the focus of fluoride researchers in the last few years has been on developmental neurotoxicity, other health risks from excess fluoride exposure to teeth, musculoskeletal, reproductive, neurotoxic and neurobehavioral, endocrine, GI, renal, hepatic, immune, genotoxic, and carcinogenicity must

also be reviewed. Consider a search on www.pubmed.gov for terms such as “fluoride cancer” “fluoride thyroid” and “fluoride _____” filling in the blank with each of the risks as listed by the NRC 2006 review of fluoridation for the EPA.

Thank you for your careful consideration of HB 1684’s serious flaws and vote NO.

Bill Osmunson DDS MPH

American Environmental Health Studies Project, Board Chair

1418 112th Ave NE

Bellevue, WA 98004

425.466.0100

billosmunson@gmail.com

From: Tara Brant
Sent: 1/29/2022 6:37:02 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nancy Wachter
Sent: 1/29/2022 12:44:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Beryl Emberson-Nash
Sent: 2/8/2022 2:21:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/2/2022 2:46:52 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\C2FED787DA0042D8_image001.png

Hello,

Can someone please respond to the customer inquiry below?

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 1, 2022 6:10 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Request information about programs or services

2.

Please enter your comments or questions in the space provided below:

I can't find where you vote to include Covid vaccinations on the list of vaccines that required in public schools in Washington state. Please help me.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
URL

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Tommie Roe

Email:

Tommtan@ yahoo.com

Telephone:

3609086955

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Tommtan@yahoo.com <mailto:Tommtan@yahoo.com>

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/7/2022 5:49:25 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Local control to lift mask mandates

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:08:42 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Donahoe,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: melanie beatty
Sent: 1/31/2022 4:35:39 PM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

When is the next tag meeting ? Consideration of requirement for the Covid vaccine for kids have you guys talked to doctors about the side effects of the vaccine on kids and the long lasting effects it could have on their heart? Also has the board talked to doctors about immunity with kids and the kids that have already had Covid and kids that cannot receive the vaccine ? Has the board also taken into consideration that phase 3 testing of the childhood Covid vaccine testing will not be completed until May 20 26 I believe a lot of parents are reluctant to give the vaccine to their children for that exact reason .

Sent from my iPhone

From: Val Dimitrov
Sent: 2/2/2022 3:03:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\5D6579D8308249EB_image001.png

External Email

Hello,

The due date of the "Caregivers & Parents Survey: COVID-19 Vaccine as a School Requirement" survey was broadcasted as February 2, 2022. I filled it out by got the following message when I tried to submit it:

This leads me to believe that the its validity is being tempered with. Please exercise caution making any recommendations on the basis of the survey. This experience is also shared with many others who took it to the social media.

Best regards,

Val Dimitrov

From: Brian Lenssen
Sent: 1/27/2022 8:21:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Monica Eilertsen
Sent: 1/31/2022 9:02:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rachelle Kwiat
Sent: 1/28/2022 10:07:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bobbi Tolman
Sent: 1/30/2022 2:07:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: John Robinson
Sent: 1/27/2022 5:53:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brenda Oster
Sent: 2/8/2022 9:26:42 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To the BOH:

I strongly oppose the inclusion of the potentially gene-altering Covid shots , commonly referred to as vaccines , as part of the requirement for school enrollment.

The COVID-19 experimental biological products are touted as safe and effective, yet the FDA and Pfizer are currently fighting in court (again) to delay releasing the safety data. What is there to hide? Where is the transparency? Why can't independent scientists review the safety data?

Reproductive toxicity has not been properly evaluated. There have been NO studies for genotoxicity and NO studies for carcinogenicity. Animal studies are incomplete and inadequate.

Once these shots are included as a part of the required vaccines for entering school the drug manufacturers & government cannot be held liable for any adverse reactions , either acute or chronic . So why the rush to vaccinate considering these shots have not gone through adequate testing and for which the safety data has not yet been released ?!

Children who become infected with SARS co-v2 typically experience mild cold or flu-like symptoms. Such a presentation of mild symptoms hardly warrants the forcing of an experimental vaccination ! And children have not been proven to be super spreaders of Covid.

And since the vaccines were designed for the original strain of this virus ; and since the virus keeps mutating as we've witnessed with this newest variant - Omicron ; and since these old vaccines have not proven very efficacious against the Omicron ,as we've seen in the large numbers of fully vaccinated people contracting Omicron, it seems like a waste of time , effort ,and potentially a risk , as the shots could do damage to the current good health status of each child, in an to attempt to vaccinate against today's or tomorrow's variant using an obsolete vaccine that was designed for yesterday's strain.

Thank you ,
Brenda L Oster , active-retired RN

Sent from my iPhone

From: Michael Moseley
Sent: 1/28/2022 5:51:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ☐☐Jeff Merritt
Sent: 2/7/2022 9:39:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sheryl Stevenson
Sent: 2/7/2022 7:13:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michele Yousef
Sent: 2/9/2022 9:12:15 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Mandate for Children

External Email

Hello,

I am strongly opposed to mandating the Covid vaccine for children in order to attend school. This vaccine is unnecessary in children unless they are at high risk with immune compromising issues. The science has shown all along that children are not dying of Covid and IF they get it, symptoms are much like the flu.

We need to stop this overreach and leave it up to the parents to decide.

NO VACCINE MANDATE FOR KIDS!!!!

Sincerely,
Michele Yousef
King County

From: Tatyana Samolovov
Sent: 2/3/2022 10:17:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rita Andreeva
Sent: 2/8/2022 7:37:33 PM
To: DOH WSBOH
Cc:
Subject: Please consider my comment before voting at the Feb. 10th meeting

External Email

Regarding your Criteria #5:

The mRNA vaccines available currently do not work. You can see that in countries where the vaccination rate is the highest, such as in Australia, the rate of infection is way up, as well as deaths. <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/australia/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgraphics.reuters.com%2Fworld-coronavirus-tracker-and-maps%2Fcountries-and-territories%2Faustralia%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C9d87bfd9f90b4aa7419708d9e>>

Israel is giving up, realizing that the vaccines do not work, placed an order for a vaccine called Novavax which is using old-fashioned protein technology.

Also, mRNA vaccines do nothing at all to stop spread of the virus, therefore it is completely pointless to vaccinate children, since the risk of adverse effects outweighs the danger of covid.

You could revisit this issue once the Novavax is approved in the US.

Rita Andreeva

From: Marie Loran
Sent: 1/29/2022 10:10:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Russell
Sent: 2/7/2022 8:22:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Zana Carver
Sent: 2/3/2022 2:20:24 PM
To: Wade Smith, Mark Higgins, Derek Sarley, Ruth Ladderud, kmulkerin@wwps.org, erindal@wwps.org, ttrick@wwps.org, aruff@wwps.org, DOH WSOH
Cc:
Subject: WA Lawsuit

External Email

COVID testing company faked test results, lied to patients, WA lawsuit says

Jan. 31, 2022 at 3:55 pm Updated Feb. 1, 2022 at 7:18 am

https://www.seattletimes.com/seattle-news/health/covid-testing-company-faked-test-results-lied-to-patients-wa-ag-lawsuit-says/?utm_source=twitter&utm_medium=social&utm_campaign=article_inset_1.1
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.seattletimes.com%2Fseattle-news%2Fhealth%2Fcovid-testing-company-faked-test-results-lied-to-patients-wa-ag-lawsuit-says%2F%3Futm_source%3Dtwitter%26utm_medium%3Dsocial%26utm_campaign%3Darticle_inset_1.1&>

An Illinois-based coronavirus testing company with at least 13 sites in Washington, faked or delayed test results (or provided none at all), lied to patients and failed to properly store test samples, according to a lawsuit filed Monday by Washington state Attorney General Bob Ferguson.

The lawsuit, filed in King County Superior Court, describes how the company, Center for COVID Control, expanded to about 300 U.S. locations and allegedly took advantage of residents at a time when frequent testing was in high demand as a "critical tool in the fight against COVID-19."

"Center for COVID Control contributed to the spread of COVID-19 when it provided false negative results," Ferguson said in a statement. "These sham testing centers threatened the health and safety of our communities. They must be held accountable."

The suit also alleges the Center for COVID Control stored tests in garbage bags for more than a week, rather than properly refrigerating them; backdated sample-collection dates so stale samples would still be processed; and instructed its employees to "lie to patients on a daily basis" when Washingtonians asked about delayed results.

Ferguson also named Akbar Syed, Aleya Siyaj and Doctors Clinical Laboratory in the lawsuit.

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2Ffor-Windows>

From: Norman Lilyroth
Sent: 1/28/2022 11:43:43 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cascade Climber

Sent: 1/27/2022 11:08:30 AM

To: DOH WSBOH,otp.informationdesk@icc-cpi.int,Barkis, Andrew,Bateman, Jessica,Berg, April,Bergquist, Steve,Berry, Liz,Billig, Andy,Boehnke, Matt,Braun, John,Bronoske, Dan,Brown, Sharon,Caldier, Michelle,Callan, Lisa,Carlyle, Reuven,Chambers, Kelly,Chandler, Bruce,Chase, Rob,Chopp, Frank,Cleveland, Annette,Cody, Eileen,Conway, Steve,Corry, Chris,Das, Mona,Davis, Lauren,Dent, Tom,Dhingra, Manka,Dolan, Laurie,Donaghy, Brandy,Dozier, Perry,Duerr, Davina,Dufault, Jeremie,Dye, Mary,Entenman, Debra,Ericksen, Doug,Eslick, Carolyn,Fey, Jake,Fitzgibbon, Joe,Fortunato, Phil,Frame, Noel,Frockt, David,Gilday, Greg,Abbarno, Peter,Gildon, Chris,Goehner, Keith,Goodman, Roger,Graham, Jenny,Gregerson, Mia,Griffey, Dan,Hackney, David,Hansen, Drew,Harris, Paul,Harris-Talley, Kirsten,Hasegawa, Bob,Hawkins, Brad,Hoff, Larry,Holy, Jeff,Honeyford, Jim,Hunt, Sam,Jacobsen, Cyndy,Jinkins, Laurie,Johnson, Jesse,Keiser, Karen,King, Curtis,Kirby, Steve,Klicker, Mark,Klippert, Brad,Kloba, Shelley,Kraft, Vicki,Kretz, Joel,Kuderer, Patty (LEG),Leavitt, Mari,Lekanoff, Debra,Liias, Marko,Lovelett, Liz,Lovick, John,MacEwen, Drew,Macri, Nicole,Maycumber, Jacquelin,McCaslin, Bob,McCune, Jim,McEntire, Joel,Morgan, Melanie,DOR Gina Mosbrucker,Mullet, Mark,Muzzall, Ron,Nguyen, Joe,Nobles, T'wina (LEG),Orcutt, Ed,Ormsby, Timm,Ortiz-Self, Lillian,Orwall, Tina,Padden, Mike,Paul, Dave,Pedersen, Jamie,Peterson, Strom,Pollet, Gerry,Ramel, Alex,Ramos, Bill,Randall, Emily,Riccelli, Marcus,Rivers, Ann,Robertson, Eric,Robinson, June,Rolfes, Christine,Rude, Skyler,Rule, Alicia,Ryu, Cindy,Saldana, Rebecca (LEG),Salomon, Jesse,Schmick, Joe,Schoesler, Mark,Sells, Mike,Senn, Tana,tim.sheldon@leg.wa.gov,Shewmake, Sharon,Short, Shelly,Simmons, Tarra,Slatter, Vandana,Springer, Larry,Stanford, Derek,Steele, Mike (LEG),Stokesbary, Drew,Stonier, Monica,Sullivan, Pat,Sutherland, Robert,Taylor, Jamila,Thai, My-Linh,Tharinger, Steve,Trudeau, Yasmin,Valdez, Javier,Van De Wege, Kevin,Vick, Brandon,Volz, Mike,DOR Keith Wagoner,Walen, Amy,Walsh, Jim,Warnick, Judy,Wellman, Lisa,Wicks, Emily,Wilcox, JT,Wilson, Claire,Wilson, Jeff,Wilson, Lynda,Wylie, Sharon,Ybarra, Alex,Young, Jesse,Santos, Sharon Tomiko

Subject: CONVOY

External Email

This is what we need in OLYMPIA: RESIGN ILLEGITIMATE IMPOSTER #GOVIDIOT
'MAGGOT' INSLEE & SHOVE YOUR FAKE 'COVID' MANDATES up a VERY DARK PLACE!

<https://www.youtube.com/watch?v=OVuWFCuWYrY>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

From: Mary Serbousek
Sent: 2/7/2022 8:22:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Aarron Fahrenkrug
Sent: 1/28/2022 4:37:44 AM
To: DOH WSB OH
Cc:
Subject: Public Comment

External Email

Good morning,
I want to make it clear, I DO NOT support any mandate from Inslee or the board of health considering my personal health decisions. I definitely oppose any bureaucracy making health decisions for my children. This should be left to the parents and doctors, not politicians.
Thank you,
Aarron Fahrenkrug
206 1st Ave East
Pacific, wa 98047

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Brian Lenssen
Sent: 1/27/2022 8:21:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carlin Flubacker
Sent: 2/7/2022 10:56:41 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

Hello,

I am writing to comment on the recommendation of the Covid vaccine for attending public school in Washington. In the current situation, there is not enough data to support this vaccine being beneficial to kids staying in school. Unless we tested the entire population randomly, we would have no idea what the infection rates of Covid actually are. All of the data in King County is gathered through people actually driving to testing sites or choosing to report a rapid test, hardly a good measure of how many cases are in the community. Even my high schoolers know this, due to their excellent education.

Please don't tell us that there will be exemptions, without explaining what rules will apply to students with exemptions. This issue should be addressed now and not later.

By the time fall rolls around, this vaccine will be almost 2 years old and probably even less effective at stopping Covid than it is now.

I don't want to move my students out of our public schools here, but I will do so. They are excellent students and I will not have them missing school unless they are actually sick.

Thank you.

Carlin Flubacker

Sent from my iPhone

From: Michelle I. Whitney
Sent: 2/3/2022 3:54:51 AM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

Can you tell me who the school district representative is that is serving on the committee determining whether COVID-19 is going to be mandated children to attend school?

Thanks,
Michelle Whitney

Sent from my iPhone

From: Shelly Smith
Sent: 1/31/2022 8:43:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Glasoe, Stuart D (SBOH)
Sent: 2/9/2022 8:36:37 AM
To: DOH WSBOH
Cc:
Subject: FW: mandate

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Cori Goodmansen <corigoodmansen@gmail.com>
Sent: Wednesday, February 9, 2022 6:11 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: mandate

External Email

I am emailing you in reference to the voting that is taking place today on the Covid 19 mandate for children to enter schools.

I strongly oppose this mandate. I will be home schooling if this takes place in our state- which will pull me away from my full-time Clinical Practice.

The risk for children is low for Covid-19 but the risk they are taking with the vaccination runs high (we now know there is a high risk of myocarditis).

If teachers feel unsafe they should mask and vaccinate.

Please consider all facts before voting today.

Thank you for your time.

Dr. Corene Bodily-Goodmansen

From: bnecklackey@gmail.com
Sent: 2/8/2022 6:11:12 PM
To: DOH WSBOH
Cc:
Subject: February 10 WSBOH Meeting

External Email

Hello Board Members,

I understand that you will be reviewing updates to the vaccination schedule and making a determination of the FDA emergency authorization Covid-19 shoots should be added per criteria 5 & 6. Based on my understanding of these two criteria, even if any of the shoots had been approved they still do not meet the requirements as follows:

- * Prevents disease: The CDC, FDA and WHO have all acknowledged that the Covid-19 shoots do not prevent the obtaining or spreading of the disease. It is only reducing symptoms and shortening the duration of the effects of the disease.
- * Disease morbidity and mortality: The CDC, FDA and WHO has all acknowledged that the morbidity and mortality rate from Covid-19 of school aged children without comorbidities is significantly low and is comparable to regular seasonal colds and flues.
- * Person-to-person transmission: Again, the CDC, FDA, & WHO have acknowledged that the Covid-19 shoot does not prevent this and that as the disease continues to mutate that the shoots are becoming even less effective at doing what little it did before.

At this time I hope you understand after reviewing all available information that is out there that adding the Covid-19 shoot to the list of required vaccinations is not justifiable at this time since it does not meet the criteria for 5 & 6, but also does not meet legal requirements and challenges that would arise if approved by the board. I request that adding the Covid-19 shoot to the list of required vaccinations is tabled, by voting no for its acceptance, until it meets the criteria for 5 & 6 and has been approved by FDA for use for all school aged children.

Thank you for your consideration of the above comments and your time for reading this and your service on the board.

Sincerely,

Bryan Lackey

From: Julia Stewart
Sent: 2/1/2022 5:17:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Grace Sudlow
Sent: 2/6/2022 4:24:42 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dear sir, we received an email from our school on February 1 regarding the survey for Covid vaccination if it were made a requirement for school entry . Apparently it closed the very next day on February 2(it may have reopened but the date of actual closure is unclear. As of today it is all closed Feb 6). Was it the state who gave us such a little timeframe to respond to the survey or was the school delayed in getting the survey to us? I'm wondering who I should contact regarding this. Thank you
Grace Sudlow

Sent from my iPhone

From: Michael Carpenter
Sent: 1/31/2022 1:43:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kevin Marth
Sent: 1/30/2022 11:21:21 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Josie Koelzer
Sent: 2/7/2022 10:44:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

Thank you for your service.

Ann Makar

Vancouver

From: Malinda McGee
Sent: 2/3/2022 9:34:15 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sara Fortune
Sent: 2/7/2022 3:23:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lang, Caitlin M (SBOH)
Sent: 2/7/2022 2:30:45 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 4:08 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Lang,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Jessica Dietsch
Sent: 2/8/2022 8:02:23 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Melissa Monroe
Sent: 2/7/2022 3:11:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: josiah heinz
Sent: 2/7/2022 3:49:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maria Taylor
Sent: 2/2/2022 6:15:37 PM
To: DOH WSBOH
Cc:
Subject: Washington Board of Health School Survey on Covid Requirement

External Email

To whom it may concern:

I wanted to respond to the Washington State Board Health Survey but it seems it is no longer available. This is a shame that you did not make clear the deadline or that you are preventing the community from voicing their opinions.

Requiring the covid vaccine for my children would be a burden on us financially. It would require my husband to take time off work or the funds for us to hire a babysitter and the cost of gas (which is increasing) so that we could transport our children to an additional appointment. It would also be a burden/traumatization for our children who don't like getting shots and who would then need three (two for the vaccine and a booster every six months).

Another concern we have about requiring this vaccine is the infringement on parental rights. I believe every parent should have the right to decide on medical treatment for their children. This vaccine has neither proven to be effective in stopping children from catching the virus or spreading it; that is very disappointing results. In addition there have been known adverse side effects in the test studies and it seems to be unethical to require such a vaccine.

Finally, requiring the vaccine would infringe on the right to education, without any real benefits (i.e. since the vaccine doesn't stop the spread or from catching it). How can you ethically bar children from attending school because they haven't received an ineffective vaccine? I am opposed to forcing an ineffective and potentially harmful vaccine at the expense of my children's education.

Sincerely,
Maria Plumb

From: Susan May
Sent: 1/28/2022 10:47:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Janet Bass
Sent: 1/28/2022 9:16:21 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sharon Craig
Sent: 1/31/2022 12:15:55 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Adams
Sent: 2/9/2022 6:20:51 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am writing because there is no proof that the vaccine is safe for children. In fact, there is proof that children who have been given the vaccine have died and have suffered from myocarditis and other heart inflammation issues. There is no published safety data for adults, never mind children. Personally, I took the vaccine and still got Covid, as did some of my friends. I have friends who were never vaccinated and never got Covid. Covid does not affect children severely, unless they have certain comorbidities. Why should we risk injecting our children with a vaccine that is approved for Emergency Use Only. This vaccine is not licensed for any human! We don't know how this will affect our children 20 years from now.

From: Sergey Didenko
Sent: 2/3/2022 2:30:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Olsen
Sent: 2/8/2022 12:58:50 PM
To: DOH WSBOH
Cc:
Subject: Adding Covid Vaccines...

External Email

...to the list of required vaccines for students to attend school is a mistake.

1. There is no evidence of vaccine efficacy. The shots don't stop or slow the spread of infection and do not prevent infection.
2. The pharmaceutical companies do not have any liability for vaccine injuries and the vaccines have not been properly vetted.
3. There is no evidence supporting that benefits of the shots outweigh the risks of the shots.
4. Children do not appear to suffer major health problems as a result of getting or having had Covid.
5. This is a gross example of a government overreach. The people will not have it. Democrats and republicans are uniting on a new common ground: FREEDOM. There will be serious repercussions for the state as a whole....

-Julie Olsen

Sent from my iPhone

From: Carolyn Harris
Sent: 2/7/2022 3:30:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kristi Sabo
Sent: 1/31/2022 8:35:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jennifer Lazo
Sent: 2/2/2022 6:06:22 PM
To: slevy@kingcounty.gov,DOH WSB OH
Cc:
Subject: Health survey for requiring COVID vaccine for students

External Email

Hello, I just found out about the Health survey for requiring COVID vaccine for students in the State of Washington

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles%2FSurveys-Now-Available-Parents-and-Caregivers-Provide-Feedback-to-the-TAG-Responses-Accepted-Until-Wed-Feb-2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3c155901f145bc5c1508d9e6b9bb79%7C11d0e21726>>
and when I went to click on the links, it showed they were already closed.

It unfortunate there was such a low amount of responses that could be recorded and how little it was publicized to ensure it reached all parents. The schools send out vaccine clinic emails once a week but couldn't send one email asking for parents feedback for this forced mandate on a broad scale.

I strongly reject the idea of a vaccine mandate for school age children in the state of Washington. I live Bothell and my 7 year old attends the North Shore School District. With weekly testing the North Shore District has not had any major outbreaks. With weekly testing and proper remote school technology options in place, there is no need to risk kids life from having irreparable side effects.

I have been suffering from an adverse Pfizer vaccine reaction that has completely impacted my quality of life. I had no prior medical issues and now have daily neurological symptoms for which I am seeing 5 different doctors from neurologists, to immunologists, to holistic specialists for detox and 6 months later, I still have no relief after spending tens of thousands of dollars. I have reported it to VAERS, CDC and Pfizer and no one cares to help those injured from the vaccine.

I am not alone, there have been over 1MM adverse reactions reported to VAERs in the US alone. So many other countries are doing away with mandates and many colleges in the US have done so already.

If you enforce this mandate, you will thousands of parents pull the kids out from public schools which will greatly reduce you funding.

Please take this into have a proper survey via a proper survey tool to capture proper

feedback.

Thank you for your consideration.

Jennifer Lazo

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2Ffor-Windows>

From: Kaylee Boffey
Sent: 1/27/2022 8:35:02 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:18 AM
To: DOH WSBOH
Cc:
Subject: FW: Jan 12th Health Board

From: iyanmobaudi@hushmail.com <iyanmobaudi@hushmail.com>
Sent: Tuesday, January 11, 2022 10:18 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Fwd: Jan 12th Health Board

External Email

----- Forwarded message from iyanmobaudi@hushmail.com
<mailto:iyanmobaudi@hushmail.com> -----
Date: 1/11/2022 at 10:06 PM
Subject: Jan 12th Health Board
To: cuanabear@protonmail.com <mailto:cuanabear@protonmail.com>

To whom this concerns,

We have seen the enemy and it is the corrupted, bribed, coerced and complicit federal, state and city governments who have deliberately engaged in this planned-demic to create the greatest crime against humanity to date. You have destroyed our economy, social structure, abused our children who are essentially immune from this 99.9% survival rate flu. And then assaulting the population with a toxic life threatening inoculation which has permanently injured millions and outright killed hundreds of thousands, far exceeding any legitimate deaths from this flu, which has been gone for over a year now. The medical and scientific fraud is staggering, the cognizant dissonance and malice of Inslee's office and his very questionable relationship with the genocidal maniac and international despot Bill Gates is inexcusable. All the while using a fraudulent testing procedure(97% false positive and which tap water gives a positive result) to further cripple the population is beyond reprehensible. Any further ridiculous and draconian behavior from this body will not be tolerated. This fascist agenda Inslee is engaged in is an act of terrorism and treason and along with all your names , address and email, his information and crimes will be handed over to the Nuremberg court currently in session. I pray you do the right thing and rescind any further crimes against the people by supporting this fraud but i know you, like the despotic school board, are bribed and incentivized with billions of our tax dollars by this illegit Biden admin to assault the people and our children. You will be held responsible for your complicity and your complacency. Like DC, MSM, CDC, AMA, WHO, NHS, etc., this governing body has become the enemy thru your treasonous crimes against our republic and our constitution. There has never been a pandemic, no excess death and which effected less than one half of one percent of the population and for this you threaten concentration camps and police intrusion into our homes and businesses. Have you no morality or conscience?

This adventure has pointed out the incompetence and fraud which is the medical industry and how our despotic politician's prey on the people. Those who have awakened will never sleep again. I, for one, will never comply with this criminal enterprise, or my children and grand children. We have seen the enemy.

Sincerely,

Stephen Joseph Strickland

705 N. Main, Deer Park, WA

99006

From: Annrenejoseph
Sent: 2/8/2022 9:17:54 PM
To: DOH WSBOH
Subject: Communicating With Board Members

External Email

No mandatory COVID -19 or any COVID vaccines for school children to attend school.
This is a parental responsibility-not government.
The research on the COVID vaccines regarding children is not favorable.

Dr. AnnRené Joseph

CEO & Educational & Research Consultant, More Arts! LLC
Phone/text: 206-819-8216
moreartsannrene@gmail.com
Mission: "In the business of enhancing lives via the arts, learning, and leadership, using
Biblical principles and promises."
moreartsannrene.com
Jn. 8:32; Eph. 5:19
Please excuse brevity and any errors-sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:19:16 AM
To: DOH WSBOH
Cc:
Subject: FW: LEGISLATION LETTER



attachments\6824942C93A34D49_You are either completely delusio_PRDTOOL_NAMETOOLONG.docx

From: Kelly Harrington <harringtonkelly951@yahoo.com>
Sent: Tuesday, January 11, 2022 5:09 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Fwd: LEGISLATION LETTER

External Email

Sent from my iPhone

Begin forwarded message:

From: Kelly Harrington <harringtonkelly951@yahoo.com
<mailto:harringtonkelly951@yahoo.com> >
Date: January 7, 2022 at 11:35:00 AM PST
To: backtothemax2@gmail.com <mailto:backtothemax2@gmail.com> ,
backtothemax@gmail.com <mailto:backtothemax@gmail.com>
Subject: LEGISLATION LETTER

☐

SENT

From: Betsie Elliott
Sent: 2/8/2022 7:31:25 PM
To: DOH WSBOH
Cc:
Subject: Comments for immunization TAG

External Email

Pfizer's own trial data, are starting to be released in response to a Freedom of Information Act (FOIA) request to the FDA. Cumulatively, between Dec. 1, 2020, and Feb. 28, 2021 — a period of just 2.5 months — Pfizer received 42,086 injury reports, including 1,223 fatalities.

Why are life insurance companies reporting deaths are up 40% in 18-64 year olds? These are not COVID deaths.

These vaccines are not safe and nobody has any business telling a parent they have to vaccinate their children to be able to attend WA State schools.

From: Clifford Knopik
Sent: 2/7/2022 5:33:29 PM
To: DOH WSBOH
Cc:
Subject: WA DOH issues and failure of vaccines to prevent transmission

External Email

To whom this may concern,

My name is Dr. Clifford Knopik.

I am writing pertaining to the consideration of COVID-19 vaccines being required for school age children in order to attend school.

I am opposed to this because after spending a year and a half submitting public records requests to the WA Department of Health and analyzing the data returned I have found the following:

1) The WA DOH has made serious data collection issues that have corrupted their entire data set. This has resulted in the inability to have any reliable, accurate data to base public policy on.

2) The data that counties are gathering are now showing most cases and deaths are in the vaccinated population. For example, in King County, as of 2/2/22 61% of all cases are fully vaccinated people and 52% of all deaths are fully vaccinated people.

The vaccines do not stop the spread of COVID-19 and do not adequately protect people from COVID-19. The state's COVID-19 data is a shambles and inadequate to create public policy from. There is no other authoritative data for COVID-19 in Washington State.

The Washington State Board of Health should not require broken vaccines to be mandated and they should not base decisions on faulty COVID data. This would be irresponsible to do towards children.

I would love to meet with the board to walk through a presentation of my findings of the data issues I have uncovered and talk about the implications.

Respectfully,

Dr. Clifford Knopik

Dr. Clifford Knopik has a Doctorate in Computer Science from Colorado Technical University. He also has a Masters in Information Systems from Penn State, a Masters in Homeland Security from Penn State, a Masters in Information Assurance from Dakota State University, a Bachelors in Social Studies from Washington State University, an Associate in Emergency Management from Clackamas Community College, and an Associate in Computer Programming from Pierce College. He was honored to serve for five years in the Washington State Guard where he received emergency management training through FEMA and the Washington Emergency Management Department.

From: Diane Doucette
Sent: 1/28/2022 8:30:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gene Welch
Sent: 2/5/2022 10:03:27 AM
To: DOH WSBOH
Cc:
Subject: School survey about vaccinating children from COVID-19

External Email

To whom it may concern,

I received a survey link from our local elementary school (Greywolf Elementary) to take a survey about whether or not children should be vaccinated against COVID, but the link did not work for me so I figured I would just send an email.

My wife and I believe vaccination against COVID 19 should be up to the parents, not the state, not the schools. We will not vaccinate our children from COVID at this point for 2 reasons. The risk of COVID to children is incredibly small. And, being vaccinated does not prevent the spread of COVID, so vaccinating our children isn't going to go very far to protect the risk population. Even if there weren't the possibility of side effects, why give our children a shot that provides little to no benefit.

If our Public schools mandate that our children get the COVID vaccine our plan is to remove our children from the public school system. We have been looking at private distance learning schools, and local home school groups just in case this happens. We hope that the state and schools do not take this course of action because our children are thriving with their current teacher and love spending time with all the other kids in their class. It would make life more complicated for us, and tighten up our budget as well, but not enough to force us into following a policy we believe is wrong for our children.

Thank you for giving parents the chance to voice their opinions. I hope this helps.

V/R
Gene Ivan Welch

From: Michel Hil
Sent: 2/8/2022 7:40:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Amy Jewell
Sent: 2/7/2022 8:00:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Anthony Radelich
Sent: 2/8/2022 9:28:28 PM
To: DOH WSBOH
Cc:
Subject: Covid shots

External Email

We reject the covid vaccination as a forced requirement in school. We have thosands of parents with us, and will pull our children out from public schools. We will vote down any future levies, as our children will not be attending public schools. We have been long time supporters and donaters of local public schools...and we wish to continue supporting you. We are in favor of optional Covid Vaccinations, as we see fit for our own children. Please make the right decision and leave our childrens health care, and vaccination decisons, in the hands of the individual parents.

Thank you,

Anthony Radelich

From: Stephanie Ebbert
Sent: 1/28/2022 9:53:50 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bev Wennerlind
Sent: 2/7/2022 7:17:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Merri Carlson
Sent: 1/30/2022 8:53:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Theresa Martin
Sent: 1/28/2022 7:43:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: donitaengfer
Sent: 2/8/2022 3:25:58 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

In regards to requiring Covid-19 shots for public school. If this goes through my four children will not set foot in a public school again. As of this year I pulled my two school aged children out, as the Covid-19 restrictions in our public schools are not science-based and have turned our schools into environments that are not beneficial to my children. I had hoped that once the masks were dropped I could send my children back, but if a Covid-19 shot becomes a requirement I will be homeschooling indefinitely.

As you all are aware there is no current published literature on pediatric Covid-19 vaccine effectiveness in a K-12 setting. I would also remind you that children are not at any significant risk of serious injury or death from Covid-19, however they have been to the shots. That is an unnecessary risk I refuse to take. To date my household has had both Delta and Omicron variants, both times my kids barely got sniffles, with Delta they all had zero symptoms (ages 2 months to 14 years old at the time). While studies show Covid-19 is not something we have to worry about with our kids, anxiety, depression, and suicide have become something families have to worry about due to all of the Covid-19 restrictions that are not science based and utterly ridiculous. As a concerned parent with school aged children I am appalled at the lack of common sense and denial of science in lieu of politics and it is gross. Let parents decide whether their children get the shots or not, as that is a decision that should be up for the parents as we are supposed to be a free nation or is that not a thing anymore?

Sincerely,

Donita Engfer
406 S Loomis Ave
Saint John, WA 99171

From: Carmen Rightmire
Sent: 2/8/2022 1:52:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH COVID Vaccine
Sent: 1/28/2022 7:37:58 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Advisory Committee Question



attachments\560D6D36DAEC4945_image001.png

Good morning,

Please review.

Thank you,

Amanda

COVID-19 Vaccine Public Response
Prevention and Community Health Division
Washington State Department of Health

COVID.vaccine@doh.wa.gov

<mailto:COVID.vaccine@doh.wa.gov> 360-236-3873 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>>

From: Shawna Hill <dan.shawna.hill@gmail.com <mailto:dan.shawna.hill@gmail.com> >

Sent: Thursday, January 13, 2022 12:50 PM

To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov <mailto:doh-pio.imt@doh.wa.gov> >

Subject: Vaccine Advisory Committee Question

External Email

Hello, I had a question about the data shared during the VAC meeting on 1/13/2022.

In the data that showed COVID-19 hospitalizations at the beginning of the meeting, is this:

a) looking at people who have COVID and are in the hospital? OR

b) looking at people who are hospitalized BECAUSE of COVID?

I greatly appreciate this clarification.

Thank you,

Shawna Hill

From: HAL STOKES
Sent: 2/9/2022 1:19:19 AM
To: DOH WSBOH
Cc:
Subject: Public Comment - NO Mandates for Kids

External Email

This comment is in regards to your upcoming vote forcing vaccines into our children.

You must NOT vote to force anything into our children's bodies. That is the sole responsibility of the parent. This notion that you know better than parents is despicable and should be criminal.

These vaccines do NOTHING to stop the transmission of the virus and certainly do not prevent contracting the virus. There is absolutely no point to this policy and even less point to pumping these kids full of a vaccine that doesn't work.

Lastly these presentations are full of cherry-picked statistics and percentages. This is clearly a concerted effort to ram this policy through against the will of the people.

Counting cases is pointless as stated by countless experts in the scientific community. It is a metric that should never have been used for a baseline.

Lastly, why are you advancing this ridiculous policy when other states with far worse metrics are rolling them back? Why do hate our kids so?

I implore you. You must vote no.

Regards,

Hal Stokes

From: theresalane@comcast.net
Sent: 1/27/2022 11:21:16 PM
To: DOH WSBOH
Cc:
Subject: Attn: TAG on Covid shots for K-12 - Covid shots suppress Innate Immunity

External Email

Hello TAG,

In your process of making the decision to possibly mandate Covid shots for K-12 I would expect you are doing a deep dive into the Safety of the Covid shots. Thank you for taking the time to read this email.

It is odd that Safety is something that is not brought up in the BOH and TAG meetings I have watched. Nothing negative is ever said about the Covid shot, which is extremely concerning.

The only concerns TAG had in their first meeting was about the inconvenience to parents/caregivers to get children to a shot and how the schools and childcares would keep track of who has been vaccinated.

The only thing I have heard from BOH is that Covid shots are safe and effective and that everyone 5 and up should get the shots. How can any medicine be safe and effective for ALL?

To help with your research, which you are doing on behalf of all Washingtonians and their Children, I am providing you with a research paper by Dr. Stephanie Seneff that explains how Covid shots suppress innate immunity, see link.

<https://www.authorea.com/users/455597/articles/552937-innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-quadruplexes-exosomes-and-micrnas>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.authorea.com%2Fusers%2F455597/articles%2F552937-innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-quadruplexes-exosomes-and-micrnas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C43b1f08b03054797e30e08d9e22ec3e9%7C11c>>

Here are some key points :

* In a non-peer-reviewed research paper
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.authorea.com%2Fusers%2F455597/articles%2F552937-innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-quadruplexes-exosomes-and-micrnas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C43b1f08b03054797e30e08d9e22ec3e9%7C11c>>

innate-immune-suppression-by-sars-cov-2-mrna-vaccinations-the-role-of-g-
quadruplexes-exosomes-and-
micrornas&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C43b1f08b03054797e30e08d9e22ec3e9%7C11c
last week, Stephanie Seneff, Ph.D., describes a mechanism of the COVID shots that
results in the suppression of your innate immune system. It does this by inhibiting the
type-1 interferon pathway.

* The COVID

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde>
jab can cause neurons in your brain to produce toxic spike protein, or take up circulating
spike protein, and the neurons try to eliminate the spike protein by transmitting them
through exosomes. The exosomes are picked up by microglia, immune cells in your
brain, which activate an inflammatory response, which can contribute to degenerative
brain disorders.

* Two microRNAs, miR-148a and miR-590, are central in this process. These microRNAs
— excreted in the exosomes along with the spike protein — significantly disrupt the type-
1 interferon response in any cell, including immune cells.

* On average, there are twice as many reports of cancer following the COVID shots
compared to all other vaccines combined over the last 31 years.

* The fact that the signal is that strong is even more remarkable when you consider that
most people don't think the COVID shot could be a variable in their cancer emergence, so
they never report it.

Sincerely,

Theresa Lane – Concerned WA parent

From: Hoff, Christy Curwick (DOH)
Sent: 1/25/2022 9:36:41 AM
To: DOH WSBOH
Cc:
Subject: FW:

From: Me Zee <mzee636@gmail.com>
Sent: Tuesday, January 25, 2022 9:26 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject:

External Email

The oath you took includes the upholding of there laws.

Vaccine requirements should never include an experimental gene altering injection.

We now know that the COVID injections inflict great harm on children. Can you live with that on your conscience?

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in

violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: Judy Mortenson
Sent: 2/7/2022 9:23:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alice Larson
Sent: 2/7/2022 8:57:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: eklektos117
Sent: 2/1/2022 12:57:12 PM
To: CDCINFO@cdc.gov,council@whatcomcounty.us,itccsoffice@gmail.com,LOCS@cdc.gov,DOH
WSBOH
Cc:
Subject: Fw: Johns Hopkins University confirms: You can be vaccinated with a PCR test,
even without knowing

External Email

I am Sovereign by nature of existence; not of license nor statute, and it does not take
leave based on administrations, nor does it suffer deprivation due to jurisdiction.
Sovereignty remains while policies change. {*@^} Tiz

Sent with ProtonMail
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83eb1fbb322421b49a808d9e5c53497%7C>>
Secure Email.

Original Message

On Friday, January 28th, 2022 at 2:36 PM, Stan Galyean <smgwired4good@gmail.com>
wrote:

<https://drleonardcoldwell.com/2021/04/13/johns-hopkins-university-confirms-you-can-be-vaccinated-with-a-pcr-test-even-without-knowing/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrleonardcoldwell.com%2F2021%2F04%2F13%2Fjohns-hopkins-university-confirms-you-can-be-vaccinated-with-a-pcr-test-even-without-knowing%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb83eb1fbb322421b49a808d9e5c53497%7C>>

From: Connie Cleveland
Sent: 1/27/2022 9:45:18 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jill Townsend
Sent: 2/8/2022 10:01:36 PM
To: DOH WSBOH
Cc:
Subject: COVID shot

External Email

To whom it may concern,

I've just learned that the Technical Advisory Group is meeting to discuss the possible requirement of the Covid shot for children to attend school. I am adamantly against this requirement for many reasons.

First, our children are NOT dying of this virus. The survival rate is incredibly good for children across the board. Also, as shown the shot does little good in actually protecting our children from getting or spreading this virus so should have no bearing on their wellness. At this point I'm far more concerned with my children's social, emotional and developmental health; all of which have taken a hit during these mandates and pandemic lockdowns our state has implemented.

Second, as a parent of two children in elementary school, I cannot fathom putting something into their little bodies that has zero published data or papers on the effectiveness or side effects of this shot on K-12 children. Many of these studies are still being completed and I will not allow my children to be an experiment.

Finally, as this virus has mutated several times already and the shots are constantly not able to keep up with the mutations, I'm not sure why we would think it a good idea to require this as it will become essential to get continual boosters and "updated" shots each year. Much like the flu vaccine.

I hope, as a board that has the best interests of our public health at heart, you would consider the many reasons our children should not be required this shot to attend school. Their education should never be put at risk by something that has shown its ineffectiveness time and time again.

Thank you for your time,

Jill T.

From: Loren Merriman
Sent: 1/27/2022 11:51:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: lynnettemfield@gmail.com
Sent: 2/8/2022 9:44:31 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please do NOT entertain thoughts of mandating COVID 19 vaccinations for anyone, let alone school students. There are non-pharmacological treatments available for this disease, but there have been no long term studies on students for vaccines. You do NOT want to find out that you caused the deaths or injuries of thousands of children if they discover the vaccines are detrimental!!!

Sincerely,
L Field

Sent from my iPhone

From: Monica Spence
Sent: 1/31/2022 9:27:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

No on covid vaccines on school children of any age to attend public school. Beyond higher risks on the vaccine than getting the virus. We do not know the long term effects.

From: Tiani Grosso
Sent: 2/7/2022 3:27:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gaven Jones
Sent: 1/31/2022 7:30:47 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kellie Herr
Sent: 2/7/2022 7:55:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tim Langley
Sent: 2/8/2022 9:58:40 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello Board Members,
As a high school English teacher in Monroe, WA I can tell you that many of my students are hanging on by a thread due to all the shutdowns, online schooling, and mask requirements. If you require vaccinations that will likely be the last straw for many of my students. They'll drop out and try to get jobs instead of putting up with one more roadblock to their education.

If you care about kids, don't be the cause of many of them leaving school in exasperation!

Tim Langley
English Teacher
Leaders in Learning High School
Senior Associate Professor
Everett Community College

From: Heidi Bleeker
Sent: 1/27/2022 5:15:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nichole West
Sent: 2/8/2022 12:45:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: LESLIE BOYD
Sent: 2/3/2022 4:37:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Shirley Moseng
Sent: 2/7/2022 3:05:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Richard Ribellia
Sent: 1/29/2022 6:18:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: noods moods
Sent: 2/1/2022 3:07:12 PM
To: DOH WSBOH
Cc:
Subject: Covid and Mandates

External Email

To Whom This May Concern,

Thank you for your time and consideration reviewing my email. I write to you as a concerned parent and citizen as we continue down a strange Covid Policy path that is leading to a dark forest of unknowns.

At this current writing I ask that you take a look around the globe and see what is happening everywhere from Canada to New Zealand. In Canada tens of thousands of people (truckers and citizens) are at the capital refusing to leave because of mandates. In Australia they are not allowing unvaccinated people to participate in society as normal as well as a new policy that won't allow you to visit your child in a hospital unless you are vaccinated. In Washington State you can't go to your favorite restaurant any longer if you are not vaccinated, in some parts of the state you can't go into a public setting without revealing your private health status and showing your vax pass. In Austria they are starting to enforce mandatory vaccination and have press releases stating they will be going door to door with hired personnel. In the U.S. people are losing their jobs for not being vaccinated under the guise of the health policy that protected (vaccinated) folks are at risk of catching covid from unvaccinated folks, so we have to fire them because the protection some received isn't good enough to prevent them from getting sick from those who haven't received it? You can't even make sense out of what the policy is supposed to do? There is no logic here.

Around the world people are protesting these Covid mandates and passes, they are tired, they are scared (not of covid), they are extremely pissed off, and they all protesting for the same reason. Heavy handed mandates and Covid policy is not working and it is taking away freedoms from society as a whole and destroying their families. No one is out here protesting for more masking, more policy, more vaccination, or more bureaucratic assistance. It is effectively time to step away from trying to help and let people live their lives again. Everyone and I mean everyone is over the Covid period in history. There is no reasonable means for a state of emergency or mandates any longer. We have exhausted every tool and reasonable policy and have not changed anything over the course of Covid or the outcomes for 3 years. We have however effectively destroyed careers, lives, families, childhood development, traditions, societal norms, culture, businesses, etc. and continue to press harder, why?

The government and reputable sourced and peer reviewed data tells us only comorbidity sick or elderly folks are at high risk. The data tells us children aren't at risk, never have been. The data tells us hospitals aren't treating it correctly as more people die with covid at the hospital than at home. The data tells us the kitchen sink approach to defeating covid hasn't slowed the spread or stopped Covid. What are we doing? Is the risk of Covid spread greater than societal destruction and our children itself? The CDC's own data suggests 99% of folks survive covid, and that was before vaccinations were even available.

Today a study came out from the respectable and highly credentialed John Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise, you can read it here. <https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.krieger.jhu.edu%2Fiae%2FfiLiterature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cffb79926b9d34d430a7e08d9e5d76f8b%7C>. I'm not sure how much more data we need to prove that public health approach didn't work for multiple reasons, one of which is denial of effective treatments at all stages.

The study is frightening and thorough in highlighting the destruction of last years lockdowns and continued mitigation efforts today. The impact it has had on society, children, business, etc. is heartbreaking and unjustifiable. This needs to stop now.

Another study here, <https://brownstone.org/articles/a-partial-list-of-the-myrriad-abuses-that-facemasks-inflict-on-our-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fa-partial-list-of-the-myrriad-abuses-that-facemasks-inflict-on-our-children%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cffb79926b9d34d430a7e08d9e5d76f8b%7C> highlighting just some of the abuses that Facemasks have inflicted on our children. This article is heart wrenching and leaves one disgusted. Our leaders should be ashamed of themselves. These kids cannot go on living like this, people in general cannot go on living like this. The continued Covid policies affect the poorest families, minorities, and our most fragile citizenry the hardest. For a governor and state majority who is majority liberal by voting numbers constantly touting diversity and inclusion, unity etc. these policies are the exact opposite. Our leaders have lost their way as Americans, we are using top down policy approaches that are destroying commerce and unity amongst the very people they were elected to support.

When does it end? Where does it end? What are we doing? Folks have lost so much faith in government, schools, leaders, boards, institutions, you name it. People and I mean 99% of people just want their lives back and the policies are now preventing this from happening. The children of the world are being abused by these policies, this is not acceptable. No one wants to continue down these path's. We have had ample time for folks to get shots, get healthy, take measures, etc to prevent themselves from getting severe Covid. Those who haven't or choose not to are not going to now by taking more of their freedoms away. They will just fight harder, speak louder, and get more bold in their actions. You will create more division, more hate, and more destruction. Is the Washington State Board of Health and our Government officials going to take responsibility for this?

Natural Immunity is the answer to solving covid but we cannot even recognize it in this country, why? Natural covid immunity stands for nothing, why? This goes against all science and progress we have made throughout history and it is effectively undermining your own policy and respect for governing. Everyone knows natural immunity reigns supreme and the more folks out in society with it the better. But yet we continue to mask and mandate and dampen the affect natural immunity would have at helping resolve this quicker?

Please for the love of society and all things right in your stomach and hearts stop with the overreaching heavy handed policy. Listen to your gut. We are not operating with compassion here. Stop with the mandating of vaccines for kids in schools, there is no logic, no data, and no reasonable outcome for this policy to even be discussed. If there is data available then be transparent, justify it, display it, don't allow this to continue down tyrannical and draconian paths of dystopia. Parents are not happy about this. We don't require FLU shots every year for schools, why require for covid? What is it doing to people that is so justifiable that we must enforce or support mandatory vaccination especially for the children? Why is covid so scary to people, is it because of the non stop social media and messaging campaigns?

Thank you for your support. NO MANDATES NO MASKS NO MORE NOW!

Sincerely,

A compassionate and reasonable citizen.

From: Robert Holte
Sent: 2/7/2022 10:29:56 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sheena Hagel
Sent: 1/27/2022 7:38:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sylvia Glover
Sent: 2/1/2022 12:16:27 PM
To: DOH WSBOH
Cc:
Subject: Local Official Responses to Health in Spokane Cty

External Email

I write for guidance on how I can have impact on the below. Alternatively, I hope DOH is aware and engaged re: how aberrant Spokane's city and county approach has become to health, particularly pandemic responses.

The below link includes information on the most recent chapter of many following the firing of Dr. Lutz in Spokane Cty. and officials' efforts to avoid conventional health response in Spokane City and County. It is fruitless to contact the Commissioners (or—one the city side--the Mayor regarding her lack of engagement with compliance, such as re: City Council member Bingle, who refuses to wear a mask. The mayor distances herself from his censure, leaving the city attorney act as a policy maker, another departure from norms). It is quite possibly unsafe to raise issues at meetings, given incidents at various public forums in the area. Of course, masking isn't enforced here, with even some official offices (e.g., sheriff offices, for example) openly opposing masking and leading to increasing radicalism of those who oppose the mandates. All very discouraging . . .

<https://www.spokesman.com/stories/2022/feb/01/spokane-county-commissioners-could-pick-a-naturopa/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.spokesman.com%2Fstories%2Fspokane-county-commissioners-could-pick-a-naturopa%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbce00054ba4844bd437908d9e5bf7204%7C>>

I recognize there are limits to what DOH can do. Many of us miss the days of Dr. Lutz and conventional, trusted health responses to pandemic and other social/health issues. At least then the regional health district and commissioners had a voice of reason to which to listen. Now, they are walking such a different path and I fear increasingly for health in our area.

Sylvia Glover
Attorney at Law

From: frieda stephens
Sent: 2/9/2022 9:20:55 AM
To: DOH WSBOH
Cc:
Subject: AGAINST JAB (Covid Shot(for children 6 mos - 5yrs

External Email

AGAINST This: In face of the medical evidence, this is blatant medical malfeasance. And subject to future criminal proceedings. It causes myocarditis, blood clots, inflammation of heart, stokes/heart attacks. This was even documented in your circulation journal of November 8, 2021.

Scot

From: Molly Fleming
Sent: 1/27/2022 8:38:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Laura Ryan
Sent: 1/29/2022 10:54:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rebeca Stevens
Sent: 2/8/2022 9:38:31 PM
To: DOH WSBOH
Cc:
Subject: #5 & #6 BOH meeting

External Email

I am weighing in on the 2 agenda questions. #5: does the vaccine prevent disease? Definitely not. It has no effectiveness on Omicron or Delta. It was only effective on the original strain of Covid. As a matter of fact, now it seems to infect the fully vaccinated more.

#6: Does the vaccine reduce the risk of person-to-person spread: Absolutely not. See above. If it does not prevent the disease then it will not reduce person-to-person spread. It might even accelerate it.

Rebecca Stevens

From: Amanda Andrews
Sent: 2/7/2022 3:09:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Frank Lazcano
Sent: 1/30/2022 11:04:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: J. Day
Sent: 2/2/2022 3:05:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gina Howerton
Sent: 2/8/2022 8:12:23 PM
To: DOH WSBOH
Cc:
Subject: Mandatory Vaccines for our Children in WA State

External Email

To the TAG Team,

Vaccine Mandates are ILLEGAL, UNCONSTITUTIONAL AND A CRIME AGAINST OUR CHILDREN.

This Injection was Mandated under an Emergency Use Authorization. It is Not approved by the FDA. It is an Experimental

Drug, not a Vaccine. If you want to be part of this experiment, that is your choice. But this must ALWAYS be a personal, private choice for

Every Parent and Human Being, when there is risk of Death or Injury.

When it comes to our CHILDREN, this is where WE the PARENTS and THE PEOPLE DRAW THE LINE IN THE SAND.

People are DROPPING DEAD from this KILL SHOT WORLD WIDE. Of course, you will not hear about this in mainstream media, which is controlled

by the Pharmaceutical Industry. They have censored all the victims.

Any forced injection on a human being, is no different than rape. This is a murderous crime against our children! Covid death for children is 0 percent!

Have you forgotten the Nuremberg Code? OUR CHILDREN ARE NOT YOUR PROPERTY!! MEDICAL FREEDOM IS A GOD GIVEN RIGHT!! THIS IS A WAR AGAINST OUR GOD!

GOD did not make a mistake when he made our Miraculous Immune Systems, if we only take care of them properly.

If you aren't on the side of GOD, THEN WHO'S SIDE ARE YOU ON? THIS IS GOOD AGAINST EVIL AND YOUR PARTICIPATION IN THIS MANDATED INJECTION, IS EVIL

TO THE CORE. MANY CHILDREN WILL DIE AND BE INJURED FOR LIFE, FROM THIS INJECTION.... AND IT WILL BE BY THE HANDS OF YOU TAG TEAM!!!

THIS IS AN UNCONSTITUTIONAL ACT AND WE WILL NEVER COMPLY!!!! LIBERTY IS A GIFT FROM GOD, NOT MAN.

STAND UP AGAINST MEDICAL TYRANNY, WHILE YOU STILL CAN, BEFORE IT'S TOO LATE, AND YOU WITNESS YOUNG, INNOCENT, CHILDREN BEING MURDERED IN FRONT OF YOUR EYES

BY THIS KILL SHOT!!!

YOU WILL BE HELD ACCOUNTABLE!!!!!! EVERY ONE OF YOU.... BEFORE YOUR GOD!!! AND MAN!!!

GINA HOWERTON

MOTHER, GRANDMOTHER AND GREAT GRANDMOTHER

From: Joyce
Sent: 1/29/2022 10:07:26 AM
To: DOH WSBOH
Cc:
Subject: School and masks

External Email

Covid poses no statistical threat to school age children. The survival rate is 99.99%.
It's unethical, unhealthy, and completely unnecessary to mask up. No to experimental
vaccines. Yes to natural immunity, please.

Respectfully
Joyce johnston

Sent from my iPhone

From: Glasoe, Stuart D (SBOH)
Sent: 2/7/2022 2:34:40 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:10 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Mr. Glasoe,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Letha Swanson
Sent: 2/1/2022 8:56:54 PM
To: DOH WSBOH
Cc:
Subject: COVID vaccine

External Email

Why are we pushing the vaccine requirement for COVID-19 when the child mortality rate due to COVID is so low our children have NEVER been required to submit to an annual vaccine.

With childhood deaths being so low why is this even being considered....

I will pull my all my children from their school's if this is the case

All I see for this COVID vaccine requirement in schools is DEPRIVING CHILDREN OF A PROPER EDUCATION.

The flu shot has never been required neither should the COVID shot.

My family and I have all had COVID and it's came and gone just like a slightly tougher cold/flu combination as with any virus as long as you stay hydrated, eat healthy foods and sanitize your home it shall pass.

I hope my letter is met & considered with all sincerity,

Letha L. Swanson

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Michele Patzer
Sent: 1/28/2022 2:19:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: David Ward
Sent: 1/27/2022 6:52:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Curtis Brown
Sent: 2/7/2022 5:14:58 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joanie Roth
Sent: 1/28/2022 9:02:43 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Debby Swecker
Sent: 2/8/2022 9:33:52 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am absolutely opposed to approving or mandating shots for children of ANY AGE! Show us the need for such mandates!! Show us that no harm will result from the shots to the children!!! Authorities who advocate or legislate such measures will be prosecuted to the fullest extent possible in the world courts. Please think twice before passing such totalitarian rules!

Thank you!

Debby

Sent from my iPhone

From: Miranda Hart
Sent: 1/27/2022 9:52:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Art Arpin
Sent: 1/28/2022 7:10:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gayle Baker
Sent: 2/9/2022 12:43:53 AM
To: DOH WSBOH
Cc:
Subject: TAG Meeting COVID 19 "Vaccine" K-12



attachments\6CB9F36A3E3D4705_Attachment B - Nuremberg Code.pdf



attachments\422C19629782444E_Letter to TAG Criteria 5 and 6 02.09.22.pdf



attachments\ED0B99F7FF084037_Attachment A - VAERS Report Children 5 - 11.xlsx

External Email

Please accept the attached letter as a public record opposing the COVID 19 "vaccine" for K-12.

Thank you.

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

VIA Electronic Mail
wsboh@sboh.wa.gov

February 09, 2022

Re: Washington State Board of Health
Technical Advisory Group
Comments to Public Meeting
Agenda Items # 5 & 7 – Review of Criteria 5 & 6

To Technical Advisory Group (TAG):

The experimental COVID “vaccines” do not meet Criteria numbers: 2, 4, 5, 6, & 7, of the "Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030" (CRAPI). Science and children’s inherent immunities do not support the implementation of COVID “vaccines” for K-12. It is beyond understanding why it is taking so long to deliberate something that is as straightforward as this. COVID “vaccines” absolutely, irrefutably, unconditionally do not meet the Criteria under discussion today, nor did they meet the Criteria under discussion at the last public TAG meeting.

But let’s focus on what is in today’s Agenda:

Criteria 2 - *“The vaccine containing this antigen is effective as measured by immunogenicity...”* **False:** The COVID "vaccine" should not be considered a vaccine because it is not effective at PREVENTING transmission of the disease, so says the Director of the CDC.¹

Criteria 4 - *“Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects.”* **False:** The COVID "vaccines" have passed the one-million mark for adverse effects. For the negative effects on children, please see attached data spreadsheet “Attachment A - VAERS Report Children 5 – 11,” (an excerpt from the VAERS data report for 2021)². The report is shocking and illuminating in that many “accidents” are reported as occurring as a result of the administration of the shot, thus making the jab by untrained personnel almost as dangerous as the “vaccine”. Also in this report are the suicides; sixty-six children, ages 5-11, committed suicide in 2021, their deaths counted as COVID.

Why is TAG and BOH taking such unnecessary risks with our children when our children are not in danger of dying from the disease,³ or of experiencing much more than flu like symptoms?⁴ That’s the million-dollar question: WHY ARE YOU DOING THIS TO OUR CHILDREN?

How many members of the Technical Advisory Group adopt science based, critical thinking in your decision making? Have any of you carried out any research into alternatives to the “vaccine”? (It is estimated that 500,000 people have died in the last eighteen months because they were denied (by Fauci) preventative

¹ <https://www.msn.com/en-us/health/medical/cdc-director-covid-vaccines-cant-prevent-transmission-anymore/ar-AASDndg>

² <https://vaers.hhs.gov/data.html>

³ <https://petition-central.com/new-data-covid-was-never-more-dangerous-to-young-adults-and-children-than-seasonal-flu/>

⁴ <https://www.newsweek.com/risk-kids-covid-miniscule-do-not-let-them-mandate-vaccines-opinion-1638576>

treatments like Ivermectin and hydroxychloroquine.)⁵ How many in this Group have conducted research into the corrupt and sociopathic practices of Anthony Fauci and Bill Gates, amongst others? (Gates, Fauci and other world leaders are currently being investigated in preparation to present before a Grand Jury, in an International Court for Crimes Against Humanity.^{6 7}

Fact, every doctor, nurse, health care worker, politician, educator, and others in positions of power that promotes the COVID “vaccine” as the ONLY effective treatment against COVID is guilty of Crimes Against Humanity under the Nuremberg Code. Mandating this “vaccine” breaks not one but every one of the ten “crimes” under the Nuremberg Code (Attachment B). Current scientific studies do not support you and your position in the Technical Advisory Group will not protect you if you approve this “vaccine” for children.

On Thursday, February 10, 2022, you will be deciding the future of the children of the State of Washington—will 99.996% of them live if they get COVID or will some of them die unnecessarily from the “vaccines” adverse effects? That’s not a question asked for dramatic impact. Your recommendation to Washington State Board of Health holds weight and children’s lives are dependent upon you doing the right thing by them. And let’s be clear, to say that parents can opt out of the “vaccine” is as hollow as proclaiming the rest of us have that luxury. Two years of draconian mandates have declared otherwise.

Your recommendation to BOH should be a resounding **NO to the COVID “vaccine” K-12** mandate.

Sincerely,

Gayle Baker
gaylebaker7458@gmail.com

⁵ <https://coronaneews123.wordpress.com/2021/11/26/as-cases-rise-inventor-of-mrna-vax-says-fauci-killed-500000-people-by-blocking-ivermectin-hcq/>

⁶ <https://www.lifesitenews.com/news/big-pharma-execs-gates-fauci-uk-officials-charged-with-crimes-against-humanity-in-international-court/>

⁷ <https://truth11.com/2022/02/09/international-group-of-attorneys-proceed-with-covid-19-crimes-against-humanity-grand-jury/>

From: Lynn Weinman
Sent: 1/27/2022 9:32:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 1/30/2022 11:44:45 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

WAC 246-100-040

Opinion Regarding Procedures for isolation or quarantine.

I find it terrifying to see this happening in our state. It effectively removes our civil and constitutional rights. There is a name for it, a dictatorship. I see us moving toward the same horrors that are happening in Israel, Australia, Austria, and China.

This WAC allows the health department to be judge, jury and executioner based on “their” opinion and assessment? Who should have that amount of power over another individual? No one. What makes the employees of the health department so superior that they know what is best for another person?

I would not want to be the individual making decisions listed in this WAC. I would not even want to know the person who could justify taking the actions listed in this WAC. What is the moral and ethical character of the employee/enforcers? The only persons who could do such work must have a personality that is sociopathic and not with conscience. This can only lead to abuses. It has happened in the past many times.

10 stages of Genocide- Perhaps this will be a good reminder of the slippery slope we are on. I believe we are in stage #7 of this genocide and moving towards #8. Please review and maybe you can dismiss this in your own mind, and justify the actions listed in the WAC as just, “Protecting the population.” Nothing like being the “Good German.”

Dr. Gregory H. Stanton is Research Professor in Genocide Studies and Prevention at the Institute for Conflict Analysis and Resolution, George Mason University, Arlington, Virginia.

1. Classification: People divided into “Us” and “Them”
2. Symbolization: People are forced to identify themselves.
3. Discrimination: People begin to face systemic discrimination.
4. Dehumanization: People equated to disease, vermin, and animals
5. Organization: Government creates special groups to enforce the policies i.e. “Strike team” or police/military.
6. Polarization: Government broadcasts propaganda to turn the populace against the group.
7. Preparation: Official action to remove/relocate people begin.
8. Persecution: Beginnings of murder, theft of property, trials, massacres.
9. Exterminations: Wholesale elimination of the group. It is extermination and not murder because the group is not thought of as human.
10. Denial: The government denies it has created any crimes.

The verbiage of this WAC is vague. What will the criteria be for a health official to issue an emergency detention order? Will it be because the person or persons refuse to take a vaccine? Will it be because they have cold and flu symptoms? Gosh, I have had many of those. Maybe an elevated temp? Will it be because I write a letter against the CDC or FDA? What if I inform others about VEARS, that 21,000 people died because of the vaccine, which only represents 1% of the actual number reported (according to Harvard) or the 1,000,000 who have been injured? Will parents who refuse to vaccinate their children be vilified and the children taken away? There is plenty of words to describe the legal this and legal that, and we all know what a nightmare that would be. Nothing like being placed in a concentration camp or whatever nice word you wish to call it without representation, without committing a crime. Who will be helping the people who are being harassed and terrorized by these health officials? Who will be liable for damages done to people? Emotional trauma, financial loss, physical harm due to forced treatment, no one wants to be liable for the damages they cause. This will equal a crime against humanity and those who participate will be guilty.

This is a pathetic power grab and has nothing to do with public health. ***Dictatorship***, form of government in which one person or a small group possesses absolute power without effective constitutional limitations. There should never, ever, be that much power given to an individual or agency based only on sole discretion.

Cynthia Arnett

From: Heather Clerget
Sent: 2/8/2022 10:01:10 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please do not mandate Covid 19 vaccines for children to attend public or private school. Children have robust immune system's. Currently there is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. In addition, Covid -19 is not life threatening to children as seen in the data. Suicide is the 3rd leading cause of death among children 15 to 19. The effects that this vaccine can have on children is more detrimental to them and their overall health than contracting COVID-19. Parents and families should have the right to make decisions regarding what is being put into their children's bodies that might affect them or harm them. These COVID-19 vaccines do not have enough data to prove beneficial. And we do not have long-term studies to show that they are more beneficial then harmful. Please vote no on mandating COVID-19 vaccinations for children.

A concerned parent,
Heather Clerget

Sent from my iPhone

From: Christina Tseu
Sent: 1/27/2022 4:31:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jeremy Strohmeier
Sent: 2/7/2022 3:37:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ingrid DuMosch DeHaan
Sent: 1/27/2022 7:17:14 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,
☐

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

A)

"15,000 physicians and medical scientists around the world signed a declaration publicly declaring that healthy children should NOT be vaccinated for COVID-19. On behalf of these MDs and PhDs, Dr. Robert Malone, who has devoted his career to vaccine development, provides parents a clear statement outlining the scientific facts behind this decision."

<https://globalcovids Summit.org/news/live-stream-event-physicians-alerting-parents>

B)

"The vaccines are associated with higher rates of COVID-19 infections and higher rates of COVID-related deaths. In the US, the vaccines were associated with an increase of 38% in the number of COVID cases per million and an increase of 31% in the number of deaths per millions associated with COVID."

<https://stevekirsch.substack.com/p/new-big-data-study-of-145-countries?r=u75lc>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fnew-big-data-study-of-145-countries%3Fr%3Du75lc&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C093a77a70ccb400b9ac508d9e2>>

C)

Nobel Prize Winner Dr. Luc Montagnier: Omicron Makes Biden's Vaccine Mandates Obsolete

"It would be irrational, legally indefensible and contrary to the public interest for government to mandate vaccines absent any evidence that the vaccines are effective in stopping the spread of the pathogen they target. Yet that's exactly what's happening

here.”

<https://www.wsj.com/articles/omicron-makes-bidens-vaccine-mandates-obsolete-covid-healthcare-osh-evidence-supreme-court-11641760009>

I could go on and on with more data and information similar to the above, but we all know and have all experienced the fact that people who are vaccinated are still getting sick and are still spreading the virus. There is absolutely no reason for any mandates when this vaccine cannot stop the spread or prevent a person from contracting covid.

We implore you to reconsider any vaccine mandates.

Regards,

Ingrid and Randy DeHaan
Maple Valley, WA

From: Hisaw, Melanie (SBOH)
Sent: 1/29/2022 9:44:47 PM
To: DOH WSBOH
Cc:
Subject: Immunization letter mailed to Board office



attachments\DB2EBDAAB4CD44C3_20220129133448308.pdf

Here's another letter, thanks Nathan, Melanie

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Saturday, January 29, 2022 1:35 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 01.29.2022 13:34:48 (-0800)
Queries to: ricoh@doh.wa.gov

January 25, 2022

To: Technical Advisory Group (TAG) on Immunization, Washington State Board of Health Members

Subject: SARS-CoV2 Vaccine Consideration for School-Aged Children

REC'D
JAN 28 2022

I am a parent of three children.

I do not believe our current SARS-CoV2 vaccines meet criteria #6 of the nine criteria outlined in the document titled *Immunization Advisory Committee: Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030 updated November 8, 2017*.

Dr. Anthony S. Fauci co-authored an article on December 15, 2021 for The New England Journal of Medicine titled 'Universal Coronavirus Vaccines—An Urgent Need'. This article states, "The limitations of SARS-CoV2 vaccines suggest that they will ultimately need to be replaced by second-generation vaccines that induce more broadly protective and more durable immunity." Dr. Fauci is already moving past our first-generation vaccines.

The high infection rate in our communities supports that the SARS-CoV2 vaccines will need to be replaced. They are not providing much, if any, reduced person-to-person transmission or durability.

We should not rush to include Emergency Use Authorized (EUA) products to our immunization schedule.

Lastly, the document *Immunization Advisory Committee: Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030 updated November 8, 2017* lacks criteria for the removal of antigens. By only including reasons an antigen should be added to the vaccine schedule and not why antigens should be removed, the committee is narrowly focused on addition and may overlook the bigger picture. What is the cumulative effect of adding vaccines? What are the interactions when administering multiple vaccines at one time? When is a vaccine out of date and no longer a good match? What are the limits when stimulating the immune system with antigens?

Please understand, my children followed the vaccine schedule. I was vaccinated with the SARS-CoV2 vaccine. But the SARS-CoV2 vaccine has left me with more questions than answers about all vaccines.

For these reasons, I do not support adding SARS-CoV2 to the vaccine schedule.

Jill Walworth,



From: Jennifer Biederman
Sent: 1/28/2022 11:25:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Art Schultheis
Sent: 2/7/2022 5:14:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Spies
Sent: 1/30/2022 4:21:44 PM
To: DOH WSBOH, Marysville School District
Cc:
Subject: CEFFC4FD-24C7-45BA-9A1A-7A232341B25D

External Email

<https://rumble.com/vtn7yo-bannon-before-i-get-my-face-ripped-off-what-evidence-do-you-have-you-have-t.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvtn7yo-bannon-before-i-get-my-face-ripped-off-what-evidence-do-you-have-you-have-t.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1ab8a659c8a14f50fe0e08d9e44f8d03%7C11d0e21>>

Dear WA State BOH & Marysville School District,

Please review the attached video of a Senate hearing. You should look up & watch the full hearing. You should consider this information & new information coming out when making your decisions & policies moving forward.

Government bureaucrats will be held accountable for crimes against humanity & the Nuremberg codes.

I would strongly advise you not to ignore the information coming out.

Sincerely,

#WeThePeople & Parents of our children.
□□□□□□□□□□□□□□□□

From: Jennifer Martin
Sent: 1/29/2022 9:41:15 AM
To: DOH WSBOH
Cc:
Subject: School Covid vaccine - YES!

External Email

I'm writing to share my opinion on the school vaccine requirement. I understand there is a request for those opposed to email you so I wanted to share that I feel this Covid vaccine is no different than any other vaccine required to attend a PUBLIC school. I am all for vaccines, believe in the science and want my kids to be protected from all the preventable diseases that vaccines protect them from, including a severe case of covid.

Those who do not wish to vaccinate against any of the preventable diseases have the right to home school or start a commune. Let's stop politicizing a virus and if that's not possible, I feel Polio needs a launch a PR campaign because I haven't heard that any side has claimed that one as theirs yet.

Jenn Martin – parent of two kids in the Snoqualmie Valley School District

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

From: Kim Rogers
Sent: 1/28/2022 7:07:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

Subject: Attn TAG K-12 Covid shot mandates - UK government report reveals that British children, 10 to 14 years old, up to 52 times more likely to die after getting a COVID shot

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fnews%2Fin-britain-up-to-52-times-more-likely-to-die-following-a-covid-shot-report-finds%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbd509cd67f774b3bce0008d9e8f05c75%7C11d0>

Concerned WA parent

From: Donald Lofall
Sent: 2/7/2022 6:59:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Beverly Cremeen
Sent: 1/28/2022 10:01:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kay Farrell
Sent: 2/7/2022 5:45:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ruthie Johnson
Sent: 2/8/2022 2:17:48 PM
To: DOH WSOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

As my highly educated friend stated, and I agree: "This is a hard NO from me as there is zero reason to recommend the covid injections for our children (or anyone for that matter). These injections do not limit transmission nor are they limiting hospitalizations over-all (adjusted for health-bias) to those at most risk. Not to mention, as of January 28, 2022 there are over 23,000 COVID19 Vaccine-related DEATHS, and over 1,000,000 COVID19 vaccine confirmed injuries. Additionally, most of us are already covid-recovered and there is clear evidence acquired immunity is the gold standard (as it has always been) with more robust and durable immunity than any AB found post vaccine. The vaccines are waning after 2 months and worthless after 6 months. SARS-COV2 is not a disease of the young. The innate immunity of young people destroys COVID19 in all variants. To even consider these injections as recommended for our young people displays gross negligence on behalf of this advisory group. This group should be dissolved immediately and issue a public statement as to the NON RECOMMENDATION for any consideration of these dangerous injections for our children. Anyone who gives their child this injection is indeed risking their child's health and well being and very life. Whereas covid infection, disease and recovery is nearly ZERO risk comparatively."

I am personally covid-recovered as well as my husband and 3 children and we all have natural immunity and I will share our covid story with you: I was personally infected with Covid-19 in late January 2021, over 1 year ago, but the rest of my household did not become infected at all during my illness. They themselves did not contract the virus until late August/early September of 2021 (another variant I assume) and they all recovered with no problems. Incidentally, I took care of each one of them, one after the other in a 3- 4 week span of time, I never quarantined away from them and actually continued to be in close proximity to them as a mother would take care of their children and husband if they were infected with any other virus, and guess what? I NEVER GOT REINFECTED! I share this with you because that is a BIG WIN for the human body's ability to fight off infections and I am living proof! My natural immunity protected me considerably and more efficiently than any lab created test injection. (I will not even lie and address these toxic injections as a "vaccine".) These trial injections are not tested per the usual government standards or regulations and are not proven safe or effective and in fact have proven to be ineffective and dangerous to the human body. I will never go along with anyone playing "russian roulette" with my children's lives! Stop the insanity and please say no to any COVID 19 vaccine requirement for our children!!! It is NOT SAFE, NOT EFFECTIVE AND COMPLETELY UNNECESSARY!

Ruth Johnson

From: Leah Dowd
Sent: 2/9/2022 7:17:39 AM
To: DOH WSBOH
Cc:
Subject: Feb 10th TAG meeting

External Email

To whom it may concern,

I am writing to voice my concerns regarding the upcoming vote to require a covid vaccine for children to attend school.

Over the last two years, public school attendance has dwindled, while homeschool and private school numbers are increasing. How much of that is because of new mandates from Corona fears? Is forcing another vaccine really worth jeopardizing the funding of public education now and in the future?

Please keep in mind that this is not a long term safety tested cure all, it is still a new vaccine; heart attacks have been on the rise in a younger population and is there a link? Nobody knows because there has not been enough time to test long term side effects of this vaccine. Are you really willing to use our children as guinea pigs?

Furthermore, people who are up to date still catch and spread Covid-19. In most people covid presents itself as a cold or mild flu symptoms. Most people do not die or have long term difficulties from this minor infection. How is requiring a vaccine going to change that? It won't!

The covid shot should absolutely not be mandatory for school age children, please remember your duty to encourage personal responsibility and uphold freedom of choice, as well as bodily autonomy. Please do not risk driving more families away from public education by voting on the side of control with fear and misinformation as your motivation.

Sincerely,
Leah Dowd
425-359-0983
Mount Vernon, WA

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: John Morrison
Sent: 1/28/2022 9:15:54 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: rob morrill
Sent: 2/2/2022 8:03:32 AM
To: DOH WSBOH
Cc:
Subject: NO Covid Jab for our children

External Email

This is the recent interview from Dr. Meissner. We will not comply to harm our children to attend school.

Dr Cody Meissner, the chief of pediatrics at Tufts Children's Hospital in Boston and a member of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC), doubted whether the vaccine is needed for group which already suffers such low risk of hospitalization or death from Covid.

'I think we're rethinking the way we looked at this question, because even though people are appropriately vaccinated they are still able to become infected and transmit the virus to susceptible people around them,' Meissner told DailyMail.com.

'So this is a little bit different than many other infectious diseases such as measles, or mumps, or rubella. If you're protected from infection with the vaccine, then you're not going to transmit it to other people.'

'But that's not the same setting with [this virus].'

Robert E. Morrill

From: Devirie Conner
Sent: 1/28/2022 9:55:50 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Vicki Baltmiskis
Sent: 2/8/2022 10:58:10 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ashley kinney
Sent: 2/9/2022 6:16:22 AM
To: DOH WSBOH
Cc:
Subject: No Vaccines for Kids

External Email

Good Morning-

I have emailed before and I will continue to email you until you stop this insanity! Once again , these are not vaccines! Unless you are trying to kill our children why would you give this shot to our children! The recovery rate for children from COVID is over 99%! My kids have had it twice and have had minor sore throat for less than 24hours and a cold! Do NOT mandate a shot that is unnecessary and unsafe!!

Ashley Kinney Maravilla

From: James Spies
Sent: 2/7/2022 9:30:29 AM
To: DOH WSBOH, Marysville School District
Cc:
Subject: Mask studies reach a new scientific low point

External Email

[https://vinayprasadmmpm.substack.com/p/mask-studies-reach-a-new-scientific](https://vinayprasadmmpm.substack.com/p/mask-studies-reach-a-new-scientific-studies-reach-a-new-scientific&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C17778d815edd4f5ea53608d9ea5f643f%7C11d0)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvinayprasadmmpm.substack.com/p/mask-studies-reach-a-new-scientific&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C17778d815edd4f5ea53608d9ea5f643f%7C11d0>>

Dear WA State BOH & Marysville School District,

Please review the attached link with information regarding the cdc & mask studies. The science, facts & proof aren't there.

We need to make masking our children optional.

Sincerely,

#WeThePeople & Parents of our children.

□□□□□□□□□□□□□□□□

From: Cheryl Thompson
Sent: 2/8/2022 10:16:36 PM
To: DOH WSBOH
Cc:
Subject: NO Vaccines

External Email

We demand NO vaccines for any children, it doesn't matter what age. There have been too many vaccine injuries and deaths. NO vaccine mandates!!!

Sincerely,
Cheryl Thompson
Cherylthompson55@hotmail.com
12750 444 Avenue SE
North Bend, WA 98045
425-442-0242

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Robert Holte
Sent: 2/8/2022 10:51:48 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/26/2022 4:02:25 AM
To: DOH WSBOH
Cc:
Subject: CDC and Fauci Supressed Known COVID Early Treatments Day One

External Email

<https://www.bitchute.com/video/htQxAhEwucvM/>

fraud from the beginning

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

Secure Email.

From: Matthew Newland
Sent: 1/28/2022 6:53:28 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jodi Henkels
Sent: 2/7/2022 5:39:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Erica Teodoro
Sent: 2/7/2022 2:06:13 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Local control to lift mask mandates

External Email

Dear Mr. Thai,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Stephen Tkach
Sent: 2/7/2022 4:33:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Matthew Lindsay
Sent: 2/7/2022 10:31:22 PM
To: DOH WSBOH
Cc:
Subject: Re: Now Available: Agenda for the Feb. 10 Technical Advisory Group (TAG) Meeting to Consider COVID-19 for Inclusion in chapter 246-105 WAC



attachments\5831D89369784F4E_image002.png

External Email

What do you mean including covid-19? It should read inclusion of covid-19 vaccines. Are your people intentionally misrepresenting the agenda item. I would think this is serious enough that you would be careful when editing and sending out information to the public and most especially parents.

Sincerely,
Matthew Lindsay

Sent via the Samsung Galaxy A71 5G, an AT&T 5G smartphone
Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847>>

From: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Sent: Monday, February 7, 2022 3:07:08 PM
Subject: Now Available: Agenda for the Feb. 10 Technical Advisory Group (TAG) Meeting to Consider COVID-19 for Inclusion in chapter 246-105 WAC

The agenda is now available

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2F02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2F02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847)>

for the Technical Advisory Group (TAG) meeting to consider COVID-19 for inclusion in chapter 246-105 WAC. The TAG will meet on Thursday, Feb. 10 from 9:00 a.m. – 3:00 p.m. via the Zoom Webinar platform.

To may access the meeting in the following ways:

1. Use your computer or laptop (requires registration):

a. https://us02web.zoom.us/webinar/register/WN_GUcotbr6Swa1Jwm8cfX-TQ

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fus02web.zoom.us%2Fwebinar%2F7%2F02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fus02web.zoom.us%2Fwebinar%2F7%2F02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508d9eacc9440%7C11d0e2-02-07-140544-847)>

2. Dial-in using your phone:

a. Call in: +1 (253) 215-8782 (not toll-free)

- b. Webinar ID: 840 3824 3635
- c. Webinar Passcode: 390357

This is an online meeting via the Zoom Webinar platform. TAG members will participate online. The public may observe the meeting. The TAG will not receive public comment. This is a meeting of a technical advisory group convened by the Board and intended to develop recommendations for the full Board. If you have comments you would like to share with the full TAG, please email the Board

<<mailto:wsboh@sboh.wa.gov?subject=Comments%20for%20the%20Immunizations%20Technical%20Adv>>
your comments.

Thank you,

Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

Location

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fmaps%2Fplace%3Fhl%3Den&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508122.9083621%2C17z%2Fdata%3D!3m1!4b1!4m5!3m4!1s0x549173f074205aa3%3A0x552ddc5f79ee44b6122.9061681%3Fhl%3Den&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Website

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Email <<mailto:wsboh@sboh.wa.gov>> · Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.facebook.com%2FWashingtonStateHealth%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C6caf3f03118d46b8c37508>>

· Subscribe

<<mailto:wsboh@sboh.wa.gov?subject=Please%20Add%20My%20Name%20to%20the%20WSBOH%20Email%20List>>

Please send us an email with the subject "unsubscribe" if you no longer wish to receive communications from us.

This email was also sent to the Board's general distribution list. Please excuse any duplication.

From: Curtis Brown
Sent: 2/7/2022 5:15:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nanette I Gemmer
Sent: 2/7/2022 4:40:00 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please look at the data carefully before you impose an experimental injection on our children that could have potential negative effects on their long term health. These injections don't prevent the transmission of Covid or protect one from getting it. Children are at minimal risk of having a serious illness unless they have comorbidities. There have been minimal deaths in children. The risk to them outweigh the benefits. This injection doesn't meet the qualifications for making it mandatory. I listened to your first zoom which gave clear indications that it didn't. Thankyou for your time.

From: Sarah Darboe

Sent: 2/9/2022 9:03:07 AM

To: Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:

Subject: No to adding the COVID shot to the schedule for children

External Email

Dear health decision makers,

I am writing to you as a concerned parent. Please do not vote to add the COVID vaccine to children's vaccination schedule. I find it very concerning that you are even considering adding this as we are nearing the endemic stage of this virus. The COVID vaccine does not get rid of COVID. Children are at the least likely to have severe side effects from COVID and are much more likely to have side effects to the vaccine. In Germany there was a study of 100,000 unvaccinated children who contracted COVID. 8 of those 100,000 ended up in ICU and none died.

On a personal note, I am not anti vaccine and I got the COVID vaccine myself. However, after my reaction to the vaccine, I cannot in good conscience let my children receive it. I had every side effect from the vaccine. I was sick for 5 days and half of my face went numb. My niece got the COVID vaccine and her face swelled up. My close friend received the Vaccine a year ago. She is still having side effects from the vaccine. She had/has heart inflammation and ringing in her ears. My hairdresser had blood clots after the vaccine. The worst side effect was my sister's friend's husband who died from the vaccine. I know COVID is severe, but I was fortunate enough to not know anyone who has died or been hospitalized from COVID. However, from my list above I do know people who have been harmed by the vaccine and these are just the ones I listed.

When the vaccine does not stop the spread of the virus, and we still have to social distance, and we still must wear masks, and we still might end up in the Hospital, why would you think we would agree to vaccinating our children who are the least at risk of COVID? If this vaccine becomes mandatory for my kids to attend school, I will be pulling them from public school and will homeschool them!

Please do the right thing and vote no on requiring this vaccine for school children!

Best regards,

Sarah Darboe

From: steph rodmyre
Sent: 2/9/2022 9:22:25 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

You have to have a good, solid answer to WHY?? Why the children, when there are already horrific affects from it for some children. It needs much more testing. WHY the vaccine and WHY the rush???

Sent from my iPhone

From: Rod Colvin
Sent: 2/8/2022 3:48:09 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 TAG



attachments\570ADBFE2B2E4DF7_image002.png

attachments\A16FF576ADF74AA8_image001.png

External Email

To whom it may concern,

As a parent of school age children in Washington State, I would like to respectfully request that you consider a couple of items as you decide if the COVID-19 vaccine should be added to required school immunizations.

First, according to statistics on the CDC website, schoolchildren have a very low risk of death due to COVID-19. There were 683 deaths from the disease in the group aged 5-17. At the same time, there are approximately 56.4 million school age children in the US, meaning a child in school has a .00012% chance of death from the virus.

Second, there have been adverse reactions to the vaccine, which is new technology. VAERS reports 43 deaths and 1,715 hospitalizations for 7,141,428 reported vaccinations. The risk of death from the vaccine (.0006%) is higher than the risk of death from the disease! Moreover, the vaccine has not been shown to prevent the disease or even reduce transmission, so rather than decrease the risk associated, it actually increases the total risk.

In conclusion, I do not believe this vaccine is a benefit to children in this age range and instead of decreasing risk it actually increases the total risk to the child's health. For this reason, I hope to hear that you have decided not to include it in the required school immunization list.

Thank you for your time and consideration.

Sincerely,

Rod Colvin

Director of Operations

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.parkwateraviation.com%2F&>

5627 E. Rutter Ave.

Spokane, WA 99212

Office 509-534-3045

Cell 509-999-6210

rcolvin@parkwateraviation.com <<mailto:rcolvin@parkwateraviation.com>>

www.parkwateraviation.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.parkwateraviation.com%2F&>

From: DOH Information
Sent: 2/4/2022 10:51:24 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\93D7FE59F0684C55_image001.png

Hello,

Below is public comment on the COVID-19 vaccine mandate for children entering school.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 14, 2022 8:54 AM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I'm very concerned about a potential COVID-19 vaccine mandate for children entering school. Yesterday, I attended the Vaccine Advisory Committee meeting. This committee is very "pro-COVID-19 vaccine" and presented a lot of data. My concern is that they did NOT include granular data that could paint a different picture including comorbidities, being hospitalized "with" or "for" COVID, adverse side effects, etc. This data is critical to informing the public and gaining trust and credibility. I have taken many statistics courses and I know how easy it is to manipulate data to further a particular point of view. I am glad to see that others in my community are recognizing this as well. I understand that sharing more detailed information could unravel the story that the committee is trying to tell. The Vaccine Advisory Committee actually spent a lot of time talking about how they are going to approach marketing to the unvaccinated, which personally, made me cringe. I am not an Anti-Vax'r. My family is vaccinated, with all the usual vaccines recommended for school age children. My family had COVID a few weeks ago and we are fine. I believe that the COVID-19 vaccine should be a personal choice, just like the flu shot. Each person needs to consider their own situation and health profile because, like it or not, a health profile matters a lot if you break out the data. According to the CDC, 75% of COVID-19 deaths were from people with 4 or more comorbidities. I don't believe that this vaccine is a "one-size-fits-all." My family will NOT be getting a COVID-19 vaccine, unless I see more data that convinces me that we really need it. Each person is unique and needs to weigh the pro's and con's with their physician. It is clear to me that the Vaccine Advisory Committee has an agenda. People are beginning to see through this. If this committee really wants to gain the trust of the unvaccinated they need to be willing to have an open conversation with physicians who have other opinions. My concern, and the reason that I am writing, is that by April, my families' choices will be limited because many private schools and alternative schools, will have already gone through their open enrollment phase for the following school year. As you are probably aware, within the last year, enrollment in Private schools and home schools have skyrocketed. Therefore, parents need time to make plans for their families. My husband and I have discussed the risks for our family and if we don't get a clear answer about this potential new requirement shortly, we will go ahead enroll in private school, which will allow for exemptions, without any weird singling out that could happen in public school. This way we can ensure that our children can get an exemption and we can move on with our lives. I think this is weighing heavy on a lot of parents. I think the Department of Health needs to recognize the bias of the Vaccine Advisory Committee and seek more public opinion. I have been in contact with my local School Board, and I hope that they will choose to seek public opinion as well.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Alisha Honeywell

Email:

apleach21@hotmail.com <mailto:apleach21@hotmail.com>

Telephone:

3609219063

From: Brett Berg
Sent: 1/27/2022 10:22:50 PM
To: DOH WSB OH
Cc:
Subject: Please Read!

External Email

https://bariweiss.substack.com/p/why-are-we-boosting-kids?r=paw9e&utm_campaign=post&utm_medium=email
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fwhy-are-we-boosting-kids%3Fr%3Dpaw9e%26utm_campaign%3Dpost%26utm_medium%3Demail&data=04%7C01%7Cwsboh%2F%2Fbariweiss.substack.com%2Fp%2Fwhy-are-we-boosting-kids%3Fr%3Dpaw9e&utm_campaign=post&utm_medium=email>

Sent from my iPhone

From: James Jackson
Sent: 1/27/2022 5:21:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marv Scott
Sent: 2/8/2022 10:46:41 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathleen Finney
Sent: 1/28/2022 12:03:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Heidi DuBrey
Sent: 2/7/2022 4:01:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steve B
Sent: 1/28/2022 6:46:46 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates for kids?

External Email

You had better not do this. You've already done enough damage to our children.

This is beyond Orwellian.

We've had enough of your dictatorial power and will not allow it.

Shameful. Criminal. Idiotic. Wake the hell up!

--

Steve Bendtsen

From: Jimmie Hazlett
Sent: 2/7/2022 3:19:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: SHIRLEY BAKER
Sent: 2/7/2022 3:20:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sean Scarcliff
Sent: 2/7/2022 4:52:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: steph rodmyre
Sent: 2/8/2022 8:31:38 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I can't get a decent answer as to WHY we are in such a hurry to get children vaccinated....???

Lots of rumblings are coming out about the negative affects the shot has already had on children. And, these affects are not reversible. They are permanent. PLEASE WAIT....fully test it....put the children first....

Jane Rodmyre

From: Mary Hall
Sent: 2/7/2022 11:10:25 AM
To: DOH WSBOH
Cc:
Subject: TAG Parental Survey re student immunization

External Email

Adding CoVid19 to the list of required immunizations for school attendance. Survey closed 2/3/22

How were parents notified of this survey?

What were the results of this survey?

What is next in terms of procedure on this issue?

From: Anna Sannikova
Sent: 2/7/2022 6:38:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello TAG board,

You cannot in your consciousness and available data add covid 19 to the required list of vaccines for children.

With 200x fold risk in myocarditis/pericarditis cases amongst young males and ZERO efficacy at preventing the spread you will knowingly put children's health at risk!

The vaccine is not approved for children and carries ZERO benefit to a healthy children and risk are by far outweigh any hypothetical benefit. There is ZERO long term studies on how it can affect children 3, 5, 10, years later.

Should the board approve adding CV19 vaccine to the list of vaccines required for school, the board will commit gross negligence against children.

Thanks,
Anna

From: shawna eby
Sent: 2/9/2022 5:22:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kelly Ham
Sent: 1/27/2022 11:03:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stanley Hammer
Sent: 2/5/2022 9:13:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: sonja natoli
Sent: 2/8/2022 12:57:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

1,104. If the risk of an adverse event is even close to this in kids under 5 years old, it doesn't make any sense to approve a vaccine in this age group when we have absolutely no evidence of benefit. Thus, the third criterion hasn't been satisfied.

Finally, we have the question of whether there are adequate, approved, and available alternative treatments. It's less clear how to answer this question for young children. But to a certain extent, it's a moot point because the Pfizer vaccine has already failed the first three of the four criteria that need to be met in order for an EUA to be approved.

Nevertheless, Pfizer has submitted an EUA application, and the FDA will review it on February 15. I cannot for the life of me understand how the FDA can review an EUA application when there are no data on the vaccine's efficacy to support the application!

This is incredibly disturbing. The FDA seems to be rushing to approve a completely unproven medical treatment for an age group that is at extremely low risk for the disease that product is intended to treat.

Where is the emergency? Why should this be rushed? We're talking about the health of our children here—and in this case, the health of our youngest and most vulnerable kids.

If the Pfizer vaccine is approved for kids under 5 years old, most parents will (understandably) assume that it has been shown to be effective and safe. That is not the case.

Aaron Siri (who has sued the FDA to force it to release the documents it relied on to approve the Pfizer EUA) has been writing about this issue, and I think this paragraph from one of his recent articles

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043yLBbQW3wvCQ567zw0vW10zCRc8xSHDwW2NSQxD5-
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sums up the predicament we are in:

“Just look at this circus – the government mandates Pfizer’s product, gives it immunity for any safety or efficacy issues, promotes its product using taxpayer money, gives Pfizer over \$17 billion and then uses taxpayers’ money to fight to avoid providing even the most basic level of transparency to the public.”

This is not how science and medicine should work. We need more rigor, more transparency, and more oversight from the federal agencies that are supposed to play this role.

From: Jennifer Lazo
Sent: Wednesday, February 2, 2022 6:06 PM
To: slevy@kingcounty.gov <slevy@kingcounty.gov>; wsboh@sboh.wa.gov
<wsboh@sboh.wa.gov>
Subject: Health survey for requiring COVID vaccine for students

Hello, I just found out about the Health survey for requiring COVID vaccine for students in the State of Washington

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles-Surveys-Now-Available-Parents-and-Caregivers-Provide-Feedback-to-the-TAG-Responses-Accepted-Until-Wed-Feb-2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C313974b1f4f74ed17bca08d9e73d202f%7C11d0e21726>>
and when I went to click on the links, it showed they were already closed.

It unfortunate there was such a low amount of responses that could be recorded and how little it was publicized to ensure it reached all parents. The schools send out vaccine clinic emails once a week but couldn't send one email asking for parents feedback for this forced mandate on a broad scale.

I strongly reject the idea of a vaccine mandate for school age children in the state of Washington. I live Bothell and my 7 year old attends the North Shore School District. With weekly testing the North Shore District has not had any major outbreaks. With weekly testing and proper remote school technology options in place, there is no need to risk kids life from having irreparable side effects.

I have been suffering from an adverse Pfizer vaccine reaction that has completely impacted my quality of life. I had no prior medical issues and now have daily neurological symptoms for which I am seeing 5 different doctors from neurologists, to immunologists, to holistic specialists for detox and 6 months later, I still have no relief after spending tens of thousands of dollars. I have reported it to VAERS, CDC and Pfizer and no one cares to help those injured from the vaccine.

I am not alone, there have been over 1MM adverse reactions reported to VAERs in the US alone. So many other countries are doing away with mandates and many colleges in the US have done so already.

If you enforce this mandate, you will thousands of parents pull the kids out from public schools which will greatly reduce you funding.

Please take this into have a proper survey via a proper survey tool to capture proper feedback.

Thank you for your consideration.

Jennifer Lazo

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F8c9dcafb-67e3-493d-b7f1-1cf546726076>
for Windows

From: William Morrison
Sent: 1/27/2022 6:02:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cascade Climber

Sent: 1/21/2022 9:34:47 PM

To: DOH WSBOH, Inslee, Jay (GOV), Barkis, Andrew, Bateman, Jessica, Berg, April, Bergquist, Steve, Berry, Liz, Billig, Andy, Boehnke, Matt, Braun, John, Bronoske, Dan, Brown, Sharon, Caldier, Michelle, Callan, Lisa, Carlyle, Reuven, Chambers, Kelly, Chandler, Bruce, Chase, Rob, Chopp, Frank, Cleveland, Annette, Cody, Eileen, Conway, Steve, Corry, Chris, Das, Mona, Davis, Lauren, Dent, Tom, Dhingra, Manka, Dolan, Laurie, Donaghy, Brandy, Dozier, Perry, Duerr, Davina, Dufault, Jeremie, Dye, Mary, Entenman, Debra, Ericksen, Doug, Eslick, Carolyn, Fey, Jake, Fitzgibbon, Joe, Fortunato, Phil, Frame, Noel, Frockt, David, Gilday, Greg, Abbarno, Peter, Gildon, Chris, Goehner, Keith, Goodman, Roger, Graham, Jenny, Gregerson, Mia, Griffey, Dan, Hackney, David, Hansen, Drew, Harris, Paul, Harris-Talley, Kirsten, Hasegawa, Bob, Hawkins, Brad, Hoff, Larry, Holy, Jeff, Honeyford, Jim, Hunt, Sam, Jacobsen, Cyndy, Jinkins, Laurie, Johnson, Jesse, Keiser, Karen, King, Curtis, Kirby, Steve, Klicker, Mark, Klippert, Brad, Kloba, Shelley, Kraft, Vicki, Kretz, Joel, Kuderer, Patty (LEG), Leavitt, Mari, Lekanoff, Debra, Liias, Marko, Lovelett, Liz, Lovick, John, MacEwen, Drew, Macri, Nicole, Maycumber, Jacquelin, McCaslin, Bob, McCune, Jim, McEntire, Joel, Morgan, Melanie, DOR Gina Mosbrucker, Mullet, Mark, Muzzall, Ron, Nguyen, Joe, Nobles, T'wina (LEG), Orcutt, Ed, Ormsby, Timm, Ortiz-Self, Lillian, Orwall, Tina, Padden, Mike, Paul, Dave, Pedersen, Jamie, Peterson, Strom, Pollet, Gerry, Ramel, Alex, Ramos, Bill, Randall, Emily, Riccelli, Marcus, Rivers, Ann, Robertson, Eric, Robinson, June, Rolfes, Christine, Rude, Skyler, Rule, Alicia, Ryu, Cindy, Saldana, Rebecca (LEG), Salomon, Jesse, Schmick, Joe, Schoesler, Mark, Sells, Mike, Senn, Tana, tim.sheldon@leg.wa.gov, Shewmake, Sharon, Short, Shelly, Simmons, Tarra, Slatter, Vandana, Springer, Larry, Stanford, Derek, Steele, Mike (LEG), Stokesbary, Drew, Stonier, Monica, Sullivan, Pat, Sutherland, Robert, Taylor, Jamila, Thai, My-Linh, Tharinger, Steve, Trudeau, Yasmin, Valdez, Javier, Van De Wege, Kevin, Vick, Brandon, Volz, Mike, DOR Keith Wagoner, Walen, Amy, Walsh, Jim, Warnick, Judy, Wellman, Lisa, Wicks, Emily, Wilcox, JT, Wilson, Claire, Wilson, Jeff, Wilson, Lynda, Wylie, Sharon, Ybarra, Alex, Young, Jesse, Santos, Sharon Tomiko

Subject: This Could Be the Very Presentation That Reaches Your "COVID" Indoctrinated Loved Ones

External Email

<https://beforeitsnews.com/alternative/2022/01/this-could-be-the-very-presentation-that-reaches-your-covid-indoctrinated-loved-ones-must-see-video-3765813.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbeforeitsnews.com%2Falternative-could-be-the-very-presentation-that-reaches-your-covid-indoctrinated-loved-ones-must-see-video-3765813.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C33d7f290ea2c40836e7408d9dd68d9a6%3A%2F%2Fbeforeitsnews.com%2Falternative-could-be-the-very-presentation-that-reaches-your-covid-indoctrinated-loved-ones-must-see-video-3765813.html>>

Message was attached to: PRDTOOL_NOSUBJECT

From: Rev. Rose Woodruff - Wedding Officiant

Sent: 1/26/2022 10:29:49 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: No to Covid-19 Coronavirus Immunization Criteria

External Email

Hello, Washington State Board of Health,

I am writing to you to request you not to put the Covid-19/or/Coronavirus (seasonal flue) Vaccination as a requirement for children to go to school in Washington State. You know that what you are requiring is against the constitution and against science. You know you are pushing this against people's will. You know the Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. And you are still pushing it for your own benefit!!!! "NO" to Crimes Against Humanity! Consider yourself served.

Vote NO on mandatory covid-19/coronavirus vaccination now and always.

DO NO HARM! Hipocratic Oath!!!

Rose Woodruff
Vancouver, WA
(360) 356-4986
rosie98662@aol.com

Message was attached to: PRDTOOL_NOSUBJECT

From: Renee Marceau

Sent: 1/18/2022 11:15:19 AM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: Oppose Vaccine Requirements

External Email

I am writing today to express my absolute opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,

Renee Marceau

Message was attached to: PRDTOOL_NOSUBJECT

From: Anne Burbank
Sent: 1/14/2022 2:11:46 PM
To: Donahoe, Kaitlyn N (SBOH)
Cc:
Subject: Comments on Jan BOH Meeting

External Email

Attn: Kaitlyn

I attended the zoom meeting on Jan 12, 2022, in its entirety, and was hoping for the opportunity to share my comments on Items # 8 and # 11. However, I doubt it would have made any difference.

Listening to all those that did verbally share, or made comments in the Q&A box, it was loud and clear that the voice of the people were in unison on their utter discontent of the Board of Health's direction on the matters.

It was also quite clear, based on how quickly the BOH voted to dismiss the Informed Choice Washington's Petition for Rulemaking, that your minds were made up on the matter before you even began that meeting.

It would seem that over 7500 Washington Citizens wasted their time supporting and/or commenting that day. But we ARE not going to be silent or denied our voice. And the number of those involved will double, then triple, and your meetings will need to be held more often and for longer periods so that we all get our 1 minute.

None the less, I just want it to go on record that I SUPPORT the adoption of ICWA's Petition for Rulemaking on agenda item 11, which asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

I also OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!

I'm praying for you all and fighting this battle on my knees.

See you in March at the next meeting!

Sincerely,
Anne Burbank

Message was attached to: PRDTOOL_NOSUBJECT

From: Ken White
Sent: 1/12/2022 9:49:13 PM
To:
Cc:
Subject: WAC codes

External Email

To Whom it may concern,

We are writing this email as citizens of the state of Washington in opposition to using WAC 246-100-070, WAS 246-100-045, and WAC 246-100-040 to force an emergency order to involuntarily detain a person or group to be isolated in a quarantine facility following refusal to comply with above stated laws regarding Covid-19.

We are also in opposition to including the Covid-19 injections as part of the school immunization requirements using WAC 246-105. These vaccinations have not met the required testing time frame, and therefore long term effects are not known. It is also known that the percentage of children seriously affected by Covid-19 is very small.

Respectfully submitted,
Ken and Tracy White

Message was attached to: PRDTOOL_NOSUBJECT

From: The Scoters
Sent: 1/11/2022 1:29:51 PM
To: Donahoe, Kaitlyn N (SBOH)
Cc:
Subject: Tomorrow's meeting

External Email

Dear Ms. Donahoe,

The present situation with omicron is no longer a health emergency. People are not dying from covid anymore, not in numbers that make for a public emergency. People have always died from influenzas and pneumonias, from car wrecks and drownings, and we don't abandon our God-given rights in an effort to stamp out all of these possible deaths. The extreme measures you contemplate in dealing with what has become a minor threat would further hurt adults and children instead of helping them. Whatever power structures exist in your Codes, you don't have a moral right to trample on peoples's '...life, liberty, and the pursuit of happiness.'

You have no moral authority to impose mandatory shots into people's bodies. People own their own bodies. You do not own other people's bodies. You may not do as you see fit with other people's bodies. The people who imprisoned Martin Luther King, Jr.—did they have the legal right to do that? The bus driver who asked Rosa Parks to go to the back of the bus—did he have the right to do that? The national guard and police who blasted civil rights protestors with water hoses and set dogs on them—did they have the right to do that? Yes, they had a "right" by the laws and policies of the day, but they were in the wrong. The hindsight of history shows to all that they were wrong. The truth will out; many people already know that it is wrong of you to contemplate involuntary detention of citizens. Future people will absolutely know it, just like we absolutely know who was right in the civil rights movement led by MLK.

We also know who was morally right when Japanese American citizens were involuntarily concentrated into camps. We know who was wrong. Monetary reparations and public apology was awarded decades later to Japanese American citizens—right here in WA—who were involuntarily detained into camps at that shameful time.

There will be only shame for those who act immorally to involuntarily detain and/or bully citizens and children into camps and near-forced requirement of experimental injections. We Americans know that our legal rights to "life, liberty, and the pursuit of happiness" are solid both in Constitutional law and in the moral law which is written in our hearts.

I urge you not to overstep whatever powers you have to do whatever you want in this little day. Tomorrow morning, please remember that both yourself and your fellow citizens alike are all 'created equal' and have 'unalienable rights.' We hold these truths to be self-evident, that involuntary detainment of citizens is wrong, and mandating experimental shots for children against the will of their parents is wrong. Please maintain the public trust by respecting our unalienable rights.

Sincerely,
Deirdre Forman
WA resident

Message was attached to: PRDTOOL_NOSUBJECT

From: Vija Rogozina
Sent: 1/11/2022 11:59:48 AM
To: Donahoe, Kaitlyn N (SBOH)
Cc:
Subject: RE: Urgent Notice to the Washington State Board of Health Regarding Mandating the Covid-19 mRNA Vaccines for All Students Across the State

External Email

RE: Urgent Notice to the Washington State Board of Health Regarding Mandating the Covid-19 mRNA Vaccines for All Students Across the State

Dear Kaitlyn,

i: a woman; Vija Rogozina; write a Notice of Liability to you; a woman, who at times serves as a Board Member and as a community representative.

i; a woman, do not consent to your heavy-handed approach to my health and health of my child. I do not give you the authority to impose any medical procedures on me, my child, or on any human being that does not choose of their own free will your offerings of "public health" in a vaccine trial. I follow medical science closely; raw data is clear that children have close to zero risk of covid death. No risk, no benefit.

Here are three reasons for NOT mandating genetic mRNA vaccine for all Seattle Public School students:

1. Please refer to the recent German study, which concludes that for COVID-19 related symptoms in 5-11-year old children without comorbidities the risk of death is zero.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.11.30.21267048v1.full.pdf>>

2. The Pfizer mRNA vaccine causes catastrophic side effects, particularly heart inflammation (myocarditis and pericarditis) in youth. The CDC's own analysis of "<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadverse%2F2021-08-30%2F03-COVID-Su-508.pdf&data=04%7C01%7Ckaitlyn.donahoe%40sboh.wa.gov%7Cd160812d79994b47bc4708d9d53ce8b3>" Myopericarditis following COVID-19 vaccination: Updates from the Vaccine Adverse Event Reporting System (VAERS)" showed astonishing increases particularly in children ages 12-15, 16-17, and 18-24.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadverse%2F2021-08-30%2F03-COVID-Su-508.pdf&data=04%7C01%7Ckaitlyn.donahoe%40sboh.wa.gov%7Cd160812d79994b47bc4708d9d53ce8b3>>
<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>

3. Please review Pfizer's 6-month data. I'm attaching the document along with the link under "breaking news" called "More Harm Than Good." Although this is from Canada, we share lots of information, because we are all using the same vaccines.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>>

<https://www.canadiancovidcarealliance.org/>

I also urge you to go to the VAERS database and study statistics of adverse vaccine events and mortality. The numbers reached over one million cases in December 2021 and more than 21,000 Americans have died after becoming part of the largest human experiment in history.

The mistrust the public is experiencing is due to the extreme measures that have been taken against the people and coercive unethical measures that have not been supported by the actual data:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcdc.gov%2Fdata-tracker%2F%23trends_dailycases&data=04%7C01%7Ckaitlyn.donahoe%40sboh.wa.gov%7Cd160812d799

https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

People are informed, aware, and very unhappy that medical procedures are being mandated and yet have not proven to stop the spread, stop transmission, nor stop hospitalization as was touted in the beginning of rolling out these vaccines. People are also aware of fraudulently hyperinflates numbers of unvaccinated cases due to a new definition of 'fully vaccinated' as per Jan 5th, 2022, which refers to 'Fully Vaccinated & Boosted' vs "Fully Vaccinated" & "Not Boosted, Partially Vaccinated", "Vaccine Free". Vaccine breakthrough cases increased by over 1.1 million confirmed breakthrough cases from November to December, which explains fraudulent statistics given to the American people.

With so many risks and little benefit, i, along with many others, intend to hold those responsible for bringing forth the mandate for Covid-19 vaccines to all students and any potential health damage. I ask you to consider the repercussions of force, mandates, and new laws that hurt the freedoms afforded us by God or the ones supported by the US Constitution. It is our privilege and duty to protect our children from any and all harm.

So, i urge you to vote from your innermost consciousness, with regards to data and with a Precautionary Principle in mind. Do not follow the directives and social pressure from the institutions that might be implicated in willful misconduct. Ask yourself: What Would Consciousness Do?

i, sincerely thank you for your community service. It is only because of the people on the ground, like you and i, that real change is ever possible. i, sincerely believe that this still holds true! Thank you once again for honoring the Hippocratic Oath, Nuremberg Code and Precautionary Principle by voting NO.

Sincerely,

by: Vija Rogozina

5503 30th Ave NE #G, Seattle, WA 98105

Vija@Rogozina.com

Message was attached to: PRDTOOL_NOSUBJECT

From: Karin Keough

Sent: 1/10/2022 2:41:32 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), tracy.schreilber@sboh.wa.gov, hunnah.hag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Notice of Liability and Affirmation and Demand for Rebuttal or Remedy

External Email

Good Day Michelle,

On January 6, 2022 I sent you a public comment, at this time I have not heard back from you regarding having read my comment.

I have all of the delivery receipts from sending the email on January 6, 2022.

Since I have not heard back from you or from the Washington State Board of Health, I am sending you a "Notice of Liability and Affirmation and Demand for Rebuttal or Remedy".

You have now been formally served.

alissa-karin; ray-keough©

Living Testimony

I am an American, with inherited sovereignty

I was born on American soil.

This private email message, including any attachment(s), CC's, BCC's, or REPLIES are covered under this NOTICE and is limited to the sole use of the intended recipient and may contain Privileged and/or Confidential PRIVATE Information. Any and All Political, Private or Public Entities, Federal, State, or Local Corporate Government(s), Municipality(ies), International Organization(s), Corporation(s), Live Individual(s), person(s), agent(s), investigator(s), or informant(s), et al., and/or Third Party(ies) working in collusion by collecting, observing, monitoring, and/or analyzing My email(s), using any means of spying and/or data collection is PROHIBITED. Without my Exclusive WRITTEN Permission all communications, herein, are PRIVATE. In De Jure Freedom WITH ALMIGHTY GOD.

Any omission(s) not specifically enumerated, herein, cannot be construed as permission by default; This notice prohibits Any and All Unauthorized Review, Use, Disclosure, or Distribution, verbally, or otherwise; With Explicit Reservation of All My Rights, Without Prejudice and Without Recourse to Me.

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NOTICE-TO-AGENTS-IS-NOTICE-TO- PRINCIPALS,

NOTICE-TO-PRINCIPALS-IS-NOTICE-TO-AGENTS!

Message was attached to: Notice of Liability and Affirmation and Demand for Rebuttal or Remedy

From: Karin Keough

Sent:

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), tracy.schreilber@sboh.wa.gov, hunnah.hag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: My Public Comments...Regarding Proposed Final Agenda for January 12 Public Meeting...11. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry –Possible Action

Written Notice of Liability for Washington State Board of Health

Notice to Agents is Notice to Principals; Notice to Principals is Notice to Agents

Good Day,

I would like to emphasize that I am your neighbor. I bear you no ill will and presume you are all decent, well-intentioned people.

Every policy that you have enacted or enabled under the guise of COVID-19 that denies people - living men, women, boy and girls - equal access to public accommodations unless they submit to long-term wearing of masks, invasive diagnostic testing, or injections of gene-modification therapies is unlawful.

First, people are divine creations and are only bound by divine law, not by man's law. The first sentence of the first law of this country, the Declaration of Independence, states this clearly: "Men [and women] are endowed by their Creator with unalienable rights." These are absolute and unconditional. What is given by our Creator cannot be taken away by you. The supreme court has upheld this countless times. Your coercive policies violate our unalienable rights under the pretense of law.

Second, all three of these policies involve medical procedures. In 1947 civilized society declared in Article 1 of the Nuremberg Code that this type of coercion is everywhere and always a crime against humanity.

Policies relating to COVID-19 and Pierce County Resolution No. R2021-224 are violations of the 1st, 4th, 5th, and 9th Articles of the Bill of Rights and are by definition Rape, Bodily Invasion, Abduction, Abuse, Molestation and Maltreatment at the very least.

This is a betrayal of your allegiance to the Constitution for the united States of America, and thus to us, it's beneficiaries. Your polices, therefore, are a breach of fiduciary duty and treason.

You have not been granted permission to pass such mandates as proposed.

I do not grant you permission to proceed with passing such mandates.

If you do not comply with this cease and desist direction, I will hold each and every one of you accountable for these deprivations of rights, crimes against humanity, and treason.

Please understand that I have every remedy available to me.

Your individual liability is unlimited.

You have now been offered lawful Notice of due process.

alissa-karin:ray-keough, sui juris

All rights reserved.

Without prejudice.

Without recourse.

Living Testimony

I am an American, with inherited sovereignty

I was born on American soil.

This private email message, including any attachment(s), CC's, BCC's, or REPLIES are covered under this NOTICE and is limited to the sole use of the intended recipient and may contain Privileged and/or Confidential PRIVATE Information. Any and All Political, Private or Public Entities, Federal, State, or Local Corporate Government(s), Municipality(ies), International Organization(s), Corporation(s), Live Individual(s),

person(s), agent(s), investigator(s), or informant(s), et al., and/or Third Party(ies) working in collusion by collecting, observing, monitoring, and/or analyzing My email(s), using any means of spying and/or data collection is PROHIBITED. Without my Exclusive WRITTEN Permission all communications, herein, are PRIVATE. In De Jure Freedom WITH ALMIGHTY GOD.

Any omission(s) not specifically enumerated, herein, cannot be construed as permission by default; This notice prohibits Any and All Unauthorized Review, Use, Disclosure, or Distribution, verbally, or otherwise; With Explicit Reservation of All My Rights, Without Prejudice and Without Recourse to Me.

Any omission does not constitute a waiver of any and/or ALL Intellectual Property Rights or Reserved Rights!

NOTICE-TO-AGENTS-IS-NOTICE-TO- PRINCIPALS,

NOTICE-TO-PRINCIPALS-IS-NOTICE-TO-AGENTS!

Notice of Liability and Affirmation and Demand for Rebuttal or Remedy

Notice to Agents is Notice to Principals; Notice to Principals is Notice to Agents

January 11, 2022

alissa karin ray-keough
c/o 811 121st Street East
Tacoma, Washington [98445]

Michelle Davis, MPA Executive Director
Melanie Hisaw, Executive Assistant
ALL Washington State Board of Health Members
PO Box 47990
Olympia, Washington 98504-7990

By Registered Mail: RB 530 816 989 US

Dear Michelle Davis, All Washington State Board of Health Members and Executives,

On January 6, 2022, I sent you an email as a written Verbal Notice of Liability for Washington State Board of Health. (see attached)

Under Federal Rules of Evidence 902 once I record this Notice it is self-authenticating. Your failure to rebut is admission to the truth of the Affirmations and judgment on the Remedy contained therein without your or your agent's objection due to estoppel by acquiescence.

Every policy that you have enacted or enabled under the guise of COVID-19 that denies people - living men, women, boy and girls - equal access to public accommodations unless they submit to long-term wearing of masks, invasive diagnostic testing, or injections of gene-modification therapies is unlawful.

First, people are divine creations and are only bound by divine law, not by man's law. The first sentence of the first law of this country, the Declaration of Independence, states this clearly: "Men [and women] are endowed by their Creator with unalienable rights." These are absolute and unconditional. What is given by our Creator cannot be taken away by you. The supreme court has upheld this countless times. Your coercive policies violate our unalienable rights under the pretense of law.

Second, all three of these policies involve medical procedures. In 1947 civilized society declared in Article 1 of the Nuremberg Code that this type of coercion is everywhere and always a crime against humanity.

Policies relating to COVID-19 are violations of the 1st, 4th, 5th, and 9th Articles of the Bill of Rights and are by definition Rape, Bodily Invasion, Abduction, Abuse, Molestation and Maltreatment at the very least.

This is a betrayal of your allegiance to the Constitution for the united States of America, and thus to us, it's beneficiaries. Your polices, therefore, are a breach of fiduciary duty and treason.

You have not been granted permission to pass such mandates as proposed.

I do not grant you permission to proceed with passing such mandates.

If you do not comply with the direction, you have just been given, I will hold each and every one of you accountable for these deprivations of rights, crimes against humanity, and treason.

Please understand that I have every remedy available to me.

Your individual liability is unlimited.

You have now been offered lawful Notice of due process.

You have a further ten (10) business days from the date of this Notice to cure your breach of Notice of Liability and to do so by January 25, 2022.

If you do not, I will immediately provide you and all the members of the Washington State Board of Health with the following, without limitation:

1. Complaints against your faithful performance bonds
2. Criminal referrals under Title 18 US code 241-242
3. Civil action for deprivation of rights
4. Demand for a common law grand jury dependent upon the results of the foregoing.

I reserve all rights and remedies available to me in any jurisdiction or venue.

By alissa karin ray-keough
alissa karin ray-keough, *sui juris*
All rights reserved.
Without prejudice.
Without recourse.

From: Amber Hickman
Sent: 1/27/2022 5:06:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: noods moods
Sent: 2/7/2022 3:25:24 PM
To: DOH WSBOH
Cc:
Subject: UNMASK THE CHILDREN

External Email

Hello,

Please unmask the children now.

How many more studies do we need to show that masks have no or very little efficacy in preventing spread?

How many more children must harm themselves before the mask wearing is finished?

How many more children must kill themselves before the mask wearing is finished?

What are we doing? You can judge a nation by how it treats their children, this is just sick. Covid has officially become a cult.

We can't move on with our lives because of the Board of Health and Governor Inslee's draconian policy.

How many vaccinated people and previously infected people combined will it take to remove the mandates?

Why is natural immunity not recognized?

Why isn't the data transparent and shown with reasonable justification to support the policies?

The public health and treatment policies have done more to harm people than Covid has, multiple studies support this claim.

More states continue to drop mandates, why not Washington?

Everyone and I mean everyone knows we are being lied to with data and power hungry corrupt politicians and policy.

You have officially lost any and all educated and reasonably minded individuals with these continued policies.

These policies are killing business, trust, culture, and our children's psychological states.

My children and the rest of the children in this state are suffering, because of the policy. Covid not so much, it was a cold.

Why is the "worst virus" in history also the most politicized?

Are we hell bent on protecting people or destroying society?

Every policy, mandate. And action has done nothing to slow the spread. Has the motive become clear?

END IT NOW, ENOUGH IS ENOUGH.

Open the state, open the schools, take off the masks, and give people their lives back. Those who remain scared can stay at home and wear 5 masks at a time and get a booster every 6 months.

For the sake of your state and country, call for resignations or END IT ALL?

Sincerely,

A parent of children you are hurting.

From: Judy Scott
Sent: 2/8/2022 10:45:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bob Wright
Sent: 2/7/2022 7:59:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marina Smith
Sent: 2/8/2022 6:55:37 PM
To: DOH WSBOH
Cc:
Subject: Commenting on Thursday's BOH Meeting

External Email

Dear Board Members,

I did not see a place to comment about the idea of mandating the COVID vaccine for kids. I would like to voice my opinion against that, as I would not send my kids to school if that becomes a requirement. With similar viral loads in both unvaccinated and vaccinated populations, this does not make sense from a public health standpoint. Furthermore, this vaccine is experimental and we have no idea what the long term consequences will be as these children become adults. The decision to put this vaccine into a child should be between parents and doctors, not the state.

Thank you for hearing my concerns,

Marina Smith
Bainbridge Island, WA

From: wade thorlacius
Sent: 2/1/2022 1:08:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Douglas Prichard
Sent: 2/1/2022 4:17:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: clarice fox-hughes
Sent: 2/8/2022 12:24:07 PM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

I am writing you to ask why mandates are not being lifted? There is no reason for it not to unless you are like Justin Trudeau and are trying to cause segregation and division. The governor did call the unvaccinated terrorists, so maybe that is the plan. I live in the same place as the governor, I probably shop in the same grocery store. All I have seen happening is more and more judgment. More and more either you are on our side or you are less than the dirt on my shoes. The rest of America is getting back to life, building bridge and trying to bring communities together. Sadly I see none of that here. Sadly I see neighbor suspicious of neighbor. We were the first to go in lockdown, will we be the last to come out of it? I have lived in WA for 31 years and now I think I will have to find a new state to call home. Please lift mandates, please end segregation. Thank you Clarice

PS if you haven't, I suggest you read John Hopkins latest study on covid measures

From: Johnathon Huffman
Sent: 2/9/2022 9:17:12 AM
To: DOH WSBOH
Cc:
Subject: No vaccine requirements for kids

External Email

Good morning BOH team -

I share a reminder of something we all know deep down.

God has placed the governance of the family with the family. Parents are His hierarchical representatives for children (Deuteronomy 6).

There is an eternal state of judgement and rewards and we will be held accountable for every deed (2 Corinthians 5:10). Usurped authority and supporting the deception of a propped up narrative will not receive a free pass now or eternally.

You each know individually there is no need to have COVID-19 vaccines for children. You know it is a benign disease that is inconsequential for children. You know that any suggestion otherwise is an egregious sacrifice of children for selfish gain. You know the narrative supporting this has fallen apart and is abandoned in most of our country and in many countries across the world.

Even if you are the only one, stand up for kids because Jesus is King not Caesar (Matthew 28:18, Revelation 1:5).

In truth and love,

J Huffman

From: Diana Whiteman
Sent: 1/28/2022 8:26:27 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/2/2022 2:13:11 PM
To: DOH WSBOH
Cc:
Subject: Survey feedback



attachments\DFE9EBF2B8F94725_image002.png

Hello,

This feedback is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 1, 2022 7:33 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I just filled out Caregivers & Parents Survey: COVID-19 Vaccine as a School Requirement - Survey 2 It was pretty poorly written. Especially question #5. Seemed unprofessional which is too bad for an important survey.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:
(no answer)
Email:
(no answer)

Telephone:
(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Christinejmorgan21@gmail.com <mailto:Christinejmorgan21@gmail.com>

From: Michael Martin
Sent: 2/7/2022 4:13:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rick Alderson
Sent: 1/27/2022 8:15:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:37 AM
To: DOH WSBOH
Cc:
Subject: FW: Support for Vaccinations for school requirement

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

From: Christine McKinnon <atomicorbs@charter.net>
Sent: Tuesday, January 11, 2022 5:06 PM
Subject: Support for Vaccinations for school requirement

External Email

Hello. I just wanted to add my vote in support of having vaccinations for school students (and teachers). This definitely includes COVID shots, as long as we are in a pandemic situation. When we reach the stage where COVID is acting like a flu, then we should consider removing it from "required".

I will also add my opinion on the masks. I know they are unpopular with many... but as a 28 year educator... having everyone wear masks this year cut out on so many more "bad bugs" than COVID. My annual Strep Throat did not happen, two years in a row! Wiping desks down and masking has helped keep attendance up. You will never keep it up, but I'm just wishful thinking that we could.

Thanks.

Christine McKinnon

From: Louise Bradley
Sent: 2/7/2022 3:17:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: c.kaiponen
Sent: 1/28/2022 6:51:10 AM
To: Schreiber, Tracy N (SBOH)
Subject: Public comment 1.28.22

External Email

Good morning,

Thank you for all that you do for our community. May I please ask for your help?

I really wish there was something that we could do to support the children in our community pertaining their right to breathe fresh air. It is so unnecessary that they wear masks at school for this virus that is 99% survival rate in children's age group.

We need to see their smiling faces.

They need to see their friend's smiling faces.

They need to see their teacher's smiling faces.

They need it as part of feeling connection to our community. We need to help their mental health and growing brains receive the air they are entitled to breathe. This is just absurd this has gone on this long. This isn't fair.

Please help end this.

Also,

Please DO NOT enforce Gene Therapy AKA covid inoculation requirements for children in our state. This would be discrimination against me and my family. I know of many other families as well that this would discriminate against as well.

We live in the United States of America. We are entitled to our freedom of making our own personal medical choices. For ourselves and for our children. Personal medical autonomy has decades of established law decided at the Supreme Court. Please watch the attached video for more information about the VAERS coming from Pfizer. Which is very alarming.

<https://resistthemainstream.org/heres-the-pfizer-video-that-got-dr-robert-malone-suspended-off-twitter>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fresistthemainstream.org%2Fheres-the-pfizer-video-that-got-dr-robert-malone-suspended-off-twitter&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1096822e9d15404c321808d9e26d9dc1%7C11d0e>>
/

Please remember that VAERS is a statutory requirement of the fda. How is covid-19 a true state of emergency still when the survival rate is so high?

I have chosen to not be inoculated and contracted covid right after Christmas. And I am ok! My entire family is ok! Everything is ok! Everyone should be allowed to make the personal choice of medical treatment, period. we have natural immunity! Let's focus on natural immunity and healthy hygiene.

Please do not make Gene Therapy AKA, EUA (which has a 99% survival rate) ' Covid Vaccine', a requirement for public schools. Promoting myocarditis (which is a common

side effect of the inoculation) in our youth is completely unethical. The risk simply outweighs any benefit, because what is the benefit? They would still catch and spread virus, so there are absolutely NO benefits.

There is already discrimination happening if my child has a common cold and I call to her school office to let them know she will be absent. They ask right away if she is vaccinated. I ask, "with what?" They say, "covid vaccine." This is no one's business if my child is injected with gene therapy. But once they get an answer from me, they put our situation in a "side A" or "side B" flow sheet. (Brings times back to NO BLACKS ALLOWED AT THIS WATER FOUNTAIN for example) Just like they do with the volunteers at the school district. This is creating MASSIVE SEGREGATION.

The current situation for having a cold and staying home to get well school process is performing unconstitutional discrimination against my family. Religious beliefs and personal medical choices are personal choices. Please set an example in our state to show that we honor our people of America and allow them the freedom that our constitution states we all have!

Lets spread kindness and love and promote healthy hand washing, not discrimination and segregation.

Please help end this.

Thank you for your time.

May God Bless you and your loved ones,

Christina Thacker
Kitsap county resident 38 years

Sent from my Verizon, Samsung Galaxy smartphone

From: Barbara Hawley
Sent: 2/8/2022 5:24:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marc Boardman
Sent: 1/30/2022 9:35:08 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Erica Teodoro
Sent: 2/7/2022 2:12:19 PM
To: DOH WSBOH
Cc:
Subject: Local control for lifting mask mandates

External Email

Dear State Board of Health Members and others to whom it may concern,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Anna Zhelez
Sent: 2/3/2022 12:38:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Melissa Reetz
Sent: 1/31/2022 7:20:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Justin Page
Sent: 1/28/2022 6:46:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ashley Fladeland
Sent: 2/7/2022 5:05:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Me Zee
Sent: 1/23/2022 12:15:32 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Involuntary

External Email

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: John Bishop
Sent: 1/29/2022 11:07:29 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lin Grey
Sent: 1/28/2022 7:47:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sam Abendroth
Sent: 1/31/2022 6:49:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/8/2022 3:23:39 PM
To: DOH WSBOH
Cc:
Subject: Vaccine survey comment



attachments\F4EE681CAC9840C7_image002.png

Hello,

This is feedback about the survey from 1/28/22 that was meant for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 4:22 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

A survey was sent out by Battleground PS regarding parents burdens on requiring a Covid vaccine for entrance to school. The survey will no longer take comments. I would like to oppose any mandatory Covid vaccine to enter in person school. Can you please forward this or direct me to a location to have my comments made official.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Angela stafford

Email:

Adstaff77@yahoo.com <mailto:Adstaff77@yahoo.com>
Telephone:
(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Adstaff77@yahoo.com <mailto:Adstaff77@yahoo.com>

From: j
Sent: 2/1/2022 9:10:46 AM
To: j
Cc:
Subject: CURRENT NEWS analysis by Cliff High

External Email

CURRENT NEWS ANALYSIS by CLIFF HIGH

The founder and current leader of the WEF, Klaus Schwab, has been recorded on video claiming at least a 50% 'penetration' of 109 Western republic cabinets, or governments, and at least 5 US States to the gubernatorial level, WA State prominent among those. Jay R Inslee is featured on the WEF membership pages indicating complete ownership, and control of him, and of the government of WA State, by Klaus Schwab's WEF agenda. It was through this coordination of these 109 captured governments, and at least 5 US States, as well as, the Federal government of the US, and the majority of UN working groups, that the Covid global tyranny plan has been pursued.

1.

On 2022.01.29, the Global Revolution began in Canada. It will spread.

2.

The 'pandemic' is over. The People have decided to end it. In support of this process, the People have organized and are sharing the 'receipts' that prove the complicity, and guilt of those under the control of the WEF, and its affiliated organizations. Politicians here in the USA, as well as other Western Republics, will soon be attempting to scrub their on-line records of associations to the WEF, no matter how tenuous. It will not aid them.

3.

A major casualty of War, and especially in War practiced as Revolution, is Secrecy. This Revolution is already yielding documentation that will be used in the trials pending as this Movement proceeds. Persons guilty of committing Crimes against the populace via malfeasance in Public Health institutions, as well as the Laws controlling them, may expect to be prosecuted.

4.

People injected with the 'vaccines' are dying at 3 to 4 times the usual, and historical, normal rates. This will grow with time for these next 3 years. Rates of cancers, and other debilitating conditions are many thousands of percent higher in 'vaccinated' individuals. These facts are becoming understood by the Populace. As this knowledge spreads, as well as the effects of the injections throughout the Populace, it will be expected that the damaged victims will seek recompense from the Guilty.

5.

A wise person, upon recognizing that they had been close enough to the Guilty personalities to have been tainted by association, would prepare now for the inevitable questioning, investigation, and judgment of their role in the proceedings of this pandemic

operation.
6.

The events of this decade are being powered by the demographic and economic Long Waves of History as the Petrodollar collapses the global central banking consortium. As a Legislator, in charge of the Public Purse, this banking system collapse will greatly affect your work and future. The wise person will expect events to become far more chaotic and unsettled as we progress further into this decade.

From: Testify Online Survey
Sent: 1/30/2022 3:34:47 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

March 2022

2.

Agenda Item or Issue:

mandate COVID vaccines for school children

3.

Your Name:

Nathan Proudfoot

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

mandate COVID vaccines for school children

11.

Are you Pro or Con on the proposal?

1. Pro

I support the government requiring the COVID vaccine like other vaccines already required for school children in this state.

From: richardmforde@aol.com
Sent: 1/29/2022 12:26:50 PM
To: DOH WSBOH
Cc:
Subject: 2nd Response to WSBOH Survey

External Email

Dear Sir or Madame,

On February 28th, 2021, Pfizer and the FDA had data from a study on all-cause mortality after the "vaccine" injections, but this data was never released to the public. This data should have stopped the "vaccination" program immediately.

One America Insurance, a company based in Indiana, has actuarial data showing a 40% increase in death rate for young people age 18 and up, after the injections began in 2021.

Reliable data from the Department of Defense on military-age young people has shown that after the injection program began in 2021, there has been a 300% increase (3 times higher) in miscarriages, a 300% increase in cancer, a 1000% increase (10 times higher) in neurological diagnoses that especially affect pilots.

News reports from doctors, nurses, attorneys, and financial experts have discussed this data, and criminal charges have just now begun to be filed against those responsible at the federal level, but this will eventually make its way down to the state level. The level of criminality is such that an economic collapse of Pfizer and other pharmaceutical companies is expected, worse than happened to Enron twenty years ago.

The FDA has a legal definition for a vaccine, but the Covid shot does not comply with this definition because it is from new technology. The term "vaccine" is used to make it more acceptable to the public. The phrase "safe and effective" is a complete lie.

Recently in 2021, embalmers who work in funeral homes, who have had decades of experience, are seeing unusual blood clots that they have never seen before, in patients who have been injected. They have saved hundreds of samples for further study. These clots are as long as a patient's leg and have a white cord as part of the clot structure.

Pharmaceutical companies have some limited liability for patient injuries as a result of the 1986 act passed in Congress and signed by Pres. Reagan, but they have ZERO liability for experimental drugs, such as the Covid injection. Comirnaty was licensed in August 2021, but IT IS NOT AVAILABLE. Only the unlicensed experimental injections WITH NO LIABILITY FOR THE PHARMACEUTICAL COMPANIES are available.

The fraud perpetrated under the endless "emergency powers" in our state is out of control, and must NOT continue with the children and infants. The children, especially, receive NO benefit from the vaccine but incur unacceptable risks for injury.

Regards,

Deanna Burlingame
Eatonville, Wa.

From: Julie Cockburn
Sent: 1/27/2022 4:04:39 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: silverlake2
Sent: 2/1/2022 11:47:37 AM
To: DOH WSBOH
Cc:
Subject: Disapprove of mandatory Vaccination for any school children.

External Email

I am a grandparent of grade school kids. Our kids should not be pond's for this political Government Mandate. Our grandkids parents are both Nurse's and know that vaccines are not preventing anyone from getting or giving the Covid. PLUS, kids don't usually even get ANY SYMPTOMS!! NO, I am NOT in favor of this mandate. IT IS THE PARENTS RIGHT TO CHOOSE...

Sent from my U.S.Cellular© Smartphone

From: Peggy Martinez
Sent: 2/8/2022 3:59:56 PM
To: DOH WSBOH
Cc:
Subject: Feb 10 TAG Meeting



attachments\876279B2ABF94EC5_image.png

External Email

Good afternoon.

In this email, I will argue that there is also no evidence whatsoever to support a vaccine mandate for 5- to 11-year-old kids, and such a mandate is both unscientific and immoral.

Specifically, I will show that:

1. Covid was already a very mild illness for healthy children, and the Omicron variant looks to be even milder.
2. Kids 5 to 11 years old have never been significant spreaders of SARS-CoV-2 (to other children or adults).
3. Covid infection in kids produces far more robust and long-lasting immunity than the vaccines.
4. More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19, and vaccinating kids with natural immunity doesn't provide additional protection.
5. There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids. This is even more true with Omicron.
6. The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant).
7. There is already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown.
8. The mandates will cause serious and lasting harm to unvaccinated children.

#1: Covid was already a very mild illness for healthy children, and Omicron looks to be even milder

We've known since the beginning of the pandemic that the vast majority of Covid-19 cases in healthy children 5 to 11 years old are extremely mild.

According to the Centers for Disease Control and Prevention (CDC)

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us.html%26utm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcd3lChLvHXaBrJX%23demographics&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83

, there have been just 216 deaths in this age group since the start of the pandemic. This represents only 0.03% of the total Covid-19 deaths, despite the fact that 5- to 11-year-old kids comprise almost 9% of the population.

With 28,384,878 kids in this age group, that's a mortality rate of 0.0008%. Put another way, at worst, a child 5 to 11 years old has a 1 in 131,411 chance of dying from Covid-19.

But even this very low number is likely to be a significant overestimate for healthy children for two reasons.

The first is that Covid deaths have almost certainly been over-counted in the U.S. and other industrialized countries because of how they are classified. For example, say a child with a pre-existing leukemia diagnosis is admitted to the hospital for issues related to their disease. The child tests positive for SARS-CoV-2 upon admission, does not develop any signs or symptoms of Covid-19 infection, but later dies due to complications of leukemia. This will be classified as a Covid-19 death—even though, in this case, Covid-19 likely had nothing to do with the child’s passing.

The second reason is that the majority of hospitalizations and deaths in 5- to 11-year-olds occur in children with pre-existing health conditions. A study by the CDC back in September 2020

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NIKEQgpAc d3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that, among 121 childhood deaths related to Covid-19, 75% had an underlying health condition. Another study by the CDC

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2020.pdf%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_en
-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-

NIKEQgpAcd3lChLVHxAbRjX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that 53% of kids hospitalized for Covid-19 had at least one pre-existing condition,

the most common being obesity (45%), asthma (14%), and neurological conditions (13%). Yet another large, international review of 14 studies

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NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9
covering almost 20,000 children found that kids with pre-existing conditions were over

25 times more likely to experience severe symptoms from Covid-19 infection than healthy kids.

The point here is not that kids with pre-existing conditions don't deserve our consideration. Of course they do! The question I am trying to answer in this email is whether the vaccines should be mandated for all 5- to 11-year-old children, including healthy ones. And to do that properly, we have to know what the risk is for healthy children specifically.

Unfortunately, the CDC does not routinely distinguish between healthy kids and kids with pre-existing conditions in their reporting of Covid-19 hospitalizations and deaths. But some other industrialized countries do.

For example, a recent study out of Germany

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[figure-data-suppl-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-](#)

NIHEQgpAc d3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9
looked at just over 400,000 healthy 5- to 11-year-old kids with no pre-existing conditions

who tested positive for Covid-19. They found:

- * A rate of hospitalization of 8.5 per 100,000 (~1 in 11,750)
- * A rate of ICU admission of 2 per 100,000 (1 in 50,000)
- * A rate of death of ZERO (there was not a single death in this age group)

This gives us a much better idea of what we can expect in terms of the risk of

hospitalization and death in healthy kids in this age group.

And all of the early data we have so far suggest that Omicron is far milder than all previous variants.

For now, it's enough to say that if the current trends hold, we should expect the risk of hospitalization and death from Covid-19 in healthy children—which is already incredibly low—to be lower still in the future.

When we consider that:

- * Covid-19 was already an extremely mild illness for healthy kids 5 to 11 years old
- * Hospitalizations and deaths have been over-counted
- * Omicron appears to be far milder than previous variants

... we get a current risk of serious outcomes like ICU admission or death in healthy 5- to 11-year-old kids that is minuscule.

#2 Kids have never been significant spreaders of SARS-CoV-2 (to other children or adults)

Some advocates of vaccine mandates have argued that, while Covid-19 is a mild illness in kids, we should vaccinate them anyway in order to protect those at the highest risk, like the elderly and individuals with pre-existing conditions.

In order for this argument to be valid, two things would need to be true:

1. We'd need evidence of significant child-to-adult and child-to-child transmission of Covid-19.
2. We'd need evidence that the vaccines prevent, or at least significantly reduce, the transmission of SARS-CoV-2.

In fact, neither of those is the case.

Studies have now shown that kids under 10 years old rarely transmit Covid-19

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NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9>, and all kids/adolescents up to 20 years old are only 43% as susceptible to the disease and 63% as likely to infect others

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NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9> than adults.

NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9>

Given that neither of these things is true, the argument that we should vaccinate kids to protect the vulnerable has no scientific basis.

#3: Covid infection in kids produces far more robust and long-lasting immunity than the vaccines

Another argument I've heard to justify a massive vaccination campaign for 5- to 11-year-old kids is that the vaccines provide more robust immunity than a natural infection and that because of this, the vaccines will "end the pandemic."

Numerous studies have now shown that this is not the case, and, in fact, the opposite is true: kids who have a Covid-19 infection go on to develop much stronger, more lasting, and broader immunity against future SARS-CoV-2.

A new, peer-reviewed study published in Nature Immunology on December 22

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8%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email%26-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-

NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that both the innate (initial antibody response) and adaptive (later T-cell response) immune reaction to SARS-CoV-2 is much stronger in children than in adults.

In other words, kids who get Covid-19 mount a more effective and robust immune response to the disease than adults do. What's more, this immune response lasted throughout the entire length of the study period—which was nearly one year—and it appeared to protect them against multiple SARS-CoV-2 variants.

The authors speculate that increased immunity to coronaviruses that cause the common cold, and are cross-reactive with SARS-CoV-2, may be part of the reason that children are more protected from Covid-19 than adults.

From the study:

"□□Conclusion, we showed that children display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs [human coronaviruses]."

Given how remarkably low the risk of serious illness is in 5- to 11-year-old kids, and given how strong and long-lasting their immune response is to natural infection, wouldn't it make more sense to simply allow healthy kids in this age group to get Covid-19—especially now that the Omicron variant is becoming dominant—rather than expose them to vaccines with uncertain benefits and concerning side effects (more on both of these points below)?

#4: More than half of kids in the U.S. (and likely other industrialized countries) have already had Covid-19

At the end of May of this year, the CDC estimated

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updates%2Fburden.html%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_s-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-

NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 that 36% of all children had been infected with SARS-CoV-2. That estimate was made 16 months into the pandemic. If we adjust that estimate for the current time frame (22 months), we get 49.8% or roughly half of U.S. children.

However, the CDC estimate was performed before the emergence of the Delta and Omicron variants, both of which are significantly more transmissible than prior variants. Therefore, it is highly likely that the rate at which kids were getting infected between May 2021 and now is significantly higher than during the first 16 months of the pandemic. This means that more than half of U.S. children have natural immunity against Covid-19.

The Nature Immunology paper I just mentioned above clearly indicates that natural immunity to Covid-19 is especially robust in children.

And so far, there is little convincing evidence that vaccinating someone who has already been infected offers any benefit.

For example, a study published in June 2021 by Cleveland Clinic

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NIKEQgpAc d3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sb oh.wa.gov%7C1c208bb83 of almost 53,000 people found that vaccinating people with natural immunity (i.e., those who had already been infected with SARS-CoV-2) did not confer additional protection. Most importantly, there was not a single case of reinfection among the 1,359 previously infected, unvaccinated subjects in the study.

The fact that most kids have already had Covid-19 and thus already have immunity to it, and that vaccinating people who've already been infected doesn't strengthen their protection against the virus, casts even further doubt on a universal vaccine campaign for 5- to 11-year-olds.

#5: There is no direct evidence that vaccines reduce severe illness, hospitalization, or death in 5- to 11-year-old kids

Severe illness in kids is so rare that there wasn't a SINGLE case of severe Covid-19 or a SINGLE death from Covid-19 in the 2,268 kids that Pfizer studied to obtain their Emergency Use Authorization (EUA)

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by the CDC.

Because there were no significant adverse outcomes from Covid-19 in the trial, Pfizer had to estimate the potential benefit by looking at the antibody response generated by the vaccine in the kids' blood.

There are several problems with this. First, antibodies are a poor predictor of clinical response to Covid-19

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NIKEQgpAc3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb8
. Second, since there were no cases of severe Covid-19 in kids in this study, Pfizer had
no idea what antibody level would be protective against severe infection.

This means that any claims you've seen that the Pfizer vaccine is 90% effective are misleading because this only refers to an antibody response in the blood from the vaccine and not actual protection against severe illness, hospitalization, or death.

Yes, the massive campaign to vaccinate 5- to 11-year-old kids is based on a small study of 2,268 kids in which the vaccines did not prevent a single case of severe Covid-19 or a single death and demonstrated only an elevated antibody response in those that received the vaccine.

#6: The Covid vaccines do not prevent transmission of the virus (especially with the Omicron variant)

Even before the emergence of the Omicron variant, we already knew that the Covid vaccines do not significantly reduce transmission of the virus. Unlike the measles or polio vaccines, they do not provide “sterilizing immunity”—that is, they don’t keep people from getting the virus or spreading it to others.

CDC Director Rochelle Walensky disclosed this back in August 2021 in an interview with Wolf Blitzer on CNN

[illegible]

"They [the vaccines] continue to work well with 'Delta' with regard to severe illness and death, but what they can't do anymore is prevent transmission." [Emphasis added]

But in countries where Omicron has become the dominant variant, we have even less reason to believe that the vaccines do anything at all to reduce transmission.

Data out of Ontario, Canada has been issuing detailed reports on cases. You can see in the chart below that, as of late December, the number of Omicron cases per 100,000 people is virtually identical in the unvaccinated, partially vaccinated, and fully vaccinated:

Also, a preprint study out of Denmark

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Here's the key figure from that study. The blue dots represent vaccine effectiveness against Delta, and the green dots/bars represent vaccine effectiveness against Omicron. When the dot is above the horizontal line, effectiveness is positive. When it's below the line, it's negative.

Finally, we have data from the U.K.'s "SARS-CoV-2 variants of concern and

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variants under investigation in England, Technical briefing 33

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"indicating that even with a booster, symptomatic protection against Omicron wanes significantly after just 10 weeks:

“Among those who received an AstraZeneca primary course, vaccine effectiveness was around 60% 2 to 4 weeks after either a Pfizer or Moderna booster, then dropped to 35% with a Pfizer booster and 45% with a Moderna booster by 10 weeks after the booster. Among those who received a Pfizer primary course, vaccine effectiveness was around

70% after a Pfizer booster, dropping to 45% after 10-plus weeks and stayed around 70 to 75% after a Moderna booster up to 9 weeks after booster.”

Frankly, these are remarkable data that raise questions about the effectiveness of the current vaccines against Omicron for people of all ages, not just 5- to 11-year-old kids.

It’s clear that we are not in the same situation today that we were in when the vaccines were initially developed. Omicron is very different from Alpha, which was the dominant strain when the vaccines were released. And as these studies clearly show, these vaccines aren’t as effective against Omicron as they were against earlier variants.

At best:

- * Two shots of Pfizer provide just over 50% effectiveness for about a month; that drops close to zero just after the second month and goes deeply negative before the third month.

- * Two shots of Moderna provide just under 50% effectiveness for about two months; that drops to zero in the third month, and into negative territory shortly after that

- * A booster provides an additional 2.5 months of partial protection (below 45% for all but people who received two shots of Pfizer plus a Moderna booster).

If we were starting out with the current vaccines today, with Omicron, that’s the level of protection they would provide. We’d have to start giving boosters just 2–3 months after the initial shots and then give a booster every 2–3 months after that. Does that make sense, given how mild Omicron is for healthy kids (and most adults)?

It’s worth noting that most of these data regarding Omicron infections and vaccination status are from adults, not children, because the vaccines have only recently been offered to 5- to 11-year-old kids. But there is no reason to believe that vaccines will be more effective against Omicron in children than they are in adults (and, in fact, there are reasons to believe they would be less effective, as I’ve described earlier in this email).

#7: ☐☐ This is already concerning evidence of harm from the vaccines in 5- to 11-year-old kids—and the long-term effects are unknown

Despite the incredibly low risk that Covid-19 poses to healthy children, the fact that over 50% of kids have already had Covid, and that natural immunity is robust and durable, some still might argue that vaccinating children makes sense.

After all, if we can save even one life with the vaccines, shouldn’t we do that?

Certainly, if we knew without a doubt that 1) vaccinating every 5- to 11-year-old child would prevent even a small number of severe illnesses and deaths, and 2) the vaccines were 100% safe and would not cause any adverse events, then this would be a strong argument.

However, we still don’t know that vaccinating children this age actually reduces severe illnesses or deaths. All we know is that the vaccines induce an antibody response.

And we already know that the vaccines are not 100% safe and are producing a significant number of adverse events in children 5 to 11 years old. This should not be surprising. All medical interventions have potential side effects and risks, and the Covid vaccines are no exception.

The CDC’s own data show harm for the vaccines—despite Director Walensky’s denial

According to the CDC's data, as of December 9, 2021, there have been 3,233 reports of adverse events in kids 5 to 11 years old from the Covid-19 vaccines, including 14 reports of myocarditis (8 of which have already met the CDC criteria for a vaccine-induced myocarditis case).

It's worth pointing out that myocarditis is only one of several possible side effects that have been observed with the Covid-19 vaccines

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2Fujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9, which include arthritis, autoimmunity, acute liver and kidney injury, thyroiditis, and more.

It's also important to know that the Vaccine Adverse Event Reporting System (VAERS) is imperfect, and adverse effects are often underreported. For example, a 2001 study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Faje%2Farticle-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcD3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 found that less than half of cases of rotavirus vaccine-associated intussusception (severe intestinal disorder) were successfully reported to VAERS. And a 2020 study <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fmicrobial-instincts%2Funderreporting-and-post-vaccine-deaths-in-vaccine-adverse-event-reporting-system-vaers-explained-14fe22b2a65f%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3DH found that the reporting sensitivity for anaphylaxis (severe allergic reaction) and Guillain-Barré syndrome (severe nerve disorder)—both of which have been seen with the Covid-19 vaccines—ranged from 12%–76%.

There are at least 2 reasons to believe that underreporting of side effects for the Covid-19 vaccines is at least as prevalent as the studies above suggest—and probably more:

- * Many doctors and nurses are afraid to report side effects of the vaccines because of the current polarized political climate.
- * The vaccine program for 5- to 11-year-olds began only recently, and there's often a lag time between receiving the vaccines, side effects, and reporting of those side effects.

Nevertheless, let's be generous and assume that the underreporting of side effects from the Covid-19 vaccines in VAERS is only 0.5, or one-half. This would mean 6,466 adverse events reported from 7,141,428 doses of the vaccine in 5- to 11-year-olds, or a risk of a vaccine-related adverse event of 1 in 1,104.

This compares with (according to the German study I mentioned above) a risk of hospitalization of 1 in 11,750, a risk of ICU admission of 1 in 50,000, and a risk of death of zero from Covid-19 in a sample of 400,000 kids.

To make it as clear as possible: these data suggest that, for healthy kids 5 to 11 years old, there is a much higher risk of an adverse event from the vaccine than there is of preventing a hospitalization, ICU admission, or death from Covid-19.

You might argue, "Well, if those adverse events from the vaccine are mild, what does it matter?" That's a reasonable question to ask. However, many of the side effects reported to VAERS are in the moderate-to-severe range. Most people won't bother with the time or hassle required to file a VAERS report if they simply had a sore arm for a couple of

days.

OpenVAERS

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs_email%-ujih6hHRi6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-

NIKEQgpAc3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 has been diligently reporting on the raw VAERS data throughout the pandemic. According to their website, there have been 983,756 Covid vaccine-related reports submitted to VAERS as of December 17, 2021 across all ages. Within the 5- to 11-year-old age group, these include:

- * 2 deaths
- * 90 hospitalizations
- * 331 urgent care visits
- * 772 doctor's visits
- * 2 cases of Bell's Palsy
- * 3 cases of anaphylaxis

These are clearly not mild side effects, and together with the CDC's data on myocarditis risks, there is enough evidence to warrant concern about both the short- and long-term effects of these vaccines—especially since they are being given to healthy children with their entire lives ahead of them.

In addition to the known risks above, there are also the unknown risks. While mRNA vaccines have been studied for many years, they are new, experimental therapies in humans with no long-term safety data. We simply don't know the long-term risks of these vaccines.

#8: The mandates will cause serious and lasting harm to unvaccinated children

So far, we've focused on the risks and benefits for 5- to 11-year-olds receiving the Covid vaccines.

But if these vaccines are mandated as a condition of attending schools in person, as some districts in the U.S. and abroad have already done, we also must consider the potential harm that children who remain unvaccinated—for any reason—may experience as a result of not being able to go to school.

An unvaccinated child will be punished by withholding in-person education and contact with their peers and teachers. This is a far higher risk than a healthy child faces from contracting Covid-19.

School closures have already caused untold harm to children—some of which may be lifelong. As Dr. Vinay Prasad of UCSF has argued, “school closure was the greatest self-inflicted wound of the pandemic

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fh
could-they-have-done-this-to-the-
children%2F%3Futm_campaign%3DChris%2520Kresser%2520General%2520News%26utm_source%3Dhs
-ujih6hHRi6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-
NIKEQgpAc3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9
,"

As evidence for this, we've seen a disturbing rise in mental and behavioral health issues like anxiety, depression, and obsessive compulsive disorder in children. A study published in March 2021

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Fuih6hHRI6z1Ngk4iTJH7craO-eRu4H_83KeRqEJ_xogK-

NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 documented a wide range of harms experienced by children during lockdown (which would be similarly experienced by kids excluded from in-person education because of their vaccination status):

- * An increase in stress and neuroinflammation
- * Rising rates of anxiety, depression, and psychosis
- * Weight gain and poor diet
- * Potential long-term effects caused by removal from normal social development context
- * Rising social inequalities
- * Multiple impacts from lack of play

The list goes on and on. But even studies like this one, which can take months to research and publish, are not documenting the full effects. Public health departments, school counselors, and mental health professionals around the world are reporting deeply disturbing patterns.

This is a terrifying and horrific statistic that should be sounding the alarms on the impact of keeping kids away from school and isolating them from their peers and other important people in their lives.

We've also seen disturbing examples of unvaccinated children being shamed and forced to justify their status in front of the class—a disgusting and scientifically baseless (as you now know) tactic designed to force them into compliance.

Is this the world that we want to live in, where parents are forced to decide between giving their children an unnecessary, ineffective, untested, and unsafe vaccine with both known and unknown adverse effects, so the kids can continue to participate in a normal, healthy life, or not give their kids the vaccine and remove them from many if not most of their typical activities, including attending school in person, eating out at a restaurant, or playing on a sports team?

We do not have to take this path.

Other countries have chosen not to. For example, the U.K.'s expert body the Joint Committee on Vaccination and Immunisation (JCVI) has decided not to vaccinate healthy 5- to 11-year-old children

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theguardian.com%2Fsociety-set-to-recommend-vaccinating-vulnerable-five--to-11-year-olds%3FCMP%3DShare_AndroidApp_Other%26utm_campaign%3DChris%2520Kresser%2520General%2520-ujih6hHRI6z1Ngk4jTJH7craQ-eRu4H_83KeRqEJ_xoqK-NIKEQgpAcd3lChLvHXaBrJX&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1c208bb83f1c4232e5ad08d9 (though they did approve vaccination for kids in this age group with underlying health conditions).

Even if we decided to make the vaccines available for healthy kids in this age group—which I don't think is an evidence-based decision, for the reasons I've laid out above—there's absolutely no basis for making them mandatory.

- * They do not prevent transmission, especially with Omicron.
- * There is no direct evidence that they reduce the risk of hospitalization or death.
- * The risk of serious illness in healthy kids is extremely low (and likely even lower with Omicron).
- * Over half of kids have already had Covid-19 and have robust and lasting immunity. There is no evidence that vaccinating kids with natural immunity provides additional protection.

* There is already evidence of harm from the vaccines.

As parents and caregivers, we have a moral and ethical obligation to safeguard the health and well-being of our children. Mandating the Covid vaccines for 5- to 11-year-olds not only fails to achieve this goal, but it works directly against it in numerous ways.

Thank you for supporting the lives of our children and voting NO on mandating Covid-19 vaccine for them.

Sincerely,
Peggy Martinez

*Above research done by Chris Kresser, M.S., L.Ac., Co-director of the California Center for Functional Medicine

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:24 AM
To: DOH WSBOH
Cc:
Subject: FW: I oppose the proposed WAC's

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

From: Ann Hunt <annakhunt7@aol.com>
Sent: Tuesday, January 11, 2022 7:31 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: I oppose the proposed WAC's

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

From: Heather Cools
Sent: 1/27/2022 5:29:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: sue coffman
Sent: 2/9/2022 8:04:29 AM
To: DOH WSBOH
Cc:
Subject: TAG meeting Feb 10



attachments\A2496C5E979649C5_WSBOHtag.pdf

External Email

State Board of Health members,

Please refer to the attached document that has been submitted to your BOH at least twice, and now another time from myself.

Do Not subject our children to this unknown, untested, experimental gene-therapy injection that has proven to be quite injurious to thousands. Our children are at extremely low risk for Covid, and it is up to the Parents, not some BOH to decide whether or not their children are to be experimented upon.

I am requesting that this pdf document and my remarks be made official comment to your TAG meeting tomorrow.

Concerned citizen & advocate for all Medical Freedoms,

Sue Coffman
714-337-4331

ICWA Team Leader

Legislative District #24

<https://informedchoicewa.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2F&data=>

*Informed*CHOICEWA.org

Date: January 7, 2021

To: The Washington State Board of Health Members and COVID-19 TAG

From: The Board and Members of Informed Choice WA

Dear Board of Health and TAG Members:

You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong.

The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. The systemic capture of federal agencies by the drug industry and globalists has never been more obvious.

Public Health in the U.S. is currently suffering from a lack of checks and balances and a dangerous dilution of critical facts. If every citizen were to watch the FDA's Vaccine and Related Biologicals Advisory Committee (VRBAC) meetings and to read the entirety of the clinical trial submissions to the FDA and the injury and death reports filed with Pfizer and VAERS, they would understand the experimental nature of the COVID shots and the known and suspected risks. They would question the clinical trial irregularities, the buried data, the lack of independent evaluation, and the high levels of conflicts of

interest. But most do not. Votes for recommendation are made by federal entities despite the lack of scientific justification and the details of the meetings are not incorporated into the language passed down to citizens. The messaging becomes, “The vaccines are safe and effective and recommended by the CDC.” This simplistic false messaging creates division at all levels of society, undermines fully informed consent, violating federal regulations and human rights declarations.

If after the past two years of witnessing the erratic federal response to COVID you still have faith in federal recommendations, we ask you to consider one clear example that reveals the federal agencies and committees do not deserve your trust. In the absence of a single co-administration safety study, the ACIP approved and the CDC actively promotes this message:

“COVID-19 vaccine and other vaccines may be administered on the same day.”

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

We are asking you today to honor the Precautionary Principle and First Do No Harm. We are asking you to dismantle the TAG, to halt rulemaking consideration for adding COVID shots to school requirements, and to adopt our Rulemaking Petition for a new rule that would prohibit mandating Emergency Use Authorized products and licensed products that lack completed Phase 3 trials.

Attached is our preliminary response to the “Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030” that supports our requests. There is far more scientific and medical information available. We hope this is just the beginning of your reviewing the critically important information you have likely been missing until now.

Sincerely,

The ICWA Board

Bernadette Pajer, Yael Kantor, Heidi Hartnell, Angela Dye



**Informed Choice Washington Presents:
A review of the COVID-19 shots
(Pfizer, Moderna, Janssen)
using the Washington State Board of Health's
"Criteria for Reviewing Antigens for Potential Inclusion in
WAC 246-105-030"**

<https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Before proceeding, it must be noted that the COVID-19 shots currently available do not meet the definition of "immunizing agent" per WAC 246.105.020(13), which states:

"Immunizing agent" means any vaccine or other immunologic drug licensed and approved by the United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against vaccine-preventable diseases.

None of the currently available COVID-19 shots are licensed and approved by the FDA for school-age children; the shots similarly do not meet WHO requirements and are only authorized by the WHO for emergency use.

WAC: <https://app.leg.wa.gov/WAC/default.aspx?cite=246-105-020>

For clarity, BOH's criteria language is shown in red, and ICWA language is shown in black.

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.

The vaccine **must** be recommended by the ACIP. The ACIP reviews **licensed** vaccines. It makes recommendations for newly licensed vaccines and regularly updates its recommendations. Its process includes:

- (1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine;
- (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data;
- (3) an assessment of cost effectiveness;
- (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups;
- (5) a review of the recommendations of other groups; and
- (6) a consideration of the feasibility of vaccine use in existing child and adult immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal, and ethical concerns. [emphasis added]

Do any of the COVID-19 shots fulfill this criterion? No.

The ACIP did NOT recommend a COVID-19 shot licensed by the FDA for use in ages 5-11 or 12-15, nor did it place such a shot on the CDC Recommended Schedule.

There is no FDA COVID-19 shot licensed for ages 5-15 and no COVID-19 shot whatsoever on any CDC Recommended Schedule for any age. CDC Immunization Schedules, <https://www.cdc.gov/vaccines/schedules/index.html>.

The CDC recommended schedule website page for ages 7-18 mentions the ACIP's EUA and BLA recommendations for COVID, but it DOES NOT include the shots on the schedule.

On May 12, 2021, the ACIP adopted the following recommendation: "The Pfizer-BioNTech COVID-19 vaccine is recommended for children 12-15 years of age in the U.S. population under the FDA's Emergency Use Authorization." *May 12, 2021 ACIP Meeting - Discussion and Vote*, CDC YouTube channel, <https://youtu.be/91FCQN1aYqk>.

On November 2, 2021, the ACIP adopted a similar recommendation for 5-11 year olds. *Nov 2, 2021 ACIP Meeting - Clinical considerations for COVID-19 vaccination & Votes*, CDC YouTube channel, <https://youtu.be/Fknv90AxSn8>.

Federal Emergency Use Authorization statutes indirectly prohibit school mandates of EUA products by requiring recipients be informed they have the option to accept or refuse the vaccine:

"The possible side effects of the vaccine are still being studied in clinical trials. . . Under the EUA, there is an option to accept or refuse receiving the vaccine."
Vaccine Information Fact Sheet for Recipients and Caregivers about the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019

(COVID-19) for Use in Individuals 5 through 11 Years of Age, pp. 4-5,
<https://www.fda.gov/media/153717/download>.

The option to accept or refuse an EUA product is not conditioned upon written assertion of exemption. Medical, personal, or religious exemptions are not required in order to exercise the right to refuse. Under EUA law, a parent or guardian may simply decline a shot for their minor child, without providing explanation or paperwork. A state-level daycare or school requirement would introduce the need for filing of exemptions, unlawfully exceeding the parameters set forth by Congress for EUA products.

“FDA believes that the terms and conditions of an EUA issued under section 564 preempt state or local law, both legislative requirements and common-law duties, that impose different or additional requirements on the medical product for which the EUA was issued in the context of the emergency declared under section 564.” *Vaccine EUA Questions and Answers for Stakeholders*, U.S. Food & Drug Administration,
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders#61b6059d67093>

Alarming, the CDC and ACIP made this recommendation even though they acknowledged that for both age groups:

Regarding potential harms after vaccination, evidence was type 4 (very low certainty) for serious adverse events and type 1 (high certainty) for reactogenicity. No data were available to assess the other GRADE benefits and harms including prevention of hospitalization due to COVID-19, prevention of multisystem inflammatory syndrome in children (MIS-C), SARS-CoV-2 seroconversion to a non-spike protein, or prevention of asymptomatic SARS-CoV-2 infection.

The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Adolescents Aged 12–15 Years — United States, May 2021, CDC MMWR, May 21, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm> and *The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, November 2021*, CDC MMWR November 12, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm>.

Vaccines and Related Biological Products Advisory Committee (VRBPAC) member Dr. Eric Rubin stated “[Just b]ecause we give an EUA to the vaccine, doesn’t mean we have to use it. And I think we would have to think hard about how to use it given all of the concerns that have been raised.” Transcript of *FOOD AND DRUG ADMINISTRATION (FDA) Center for Biologics Evaluation and Research (CBER) 166th Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting*, June 10, 2021, p. 242. <https://www.fda.gov/media/150815/download>.

How can the CDC claim that benefits outweigh risks when they admit they do not know the risks?

Comirnaty is the only COVID-19 product that has ostensibly received FDA licensure for any pediatric populations—namely those 16 and up; however, that licensure is limited to manufacturing and delivery. The FDA has stated that this product is merely “**ready** for approval for **use** in individuals 16 years of age and older . . .” [emphasis added]. *August 23, 2021 Approval Letter - Comirnaty*, from FDA to BioNTech, p. 4, <https://www.fda.gov/media/151710/download>. The Comirnaty vaccine is not available anywhere in the United States, and there is debate about whether the vials of Pfizer’s EUA product are now “licensed” for those 16 and up, or if those are still EUA products. The FDA states that EUA Pfizer-BioNTech COVID-19 Vaccine and the Comirnaty (COVID-19 Vaccine, mRNA) “are legally distinct with certain differences that do not impact safety or effectiveness.” There is much debate over what “legally distinct” means, especially to consumers. If “legally distinct” means that the currently available Pfizer products in the U.S. are under EUA regulations, then there is no licensed product available for 16-18 year olds. Regardless of whether the Pfizer product is licensed for 16-18 year olds, the product lacks completed Phase 3 clinical trials, and the PREP Act still shields manufacturers for liability for injuries and deaths. As far as we can tell, never in history has the FDA licensed a product without completed clinical trials, nor when all the ongoing trials have been unblinded, subverting the ability to compare outcomes.

There are ZERO co-administration safety studies; therefore, it is highly concerning that the CDC states, and the Washington State Department of Health repeats: “COVID-19 vaccine and other vaccines may be administered on the same day.” CDC, Immunization Schedule, COVID-19 Vaccination, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Disregarding the absence of any safety studies, the Washington DOH states, “Your child can get a COVID-19 vaccine at the same time they get other vaccines. You do not need to schedule your child’s required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get your child caught up on all of their recommended vaccines.”

Washington State Department of Health, Vaccinating Youth,
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/VaccinatingYouth#VaccineTiming>

As noted in our cover letter, this is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

2. The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available.

*Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

Do any of the COVID-19 shots fulfill this criterion? No.

Immunogenicity: While the COVID-19 shots trigger the recipient's cells to create spike proteins, which then trigger an immune response and antibodies to the self-created spike proteins, this immune response has proven incapable of preventing infection or transmission. In short, the COVID shots do not prevent recipients from "contracting the disease."

Some studies show recipients may be afforded a short window—a few weeks or months—during which their risk of infection or risk of severe disease is minimally reduced in comparison to those without natural immunity, but even this protection appears to be dropping with each new variant.

This preprint study shows that PCR-positive tests for Delta variant occurred in a higher percentage of vaccinated individuals than in unvaccinated. From this it could be concluded that, regardless of vaccination status, all individuals are able to spread COVID-19 with similar viral loads. Riemersma et al., *Shedding of Infectious SARS-CoV-2 Despite Vaccination*,

<https://www.infosperber.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load.pdf>.

Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant, CNN interview with Wolf Blitzer, July 27, 2021, <https://www.youtube.com/watch?v=TKFWGvvlVLI>

Another pre-print study, Acharya et al., *No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant*, “found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.” <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>.

The CDC reported that among the first U.S. cases of COVID-19 attributed to the Omicron variant, 79% of the 43 cases studied occurred in fully vaccinated individuals, including 14 who had received booster doses. *SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021*, CDC MMWR, December 17, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm>.

The criterion explicitly requires that “information about population-based effectiveness is gained from large trials,” yet the clinical trial study on which the EUA was based for 5-11 year olds included only 2,268 children total. CDC and ACIP acknowledged that the study was too small to find serious adverse reactions. (See our response above to Criterion #1.) *Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age*, N Engl J Med 2022; 386:35-46, DOI: 10.1056/NEJMoa2116298, <https://www.nejm.org/doi/full/10.1056/NEJMoa2116298>.

A pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, therefore increasing chances of contracting COVID, after 90 days. The authors suggest a booster would be necessary in order to attain previous levels of protection. Do parents really want their child to get a booster every 90 days? Would this be practical or manageable? Hansen et al., *Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study*, <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5>

In contrast to the inability of the COVID shots to prevent disease, natural immunity has been found to prevent infection. This superior, broad protection will serve children well throughout their lives. “[C]hildren display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs.” Dowel, et al., *Children develop robust and sustained*

cross-reactive spike-specific immune responses to SARS-CoV-2 infection,
<https://www.nature.com/articles/s41590-021-01089-8>

In study after study, it has been shown that natural immunity far exceeds vaccine-induced immunity in length and quality. Please view the following studies here that show the superiority of natural immunity: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

3. The vaccine containing this antigen is cost effective from a societal perspective.

This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

Do any of the COVID-19 shots fulfill this criterion? No.

To parents and members of Informed Choice Washington, the most important consideration in this criterion is the "medical and societal costs of adverse reactions to the immunization" as well as what the criterion overlooks:

- the cost of ignoring or outright censoring lifesaving preventative and early treatment protocols, which lead to superior natural immunity;
- the cost of exposing children to genetic therapies, such as DNA and mRNA injections, in the absence of adequately sized and designed safety studies for either short or long-term outcomes;
- and the cost of interrupting a child's natural immune response to what is now an endemic virus without a complete understanding of how that interruption will impact their immunity to the virus and its mutations in the future.

Please see risk information provided under Criterion #4 below, in particular, the two graphs summarizing data from Pfizer's clinical trials that have already demonstrated that any benefits from the shots are outweighed by the injuries and death they cause. This does not account for long-term and yet unknown harms.

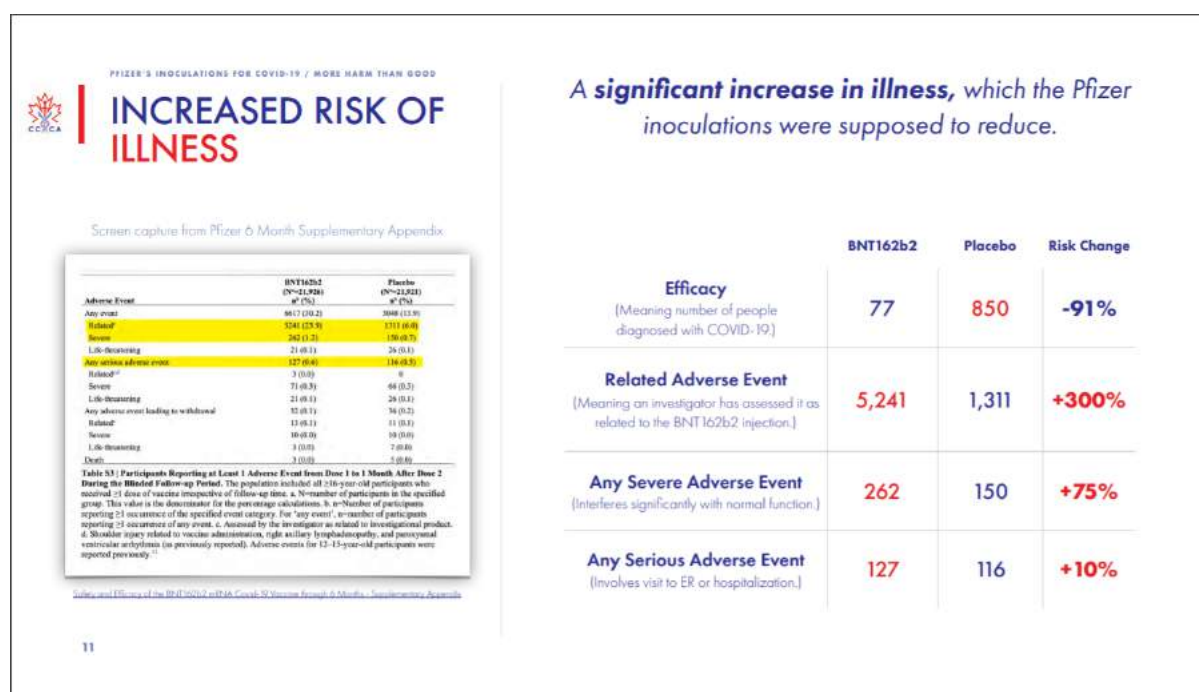
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.

Do any of the COVID-19 shots fulfill this criterion? No.

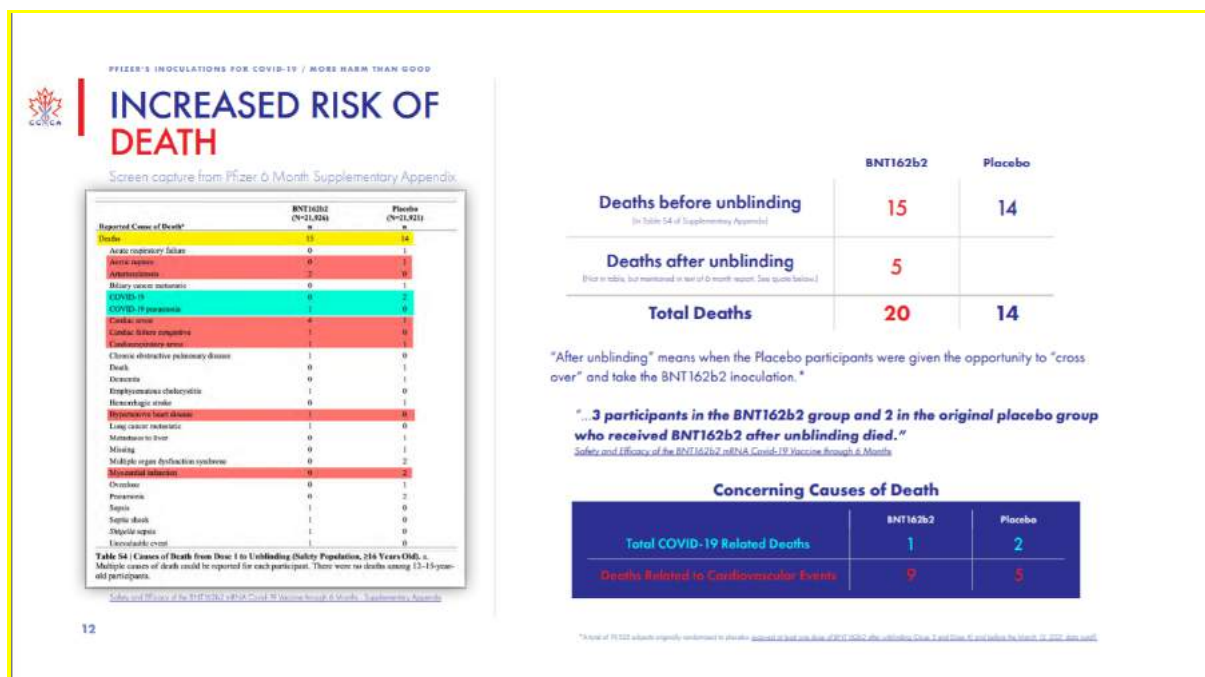
While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

The graphic below includes Table S3, *Participants Reporting at Least 1 Adverse Event From Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period*, on page 11 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#). Vaccinees experienced worse health outcomes than did placebo recipients.



The following graphic, which includes Table S4, *Causes of Death from Dose 1 to Unblinding*, on page 12 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), illustrates the increase in deaths within six months for those who received the injections. Of particular concern are the types of death, including cardiovascular events

(in red); there are almost twice as many in the test group as in the control group. This is Level One evidence of harm, as the data is derived from a randomized control trial (RCT).



Although FDA press releases proclaim that the benefits of the product would outweigh its risks, this conclusion is based upon modeling, which is the lowest quality of evidence given its reliance on layers of assumptions and subjectivity. FDA already had access to a superior form of data: the RCT results from the manufacturer itself, which it disregarded; "Therefore, the FDA conducted its own benefit-risk assessment using modelling to predict how many symptomatic COVID-19 cases, hospitalizations, intensive care unit (ICU) admissions and deaths from COVID-19 the vaccine in children 5 through 11 years of age would prevent versus the number of potential myocarditis cases, hospitalizations, ICU admissions and deaths that the vaccine might cause. The FDA's model predicts that overall, the benefits of the vaccine would outweigh its risks in children 5 through 11 years of age." FDA NEWS RELEASE: "FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Children 5 through 11 Years of Age," U.S. Food & Drug Administration, <https://www.fda.gov/news-events/press-announcements/fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age>

One 12-year-old child, Maddie de Garay, participated in Pfizer's study. She suffered multiple and severe injuries, requiring 9 ED visits and 3 hospital stays (totaling 64 days by June 1, 2021). She is still in a wheelchair today. The New England Journal of Medicine article in which Pfizer's RCT results was reported, [Safety and Efficacy of the](#)

[BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), failed to disclose any of Maddie's adverse reactions. Pfizer disingenuously mischaracterized her injuries as "functional abdominal pain" in its *Emergency Use Authorization (EUA) Amendment for an Unapproved Product Review Memorandum*, p. 30.

<https://www.fda.gov/media/148542/download>. Senator Ron Johnson held a roundtable, in which many individuals who took the COVID-19 vaccine shared their adverse reaction experiences that required medical attention.

<https://thehighwire.com/videos/stephanie-and-maddie-de-garay-testimony/> at 5:13.

This study asks a very pertinent question: Why are we vaccinating children against COVID-19? The abstract in this study explains the following:

A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs. those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially... (emphasis added.)

This study goes on to say that:

... it will use the term 'inoculated' rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission (emphasis added.)

Kostoff, Ronald, et al., "Why Are We Vaccinating Children Against Covid-19?" Toxicology Reports, Vol 8 2021, pages 1665-1684,
<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Here is a list of websites where medical professionals and/or individuals have documented their experiences with reactions from the COVID-19 vaccine:

<https://openvaers.com/covid-data/adverse-events-by-state>

<https://vaers.hhs.gov/data.html>

<https://www.c19vaxreactions.com>,

<https://www.RealNotRare.com/>

<https://www.medalert.org>

<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

Dr. Cody Meissner, VRBPAC member, stated: “I want to be sure that the risk of the vaccine is less than the risk of hospitalization because four [COVID hospitalizations per million in children under 18] certainly does not constitute an emergency, and there are significant questions about the safety of this vaccine. . . . [This hospitalization rate is] on the CDC website. That is not an emergency. It is a very low hospitalization rate. And the rates may change as the season changes, but we’re starting from a tiny, tiny rate. . . . [T]he rates are also falling pretty dramatically among adults and children. So as more people are immunized and become immune from infection, I think it’s very likely that we’re going to get this pandemic under pretty good control. Now the issue -- so the issue to me is safety. . . . [W]e can look at the 2,000 or 2,200 adolescents who are enrolled in the Pfizer vaccine between 12 through 15 years of age -- 2,200, so half got the vaccine, half got placebo. Nobody was hospitalized. Nobody died. And there were some who got URIs[upper respiratory infections] So 2,200 is not going to address the issue of safety. I’m worried about myocarditis. . . . [W]e don’t know what that means on a longterm basis. Will there be scarring of the myocardium? Will there be a predisposition to arrhythmias later on? Will there be an early onset of heart failure? I think that’s unlikely, but we don’t know that. And so before we start vaccinating millions of adolescents and children, it is so important to find out what the consequences are because COVID-19 disease is disappearing in adolescents and children. And I think we have to be so clear about what we’re dealing with. Let me make one more point. In 2003, there was a publication in JAMA regarding myocarditis following the Dryvax vaccine, the smallpox vaccine which is, of course, a live vaccine. But in that situation, the military -- it was given to young recruits. The rates of myocarditis in the military young men -- because it was mostly men in those days -- was 2 per 100,000. And after the Dryvax vaccine the rates were 7.8 cases of myocarditis in the 30 days afterwards. So there was a three-fold increase. And in fact, Dr. Tony Fauci wrote an editorial in that same issue of JAMA discussing these rates of myocarditis. So I am really concerned that the FDA may by not insisting on a full BLA, which to me means at least 12 months, maybe even 18 or 24 months of follow up in children and adolescents, before they are recommended to receive this vaccine. I do not feel we can justify a EUA including children under an Emergency Use Authorization. The burden of disease is so small, and the risks are just not clear. We don’t know.” June 10, 2021, VRBPAC meeting transcript, p. 62, p. 225- 228. <https://www.fda.gov/media/150815/download>

From the front lines in medical care

Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. “More VC Nurses Blow Whistle on ‘Overwhelming’ Numbers of Heart Attacks, Clotting, Strokes,” *The Conejo Guardian*, December 14, 2021. <https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/>

Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories.

<https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/>

Colette Martin, an RN of 17 years, testified in front of the Louisiana House about the harms of vaccine reactions that she has witnessed. She also stated that more children have died from the vaccine than from covid itself. Louisiana House of Representatives Health and Welfare Committee Hearing, December 6, 2021,

https://www.house.louisiana.gov/H_Video/VideoArchivePlayer?v=house/2021/dec/1206_21_HW (begin at 6:54:00)

In the first two and a half months after EUA was granted, 1,223 deaths were reported to Pfizer. This is a huge red flag that requires deep investigation. See Table 1, Page 7, showing fatal case outcomes in Pfizer’s “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021”

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>,

While critics commonly question the veracity of VAERS data, as reported on the U.S. government’s Healthy People 2020 site, 83% of the reporters to the Vaccine Adverse Events Reports System were health care workers or pharmaceutical and government-based sources during the years 1990-2010. “The majority of VAERS reports are submitted by vaccine manufacturers (37%) and health care providers (36%). The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parents/guardians, 7%) [sic], and other sources (10%).” Office of Disease Prevention and Health Promotion, Vaccine Adverse Reporting System, <https://www.healthypeople.gov/2020/data-source/vaccine-adverse-event-reporting-system>.

Further, 72% of a sampling of 250 of the 1,644 VAERS reports of early death received in the first three months of 2021 were filed either by health service employees or pharmaceutical employees. “We identified health service employees as the reporter in at least 67% of the reports, while pharmaceutical employees were identified as the reporter in a further 5%.” Even though the sample contained only people vaccinated early in the rollout, *i.e.*, those who were elderly or with significant health conditions, an adverse vaccine reaction could be ruled out in only 14% of the cases. Mclachlan, et al., *Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis*. 10.13140/RG.2.2.26987.26402. (2021)

“While it seems that the incidence of pericarditis during the vaccination campaign period is increased, a more comprehensive data collection on a wider scale should be done. We hope this report will raise awareness to the subject and will serve as a reminder to report events as part of the post-marketing investigations and allow for a thorough adverse events following immunization analysis.” *Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine*, https://journals.lww.com/pidj/Fulltext/2021/10000/Transient_Cardiac_Injury_in_Adolescents_Receiving.1.aspx

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before measles vaccine was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

Do any of the COVID-19 shots fulfill this criterion? No.

First, we must emphatically state that it is unethical to use children as shields for adults.

Peter Doshi, Ph.D: “I want to address this idea of vaccinating children to protect adults. I encourage the Advisory Committee to read Dr. Lavine et al.’s editorial to explain why, “Vaccinating children is likely to be of marginal benefit in reducing the risk to others.” And even if you think a small benefit is better than nothing, let’s not forget that it’s an unproven hypothetical benefit. We need confirmatory evidence, not just assumptions. And then there’s the ethics and the law. **FDA can only indicate a product for use in a**

given population if benefits outweigh risks in that same population. So if benefits don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021 <https://www.fda.gov/media/150815/download>, pp. 171-172. (emphasis added)

Children and young adults are at an extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," *The Lancet Children & Adolescent Health*, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

The *Forbes* article "The Hideous Truths of Testing Vaccines on Humans" examined the testing of hepatitis vaccines on the residents of Willowbrook, a home for severely disabled children. The author states: "In 1966, renowned medical ethicist Henry K. Beecher published an article titled, "Ethics and Clinical Research," which listed Willowbrook as an example of an unethical clinical experiment and concluded that "there is no right to risk an injury to one person for the benefit of others." *Forbes*, June 12, 2020,

<https://www.forbes.com/sites/leahrosenbaum/2020/06/12/willowbrook-scandal-hepatitis-experiments-hideous-truths-of-testing-vaccines-on-humans/>

Second, the measles example given in this criterion reveals that historically the BOH and DOH have never stepped back to consider the long term or unintended consequences of mass-vaccination campaigns. We agree that nearly everyone in the United States used to be exposed to measles, mostly in childhood when it's safest to experience, and they developed lifetime immunity. Merck's on-trial-for-fraud MMR vaccine does not confer lifetime immunity for a significant portion of the population, pushing susceptibility into the very young and into adult populations. We are nearing a time when more people in the U.S. will be susceptible to measles than before the vaccines were released. And studies show a third dose doesn't help. Was there perhaps a better way to reduce those 450 annual deaths and the cases of very severe illness, without sacrificing superior natural immunity for the vast majority (99.99%) of the population—and without exposing millions of children annually to the risks of the MMR? What about the failure of the mumps portion of the shot? More information can be found here: <https://informedchoicewa.org/measles/> To learn about the politics surrounding the loss of the personal exemption to the MMR, see this post:

<https://informedchoicewa.org/education/were-wa-lawmakers-deceived-about-measles-last-session-part-1/>

Is there perhaps a better way to protect those susceptible to severe disease and fatal COVID-19 outcomes, without sacrificing superior natural immunity for the >99.9% of the population who fully recover and develop natural immunity? Optimal nutritional support, early treatment protocols, and the benefits of natural immunity are tragically not part of public health's approach with any vaccine-targeted infection. With COVID, the neglect of these public health tools has cost many lives.

Third: as shown in our response to Criterion #1, the shots do not prevent transmission; any unethical attempt to use children as shields will fail.

As of January 6, 2022, the seven-day case rate in Washington State for ages 4-11 was 504.8 per 100,000. The seven-day hospitalization rate was 1.2 in 100,000. Compare this with the risk of myocarditis in vaccinated adolescents, which is 18.52 in 100,000 as seen in <https://pubmed.ncbi.nlm.nih.gov/34849657/>

Age Group	7-Day Case Rate	7-Day Hospitalization Rate	7-Day Testing Rate	7-Day Percent Positivity
Ages 4-10	504.8	1.2	--	--
Ages 11-13	558.1	0.7	--	--
Ages 14-19	731.8	1.8	--	--
Ages 0-11	480.7	2.3	--	--
Ages 12-19	692.4	1.5	--	--
Ages 20-34	869.9	10.7	--	--
Ages 35-49	724.5	12.0	--	--
Ages 50-64	444.2	20.0	--	--
Ages 65-79	227.3	30.9	--	--
Ages 80+	211.2	56.2	--	--

Cases, Hospitalizations, Testing and Percent Positive by Age

Graph from <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

Between January 4, 2020, and January 6, 2022, 573 children between the ages of 5-18 have died with COVID in the entire United States. CDC Deaths by Sex, Ages 0-18 years, <https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzy>

On December 31, 2021, Anthony Fauci stated, “ . . . [I]f a child goes into the hospital, they automatically get tested for COVID, and they get counted as a COVID-hospitalized individual, when in fact they may go in for a broken leg or appendicitis of something like that, so it's overcounting the number of children who are . . . hospitalized **with** COVID as opposed to **because** of COVID.” MSNBC interview, <https://twitter.com/TheEliKlein/status/1476917049435856925>

Vaccines and Related Biological Products Advisory Committee member Dr. Cody Meissner stated “[F]our per million [pediatric hospitalizations] certainly does not constitute an emergency, and there are significant questions about the safety of this product.” June 10, 2021, VRBPAC meeting transcript, p. 62.

<https://www.fda.gov/media/150815/download>

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, “activity” refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

Do any of the COVID-19 shots fulfill this criterion? No.

The Pfizer, Moderna, and Janssen products do not prevent transmission, serious disease, or death.

The CDC director says that vaccines do not prevent transmission. “Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says,” *CNN Health*,

<https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

“COVID-19 infections are increasing in Gibraltar, with 128 new infections reported on average each day. That’s 97% of the peak — the highest daily average reported on January 5. There have been 9,600 infections and 100 coronavirus-related deaths reported in the country since the pandemic began. . . Gibraltar has administered at least 108,323 doses of COVID vaccines so far. Assuming every person needs 2 doses, that’s enough to have vaccinated about 160.7% of the country’s population.” Reuters COVID-19 Tracker, accessed January 7, 2022,

<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/gibraltar/>

Vaccinated people can still spread the Delta variant. Vaccination does not stop the transmission of COVID. “Testing a subset of low-Ct samples revealed infectious

SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.” Riemersma, “Shedding of Infectious SARS-CoV-2 Despite Vaccination,” <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>

Individuals who have been previously infected do not show a need to be vaccinated. This is consistent with Chapter 246-105-020 WAC: “fully immunized” means an immunization status where a child has proof of acquired immunity . . . ’ It is unreasonable to mandate that those with natural immunity be “boosted” with a vaccine when there is not scientific evidence that this practice is safe or effective in the long term. Boosting an individual’s levels of antibodies to the vaccine-induced spike protein—which no longer matches the dominant strain now circulating—is experimental. Also see Shrestha, “Necessity of COVID-19 vaccination in previously infected individuals,” <https://doi.org/10.1101/2021.06.01.21258176>.

Children have sustained and robust natural immunity after contracting COVID. Dowel, “Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection,” *Nat Immunol* 23, 40–49 (2022). <https://doi.org/10.1038/s41590-021-01089-8>.

Long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, “Why are we vaccinating children against COVID-19?” *Toxicology Reports*, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>.

Barnstable County, Massachusetts, had an outbreak amongst a population of tourists that was approximately 74% vaccinated, which indicates that vaccination does not prevent contracting or transmitting COVID. Brown, “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings - Barnstable County, Massachusetts, July 2021,” *MMWR Morb Mortal Wkly Rep*, 2021 Aug 6;70(31):1059-1062. <https://pubmed.ncbi.nlm.nih.gov/34351882/>.

Despite 100% vaccination rate, consistent testing, and quarantining, a research station in Antarctica still had an outbreak of COVID cases. “COVID-19 Outbreak Hits Research Station in Antarctica,” WebMD News Brief, <https://www.webmd.com/lung/news/20220103/covid-19-outbreakohitsoresearchostation-in-antarctica>

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general public's acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246- 105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

Do any of the COVID-19 shots fulfill this criterion? No.

There has never been more opposition from the medical and scientific community or the public to any type of vaccine or vaccine policy than there is to the COVID-19 products and policies.

EXAMPLES OF MEDICAL AND SCIENTIFIC OPPOSITION

- Over 15,000 members of the [International Alliance of Physicians and Medical Scientists](#) published a declaration resolving that healthy children shall not be subject to forced vaccination. They state:
 - Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
 - Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
 - Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
 - Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether COVID vaccines assist herd immunity.

Supporting Evidence:

<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children>

- More than 500 scientists, medical doctors and health care and other professionals united as the [Canadian Covid Care Alliance](https://www.canadiancovidcarealliance.org). Their presentation *More Harm Than Good* reviews Pfizer's six-month data and reveals that Pfizer's COVID-19 inoculations cause more illness than they prevent. See the *More Harm than Good* video and PDF slides here: <https://www.canadiancovidcarealliance.org>

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. . . Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent."

1. The [Association of American Physicians and Surgeons](#), established in 1943, opposes COVID-19 vaccination mandates. In regards to children, AAPS states:
 - a. In the testing, only 1,518 children received the shots, and 750 received a placebo. This is far too few to see uncommon side effects, such as myocarditis/pericarditis, as Pfizer admits.
 - b. Follow-up was for two months in one group and only 2.5 weeks in another. The Pfizer application states that long-term sequelae of post-vaccination myocarditis/pericarditis in participants 5 to 12 years of age will be studied after the vaccine is authorized for children.
 - c. The children were not examined for mild, asymptomatic myocarditis, which might cause long-term damage, as by checking troponin levels or echocardiograms, or for blood clotting problems, as by checking platelet counts and D-dimers.
 - d. The only FDA-approved product, BioNTech's Comirnaty (not yet available in the U.S.) is required to do studies on myocarditis lasting 5 years.
 - e. Monthly safety report cards on the three available vaccines, which have different dosages, are supposedly required, but none have been produced or released.
 - f. The claim of 91% relative effectiveness against symptomatic COVID in children is based on 16 cases of COVID in the placebo group and three cases in the vaccinated group over the brief follow-up period. This is an absolute risk reduction of about 2%.
 - g. We do not and cannot know the long-term effects on cancer, fertility, or autoimmune diseases. "But we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes," stated committee member Dr. Eric Rubin, physician at Boston's Brigham and

Women's Hospital, immunology professor at the Harvard T.H. Chan School of Public Health, and current editor-in-chief of the New England Journal of Medicine. The alternative to giving a product to most of an entire generation is animal studies or restricting use to a defined group most likely to benefit, with close follow-up.

- h. The dosage for children is one-third the adult dose. Dosage in pediatrics is generally determined by weight. Not all children weigh the same, and their weight does not triple between age 11.9 and 12.0 years.
 - i. The COVID products are not shown to interrupt infection and transmission. Masking and distancing are still being recommended or required for adults. Thus, hopes for a return to normalcy once vaccinated are misplaced.
 - j. To give truly informed consent, parents need complete information about possible side effects, such as the outcome for Maddie de Garay, a 12-year-old whose public-spirited parents enrolled her in a trial. Post-shot, she experienced excruciating pain and a 2-month hospitalization, and is now in a wheelchair. Pfizer has not acknowledged a connection to the shot, nor did it fully disclose her injuries in it. The reaction may be "extremely rare," but many would decline to take even a 1-in-1 million chance of this outcome.
 - k. The government has already ordered 68 million doses, so authorization is anticipated, and likely will be followed by mandates.
 - l. Several Nordic countries have paused the use of COVID vaccines in persons under the age of 30. Persons at low risk for COVID complications are more likely to die from the shot than from COVID.
 - m. Dr. Harvey Risch, Yale epidemiologist, stated that he would home-school his children if public schools mandated this vaccine.
 - n. No one should administer a COVID shot to a child unless parents have given fully informed, completely voluntary consent, without threats or inducements.
 - o. SOURCE:
<https://aapsonline.org/aaps-statement-on-covid-shots-for-children/>
2. The [Physicians for Informed Consent](#) have compiled a Pfizer Vaccine Risk Statement for children that highlights FDA, CDC, and Pfizer clinical trial data finding:
- a. The clinical trial found there were zero cases of severe COVID-19 in children of any age who did not receive the vaccine. In contrast, the trial found that the vaccine causes severe (grade 3) and grade 4 systemic reactions in children.

- b. The clinical trial indicates that vaccine efficacy declines significantly in less than six months. Although a booster dose of the vaccine is authorized for individuals 16 years of age or older, the clinical trial states that efficacy was not evaluated for Phase 3 BNT162b2 booster group participants. Instead, vaccine efficacy was inferred based on antibody levels observed in only about 300 vaccinated subjects over a one-month time period.
- c. The clinical trial provided no evidence that the vaccine prevents asymptomatic infection or transmission of SARS-CoV-2 or COVID-19. In addition, recent studies have observed that a significant proportion of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.

SOURCE:

<https://physiciansforinformedconsent.org/physicians-for-informed-consent-updates-its-pfizer-covid-19-vaccine-risk-statement-analyzes-new-safety-data-for-children/>

- 3. The [World Council for Health](#), whose leadership includes Dr. Tess Lawrie (PhD, MD, Founder, Evidence-Based Medicine Consultancy LTD, Bath, United Kingdom, 10-year Senior consultant to the WHO supporting health policy recommendations for countries globally), issued a statement in December 2021:
 - a. There is now more than enough evidence to declare the novel Covid-19 vaccines unsafe for use in humans. Victim testimonies and adverse reaction reporting systems have revealed millions of adverse reactions to the experimental vaccines, including life-changing injury and death.
 - b. The inoculations are capable of causing immeasurable harm to those who received them, with children being more likely to die from the Covid-19 vaccines than from actual SARS-CoV-2 infection.
 - c. World Council for Health anticipates that unprecedented humanitarian efforts will be essential to assist the people harmed by this global vaccination experiment, due to the known and unknown harms.
 - d. The World Council for Health demands an end to this crisis and hereby declares it illegal and unlawful for anyone to participate, directly or indirectly, in this harmful experimental vaccination programme. The World Council for Health declares individuals, governments, and other corporations will be held liable for their involvement.
 - e. World Council for Health Calls for an Immediate Stop to the Covid-19 Experimental “Vaccines” DECLARATION:
<https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist/#full>

SOURCE: <https://worldcouncilforhealth.org/news/2021/12/covid-19-vaccines/14001/>

4. Paul E Alexander MSc PhD, Howard C. Tenenbaum DDS, Dip. Perio., PhD, Dr. Parvez Dara, MD, MBA: “We must not expose our children to ‘unnecessary’ harm. We must not expose them to a substance that has not been tested on children (or plan to be) in the way it should be and for as long as necessary. We must not expose children to a vaccine that based on their risk, is absolutely not needed. Moreover, they can become infected naturally, if their immunity is needed.”
<https://www.aier.org/article/why-we-must-not-be-forced-into-vaccinating-our-children-from-covid-beware/>
5. Dr. Robert Malone (MD, Northwestern School of Medicine, MS, UC San Diego and Salk Institute Molecular Biology and Virology Laboratories, Giannini Postdoctoral Research Fellow, UC Davis, Harvard Medical School fellow -- Global Clinical Research Scholar (2016), original inventor of the mRNA vaccine platform used in the Pfizer and Moderna COVID-19 vaccines as well as the DNA vaccine platform used by Inovio): Interview in which Dr. Malone voices his grave medical and scientific concerns for the use of any of the COVID shots, especially in children:
<https://unityprojectonline.com/news/dr-robert-malone-md-on-the-joe-rogan-experience/>
6. Dr. Peter McCullough (MD, FACC, FAHA, FASN, FNKF, FNLA, FCRSA, Chief Medical Advisor, Truth for Health Foundation; President, Cardiorenal Society of America; Editor-in-Chief, Reviews in Cardiovascular Medicine; one of the most highly published medical specialists in practice today and an authoritative commentator for major media on COVID-19). Dr. McCullough has been interviewed hundreds of times and testified to numerous legislatures and to Congress. He is a tireless proponent for early treatment to save lives, and although he at first administered the EUA shots to his patients, as information began to emerge, he stayed informed and up-to-date. He no longer supports use of any of the existing COVID-19 shots. His interview by Joe Rogan is extensive and can be found here:
<https://unityprojectonline.com/news/dr-peter-a-mccullough-on-the-joe-rogan-experience/>

In an [interview in August 2021](#), Dr. McCullough reviewed his five main points of education:

- a. COVID-19 is NOT spread asymptotically
- b. Asymptomatic people should not get tested

- c. Natural immunity is robust complete and durable
- d. COVID-19, no matter what variant, is easily treatable at home
- e. Current COVID-19 vaccines are obsolete and should be considered unfit for human use. “They [the vaccines] do not cover the new variants; patients are failing on these vaccines. They’re being hospitalized and getting sick despite having had the vaccines . . .the vaccines at this point in time have amounted to record mortality and injury and should be considered unsafe and unfit for human use.”

“Dr. Peter McCullough’s 5 most important truths about COVID-19,” LifeSiteNews, August 4, 2021,
<https://www.lifesitenews.com/news/dr-peter-mcculloughs-5-most-important-truths-about-covid-19/>.

EXAMPLES OF ETHICAL, LEGAL, AND SOCIAL ISSUES LISTED BY [THE UNITY PROJECT](#):

- [Why the CDC Ignores Natural Immunity](#), by Aaron Kheriaty
- [Judicial Precedents and Vaccine Mandates](#), by Aaron Kheriaty
- [Why I am Challenging in Court the University of California’s Vaccine Mandate](#), by Aaron Kheriaty
- [University Vaccine Mandates Violate Medical Ethics](#), by Aaron Kheriaty, *The Wall Street Journal*
- [Dear Pfizer: Leave the Children Alone](#), by Paul Alexander
- [Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial](#), by Paul Thacker
- [How College COVID Vaccine Mandates Put Students In Danger](#), by Bostom, McCullough, Kheriaty, Rietsch, Cretella, and Bradley
- [Scientists Sue the FDA for Data it Relied Upon to License Pfizer’s Covid-19 Vaccine](#), by Aaron Siri
- [Covid-19 Vaccine Manufacturers Can Harm You With Near Complete Impunity](#), by Aaron Siri
- [FDA Buries Data on Seriously Injured Child in Pfizer’s Covid-19 Clinical Trial](#), by Aaron Siri
- [Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS](#), by Aaron Siri
- [Vaccine Mandates: The Next Prohibition?](#), by Justin Hart
- [Jab Mandates Are Both Unethical and Fail the Cost/Benefit Test](#), by Michael Tomlinson

DATA DISASTER: A Call for an Investigation Into the CDC's Conduct During COVID-19. <https://standforhealthfreedom.com/cdc-investigation/>

EXAMPLES OF PUBLIC OPPOSITION - GLOBAL

- Paris, France:
<https://rumble.com/vr0wcf-france-yellow-vests-stage-rally-in-paris-against-covid-measures-18.12.2021.html>
- Austria: <https://rumble.com/vridjv-rising-up-in-austria.html>
- London, England:
<https://rumble.com/vrcp2h-britain-sees-massive-protest-against-vaccine-passports.html>
- Australia:
<https://rumble.com/vpld09-australia-nov20th-nationwide-massive-vaccine-protests-from-perth-melbourne-.html>
- New Zealand
<https://rumble.com/vqve38-thousands-protest-covid-19-rules-in-new-zealand.html>

EXAMPLES OF U.S. PUBLIC OPPOSITION

Evidence that half the country refusing; people willing to lose jobs rather than comply; large organizations of professionals publishing position papers; example of LA Unified School district; Enumclaw example?

<https://www.cityofenumclaw.net/DocumentCenter/View/6670/Res-1734---Covid-19-Vaccine-Verification-Discrimination>

Less than half of parents support a requirement for middle and high school students to be vaccinated for COVID. "About One in Five Americans Remain Vaccine-Resistant," Gallup, August 6, 2021,

<https://news.gallup.com/poll/353081/one-five-americans-remain-vaccine-resistant.aspx>

Healthcare workers are willing to lose their job rather than take the COVID vaccine.

"Roughly 3,000 hospital workers lost jobs over Washington's COVID-19 vaccine mandate," KING 5 News, November 17, 2021,

<https://www.king5.com/article/news/local/washington-hospitals-lose-roughly-3000-workers-over-covid-19-vaccine-mandate/281-b0ff14de-27b6-4b0a-bcca-ed924c314ca0>

As of October 19, 2021, nearly 2,000 state workers chose to be fired rather than take the vaccine. "Nearly 1,900 Washington state workers quit or are fired over COVID vaccine mandate," *The Seattle Times*, October 19, 2021,

<https://www.seattletimes.com/seattle-news/politics/nearly-1900-washington-state-workers-quit-or-are-fired-over-covid-vaccine-mandate/>

There have also been many stories in the news describing our service members who are being discharged secondary to their declination of the shots.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

Do any of the COVID-19 shots fulfill this criterion? No.

The burden on school nurses for tracking COVID cases and for managing all the COVID measures is already unreasonable. ICWA board member Heidi Hartnell is a teacher in Washington State and can speak to the amount of time schools already spend tracking COVID cases and close contacts. If the requirement of vaccination is added to the existing required measures, this would create an extensive amount of maintenance and updating of immunization records. She says, “With the demonstrated waning efficacy of the COVID vaccination in adults, it would seem that this would also be true with children. If children are required to be “up to date” with a booster every six months, this will be a huge burden on schools as vaccination records will constantly need to be checked and updated. Currently, a majority of the required vaccinations are completed by the time a child enters kindergarten and these forms do not require frequent updating. However, if the COVID shot and subsequent boosters were to be added, this would place a hardship on already wearied teachers and school personnel. Ultimately these shots do not prevent contracting or transmitting the virus, and so this work achieves nothing in the public health sense.”

The only thing that makes sense, given that >99.9% of children are at zero risk from COVID, is to simply enforce the “stay at home if symptomatic” rules that have served public health well for decades. We can never achieve, nor would we want to achieve, zero exposure schools. Children’s immune systems need exposure to the microbial world, including to viruses, to properly develop and protect them as adults. This is just as true for COVID, which has become endemic, so children will be encountering the virus and mutations for the rest of their lives. More than 140 studies demonstrate that natural immunity will serve them well and far longer than the shots, and it is their

parents who should make the risk-benefit decision, not the State of Washington. "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Public health would be even better served if the BOH would acknowledge natural immunity, and support and promote early treatment protocols, so that everyone of all ages and of any vaccination status could see better outcomes.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html> -

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

Do any of the COVID-19 shots fulfill this criterion? No.

Considering the risks discussed in Criterion #4 above, the burden of compliance on parents is unacceptable.

Considering that any injury sustained by a child is borne completely by the parents because the manufacturers are shielded under the Public Readiness and Emergency Preparedness (PREP) Act, the burden of compliance is unacceptable.

<https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

The shots are available everywhere, even grocery stores often without an appointment, so it is easy for most parents to find an opportunity to get their child a shot if they so choose, but for those parents who choose to opt out of a school vaccine requirement, the burden is out of balance.

Parents can't go to Safeway or Rite Aid for an appointment with a practitioner to get the required risk-benefit consultation and signature. They must make an appointment with a practitioner, take time off work, arrange transportation, etc. That first step is now the most burdensome. For the past several years, it has been increasingly difficult for parents to find any practitioner willing to give them the required risk-benefit consultation. Many doctors and clinics are kicking families out of their practices who do not vaccinate, or who do not fully vaccinate according to the CDC schedule. This has nothing to do with health or protection and everything to do with the financial incentives built into the

insurance and public health systems that reward high vaccination uptake. This practice is supported by the American Academy of Pediatrics, which has critical conflicts of interest associations with the pharmaceutical and medical industries. “The AAP recently issued a clinical report that stated it is an “acceptable option for pediatric care clinicians to dismiss families who refuse vaccines”

<https://www.infectiousdiseaseadvisor.com/home/topics/prevention/new-aap-policy-on-patient-dismissal-for-vaccine-refusal-may-erode-solidarity-among-pediatricians/>

The BOH’s criterion is based on the assumption that “a process exists to opt out of immunization requirements by children attending either child care or school.” If parents are unable to find a practitioner willing to provide the required risk-benefit consultation and sign an exemption form or letter stating that they have done so, then that opt-out does not exist.

And finally, a tremendous burden exists in the coercive aspect of any vaccine requirement. Parents who opt their children out of one or more vaccinations experience emotional and psychological stress because they know they face scrutiny by school staff, by health care providers, by surveillance systems, as well as cultural pressure. Children who lack one or more vaccinations are singled out at various times, excluded from school and extracurricular activities. If a vaccine is NOT on the schedule, a parent is able to choose what is best for their child without the added stress. It is an unreasonable burden to stress entire families with a requirement that should be a personal medical decision. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.” Harm to others cannot be prevented by requiring children attending school to take this vaccine.

From: Wayne Howerton
Sent: 2/8/2022 10:19:54 PM
To: DOH WSBOH
Cc:
Subject: Child COVID shots

External Email

As you are preparing to answer the questions before you as the BOH TAG regarding COVID "shots" for school children I implore you to Please, Please, Please study the document sent to you by Informed Choice WA responding to all 9 criteria. These "shots" fail the test of all 9 of the criteria.

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. .

..... Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent.....

Adding these shots to the child vaccine regimen flies in the face of science, medical freedom, informed consent, parental rights, and several well know health and experiment doctrines, ie; Barrington, Nuremberg et al.

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is removing the parents from making the healthcare decisions for their children.

Remember your own criteria.....

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

Harm to others cannot be prevented by requiring children attending school to take this vaccine.

In closing:

I challenge your group to make the right decision.

I challenge you to step up to the plate and do something that will positively impact the children in our state for the remainder of their lives.

Your decisions will ultimately impact the rest of our nation's children and possibly children around the world.

Dare to be a hero for all, do not allow these shots to be included in the child vaccine regimen.

Wayne Howerton
Resident of Mead School District

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Ronda Csiti
Sent: 2/8/2022 1:55:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/4/2022 2:48:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 1/29/2022 10:26:48 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karla FitzGerald
Sent: 1/26/2022 5:01:47 PM
To: DOH WSBOH
Cc:
Subject: stop the vaccine!!!

External Email

Karla FitzGerald

From: Kristine MacDonald
Sent: 1/29/2022 10:03:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jeremy Stone
Sent: 1/31/2022 11:18:24 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathryn Steele
Sent: 1/28/2022 9:17:07 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christy Owens
Sent: 2/9/2022 7:03:40 AM
To: DOH WSBOH
Cc:
Subject: Re Vaccine Requirement for Kids

External Email

Hello - my name is Christy Owens and I have a high schooler, middle schooler and kindergartner in WA public schools.

In 2017, my youngest son was diagnosed with leukemia at the age of 16 months. This turned our world upside down. We spent the next 6 months in intense chemotherapy treatments, and the next 3 years in maintenance chemo. This March we are so happy to say that he will officially be declared a survivor!

In the first 6 months, we definitely had to isolate. We had our own "new normal" to get used to. Any virus, cold or bacterial infection had the potential to kill him. We isolated, we limited visitors, we sanitized regularly. We limited our time in public.

During this time, we refrained from seeing my sister's family who is mostly unvaccinated—opting to spend time together in a less risky season "just in case." I want to note that I did NOT expect others to accommodate our fears and scary realities. I did not ask her family to vaccinate as a requirement to see us ever again. We did not go to the grocery store and expect everyone to be masked—that would be ridiculous—maniacal even.

We are currently restricting and mandating everyone for the safety of a few, and this needs to stop.

Most children are not at risk from this disease. Did you know cancer is the number one disease killer of children? It is not COVID. How much time and thought have you given to pediatric cancer prevention? That's about how much time and thought COVID should get from you too. Do not buy into the hype.

Please stop with the mandates and restrictions for a population of people who are not at risk. You will not truly be able to protect the vulnerable—you will only serve to restrict the healthy.

Instead of vaccine mandates, please consider creative ways to serve vulnerable populations who are at true risk. Extending at home learning and other creative measures would be so valuable to these groups.

We know that it's tempting when you have a hammer sometimes everything looks like a nail—but the same treatment should not be standard of care or universal. We are not all the same.

I pray that God gives you creative solutions that are elegant and meet many needs and are well accepted by most if not all. Vaccine mandates are not this solution.

In the meantime please stop COVID mandates—hammering this issue is only serving to divide.

We are pulling for you to make good decisions that affect us all.

Thank you for listening,
Christy Owens

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Estera McCann
Sent: 2/8/2022 7:41:50 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

We believe it is unconstitutional and government overreach to take away parents rights on advocating for their childrens medical needs.

We believe the mandate for children to be vaccinated is government over reach and we stand for freedom.

Kindly,

The McCanns

Sent from Yahoo for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.apple.com%2Fus%2Fapp%2Fnews-email-weather-video%2Fid646100661&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8977afef0704fe02caf08d9eb7e19>>

From: James Spies
Sent: 1/30/2022 3:37:43 PM
To: Marysville School District
Subject: 62A9020E-1BD4-4FD0-B9E9-C4FB41CC9109

External Email

<https://rumble.com/vtnvh3-wow-us-school-district-served-notice-of-liability.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvtnvh3-wow-us-school-district-served-notice-of-liability.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7f70ecd13c3e41ba1d6c08d9e44978c7%7C1>>

Dear Marysville School District,

Please review the attached video & consider this as you move forward with your decisions & policies regarding covid, experimental jabs & other issues.

Sincerely,

#WeThePeople & Parents of our children.

□□□□□□□□□□□□□□□□

From: Kennedy Hull
Sent: 1/28/2022 11:18:01 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Strande
Sent: 2/8/2022 9:39:41 PM
To: DOH WSOH
Cc:
Subject: Vaccines for children vs VAERS Data

External Email

I'm a concerned parent and was wondering why the VAERS data is being completely ignored. According to this database (which was created after the pharmaceutical companies garnered complete immunity from all liability when their products caused harm with the passage of the 1986 ACT). According to this data these are NOT safe or even effective vaccines. In fact they are the MOST dangerous vaccines that have ever been developed and forced on the population.

The VAERS data was intended for use to identify safety indicators, for children in particular the risks incurred by these experimental shots are greater than the benefits. With no long term safety data available I believe it is more than unwise, but very dangerous to proceed with inoculating every U.S. child.

If you ignore this data I cannot believe you are innocent of simply making a mistake....this would indicate a strong inclination towards malice as you are knowingly placing children in harm's way in order to make yourselves feel safer. At no time in history have we sacrificed children to protect the elderly....this has always been the other way around.

Many Germans felt they too were just doing their job so long ago, in the end that did not save them from prosecution and ultimately execution. Those who intentionally harm children and claim ignorance or that you were 'just doing your job' may ultimately face the same end. Think before you continue on this dangerous path...Whatever the gov't is paying you for your compliance won't be enough, the same gov't you're counting on now will leave you under the bus to cover their own corrupt actions. Remember Benghazi...

COVID Vaccine Data (openvaers.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce3a570f0383146f583a108d9eb8e75c5%7C11d0e217>

Now that you've seen the data, you can no longer claim you didn't know.

From: Amy Robert
Sent: 2/8/2022 9:12:07 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

The Covid shot is not necessary for children. It has been proven. If they make it mandatory for students in Washington my three children will no longer attend public school and my family will strongly consider selling our three businesses and moving out of state. We will not be strong armed to do something that is not medically necessary for our kids.

Amy Robert

Fontaine Estates Winery
Fontaineestates.com
509.972.8123

From: Compton
Sent: 2/9/2022 5:58:00 AM
To: DOH WSBOH
Cc:
Subject: To The board members

External Email

Hello, I am sending this email to you out of concern for those who are desiring to have children vaccinated for covid 19. I am greatly concerned by this because there is very little research done about this. No one knows, not doctors or pharmaceutical companies what the long term risks could be. Please consider all of this before a decision is made that could be of some serious health risks which could have long lasting emotional issues as well to our children. Thank you for your time in reading my email. Have a wonderful day.

From: Kaylene Lewis
Sent: 1/28/2022 8:33:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/5/2022 3:26:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:16:28 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Health Meeting, January 12th

From: phinehas institute <phinehas.institute@gmail.com>
Sent: Wednesday, January 12, 2022 9:56 AM
Subject: Public Health Meeting, January 12th

External Email

Hello Board Members,

It has come to my attention that WA Board of Health will be discussing Covid-19 shot mandates for schools and recommendations for forcible quarantine and/or detention of those that disagree with policies. I request that you abandon the plan of forming a technical advisory group to explore COVID19 mandates and adopt a new rule of requiring products to have completed Phase 3 clinical trials before they can be added to list of school requirements.

One definition of insanity is to repeat the same mistake over and over again and expect different results. For almost 2 years we have attempted to follow the health recommendations of washing, masking, distancing, testing, isolating and vaccinating. By now it is apparent that the virus is "gonna virus" regardless of measures attempted. Thankfully, SARS CoV2 is acting in similar manner as all other viral pandemics and becoming more "virulent" (spreads easier) but less deadly. Real immunity is achieved with exposure and recovery as is evidenced by fact that those infected with SARS in 2002/3 cannot become infected with SARS CoV2 today! In contrast, Covid19 has managed to find a way to escape the vaccine as is evidenced by the incredibly high numbers of vaccinated and even boosted individuals getting sick and testing positive. Surely this fact has not escaped your knowledge!

As Health Board members, you are obligated to provide us with facts that support any and all recommendations or requirements.

1) what is the current rate of mortality for COVID19 infection and stratified according to age groups?

2) point to ANY measures that have reduced the numbers of fatalities (cases are not fatalities).

3) what is rate of all cause mortality in WA in 2020 and 2021?.....did the measures imposed reduce the number of deaths from prior year?

4) provide evidence of asymptomatic spread of SARS CoV2.

5) provide safety studies for masking children and randomized clinical trials for masks preventing spread of lab-confirmed upper respiratory viruses (not modeling of masks on mannequins).

6) make public the accuracy of testing - what is the rate of false positives and false negatives of tests and were results determined by manufacturers of the tests or unbiased 3rd party investigators?

7) provide evidence that the vaccines prevent infection and transmission and that they improve health of individuals who receive them compared to those who do not.

8) explain why so much focus on eliminating this 1 virus when human immune systems have successfully protected our growing population since the beginning of time? Are you aware that some viruses are beneficial for humans and can protect against various forms of cancers and heart issues? Did you know that your human virome contains over 380 TRILLION viruses?

Unfortunately, I do not trust that you have carefully investigated and logically determined adequate and measurable health remedies for which you are able to provide evidence. Before doubling down on measures that seem to HARM more than they HELP the overall health of citizens, please determine and make public the evidence to justify any policies.

Regarding mandating shots, know that the clinical trials will not be completed until 2023. Know that WA State has a legal definition of a vaccine that the C19 shots do not fulfill as they were never part of a living microorganism.

"Vaccine" means "a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective..."

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>

Finally, do no harm! You cannot possibly know or care more about the health of children than do the parents of Washington children! Myocarditis is just one of the side effects that people are reporting. Heart muscle doesn't regenerate and is an

unnecessary injury to those who may suffer with for the rest of their life. How many others are now injured? What is the real rate of adverse effects following these EUA products and how can you determine if the safety studies have yet to be completed and there is no transparency of adverse event reporting?

Furthermore, how necessary or even safe is it to give a vaccine to a person who already has immunity to the pathogen? Many children by now have been exposed to the virus and have developed immunity without difficulty. Why consider a mandate for those not at high risk for adverse outcome should they become infected but who carry unknown risks of adverse reaction with getting the shot?

I look forward to hearing these concerns addressed and evidence for any and all recommendations to be presented on January 12.

Thank you.

From: Mike Hasbrouck
Sent: 2/7/2022 3:05:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Peter Shvets
Sent: 2/7/2022 4:14:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:20:01 AM
To: DOH WSBOH
Cc:
Subject: FW: Teresa Moyer

From: Teri Jobs <teri.lee.moyer@gmail.com>
Sent: Monday, January 10, 2022 9:34 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Teresa Moyer

External Email

My name is Teresa Moyer a long time Washington resident in Vancouver Washington. Please do not go forward with this mandate of vaccines for all people and especially children. There is no data or research supporting factual scientific data that these vaccines are safer then natural immunity or early treatments. Getting everyone vaccine will not stop transmission. These vaccines are causing genocide and adverse reactions off the charts. Please stop vaccines.

Saying no to

WAC 246-100-070

WAC 246-100-045

WAC 246-100-040

WAC 246-100

WAC 246-105

Sent from my iPhone

From: Hisaw, Melanie (SBOH)
Sent: 1/29/2022 9:44:13 PM
To: DOH WSBOH
Cc:
Subject: Immunization letter mailed to Board office



attachments\791BB4967D0040F4_20220129133512091.pdf

Hi Nathan,

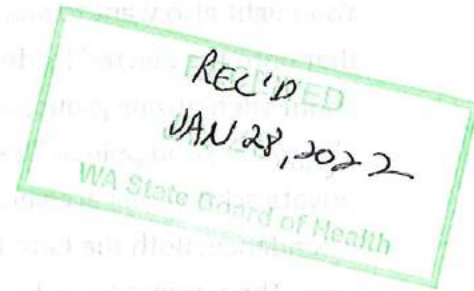
This letter came to the office in the mail. Thanks!
-Melanie

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Saturday, January 29, 2022 1:35 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 01.29.2022 13:35:11 (-0800)
Queries to: ricoh@doh.wa.gov



January 12, 2022

Washington Board of Health
111 Israel Rd SE
Tumwater, WA 98501

Dear Chairman Grellner:

The ending comments by the board at today's meeting were both disingenuous and unprofessional. The analogies about measles and tuberculosis were amateurish and lacked sincerity. The comments were intellectually lazy for such an educated board. These comments did more to erode your board's credibility than it did to enhance it. I recommend the board look at their comments introspectively.

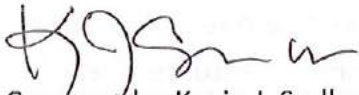
To make comparisons of measles and tuberculosis (TB) to HIV/AIDS and COVID19, damaged your credibility. As a TB converter, the Hospital Corpsman who gave it to over one hundred of us on my ship was placed into forced isolation and quarantine at the base hospital. You do not put healthy people into quarantine, you put the infectious. But you know that. Secondly, people recognize the dangers of smallpox, polio, and measles. Thus, vaccination programs at the time was welcomed, as the benefits outweighed contraction of those diseases. My father, who was my school principal, told me the reason why most people have the smallpox inoculation scar on their left (non-dominate) arm, was because the medical community at the time was fearful of the vaccine and thought an adverse reaction might require an amputation of the inoculated non-dominate arm. But again, the people took the risk to avoid the danger of the diseases as the benefits of not contracting smallpox outweighed the risks.

Therefore, it is obvious that the people can do risk analysis, they do it every day. They can find the factual data on the internet and see the overreach by the government on this issue. The risks presented by the research and analytical data doesn't justify the overreach, which explains the blood bath you received on both public comment periods as the representatives of the government. My recommendation is that you recall these comments and concerns as you deliberate.

You might also want to stop the stigmatizing of the electorate regarding vaccination status and pass that onto the elected leaders in which you report. The HIV/AIDS related comments made good points about stigmatizing groups and their medical decisions. The "our body and our choice" public comments also made good points. The current rate families are exiting public schools for home schooling or private schools will accelerate if you decide upon requiring the SARS/COVID vaccination for school attendance. Both the Cato Institute and Seattle Times have articles on the public-school exodus last year. The parents are acknowledging the SARS/COVID data for those age-groups does not support the vaccination decisions by the government or in your case, pending decisions.

I will be forwarding this letting to my elected representatives and a few legislators I personally know, so they can review the recorded board meeting today and come to their own conclusions of the board's comments.

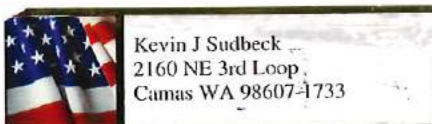
Sincerely,



Commander Kevin J. Sudbeck, USN (ret)

BS Chemistry, Oregon State University

MBA Defense Financial Management, US Naval Postgraduate School



From: Charlotte Heyen
Sent: 1/26/2022 10:05:08 AM
To: DOH WSBOH
Cc:
Subject: Nobody should have to take the poison shot. It is not a vaccine.

External Email

Sent from my iPad

From: Yves Panelli
Sent: 1/29/2022 4:07:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Josh Ley
Sent: 2/7/2022 3:36:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Martha S Weiss
Sent: 2/8/2022 8:53:23 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kim Slinger
Sent: 1/31/2022 8:36:01 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Vasey
Sent: 2/8/2022 7:27:25 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: M B
Sent: 2/9/2022 9:04:26 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I'm writing to respectfully request that Washington please add the COVID -19 vaccine to the list of required vaccines for school attendance. We hope the state reflects Science and common sense Public Health practices in their decision-making. We'd love to feel our child is as safe at school as we can support him in being , and look forward to moving on from this pandemic.

Thank you.
Sent from my iPhone

From: graceministriescs
Sent: 2/8/2022 9:52:04 PM
To: DOH WSBOH
Cc:
Subject: Vaccine for school attendance

External Email

Since Covid 19 and its variants are not vaccine preventable diseases, the alledged vaccine doesn't qualify for the list.
Current data on the benefit to risk ratio of the vaccine reveals that vaccination of school age children is pointless, or even detrimental.

By making vaccination a requirement, the Washington State board of health creates a liability for any harm the vaccination causes.

Respectfully submitted,

Ron Frantz

Sent from my Galaxy

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Plus- prescribing drugs "off label" is important, and the "emergency" is over

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Robert W Malone MD, MS

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Feb 6

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Strictly regular use of ivermectin as prophylaxis for COVID-19 leads to a 90% reduction in COVID-19 mortality rate, in a dose-response manner: definitive results of a prospective observational study of a strictly controlled 223,128 population from a city-wide program in Southern Brazil

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FHXgsEoUKaccIuWK2tDjIcvDAryO_z7tmUMiEK-GrqouDFRcUz7VlkptrkHXc0MV8Sgea8Xc7AWzdIzJPkxi7MaGlrab-qlxRd8zYgDnVc07Ntu-eGeguhSvF_0kOGPNQ8kBQfSDYKO4dwZxAQkLDXaclgFk9wKKG3TqMBhV-Yj5TxMarR61buYn3G_9G_TiONmNByOaxEvM2YqXj_2BpJwh2GgSf9c-anan-1BnX3UPWJEWnu3aUP6CpLmooestpe5we_lxyUtZffvz6_vWtm7VHsEXXpEHPjHLY3byUxX93QsoVvKuEQXyuE-Bfbk2eq&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cc64d973725ff4c88a7f208d9ea641233%7C11d0e

This important preprint needs to hit alternative and mainstream media now.

Background: Previously, we demonstrated that ivermectin use as prophylaxis for COVID-19 was associated with reductions in COVID-19 infection, hospitalization, and mortality rates, and in the risk of dying from COVID-19, irrespective of regularity and accumulated use of ivermectin, in an observational, prospectively obtained data from a strictly controlled city-wide program in a city in Southern Brazil (Itajaí, SC, Brazil) of

medically-based, optional use of ivermectin as prophylaxis for COVID-19.

In this study, our objective was to explore the data obtained from the program to evaluate whether the level of regularity of ivermectin use impacted in the reductions in these outcomes, aiming to determine if ivermectin showed a progressive dose-, regularity-response in terms of protection from COVID-19 and COVID-19 related outcomes.

Materials and methods: This is a prospective observational study of the program mention above, that used ivermectin at a dose of 0.2mg/kg/day for two consecutive days, every 15 days. We obtained and analyzed the data regarding the accumulated dose of ivermectin use, in addition to age and comorbidities, to analyze the patterns of reduction of COVID-19 infection, hospitalization, and mortality rates, and risk of dying from COVID-19, according to the regularity and amount of ivermectin used in a 5-month period.

Following definitions of regularity, we considered as strictly regular subjects that used at least 180mg of ivermectin (180mg = 30 tablets), and as sporadic users subjects that used 60mg (= 10 tablets) or less during the 5-month period.

Comparisons between subjects that did not use ivermectin and these two levels of regularity of ivermectin use were performed. Analysis of the intermediate levels of ivermectin use are present in the supplement appendix of this study. To analyze hospitalization and mortality rates, we utilized the database of COVID-19 infections of all participants, from Itajaí and outside. To analyze COVID-19 infection rate and risk of dying from COVID-19 we utilized the Itajaí city database.

Propensity score matching
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FDMU24_pDMjLNuUVTaUrUbYc71kyQ3J7RReBWScnxYAESo5G1TlneRsEdM6rqSnbhSzIL6prQJE7YPEegIppwne_g_XpPCQLEv5AvXICEuSBWNpr-vViX93OqJPHbPRgdb9u2p4BPbSeH6ADHqrZT4sbieC89QluXmfdkD1u76DoihES6qD-l6I9Sg-lZsw2h398_UAFUvN49e65gooa7eHTPhS3ES8ZZd3oMgo6czb0w_hoqdaTGa19CzbM5XtzS1xenMadDe00DbXS9B9ar-y3IB-5Kqh7j_bxLQdImgHtExmdXH9nVDglq36FTGuW4cD6udF35m_JH03tvYqLz9Bakz3W5s5KsP1GHLnB0fwEj5K9>
(PSM) was employed, followed by multivariate adjusted analysis for residual differences (doubly adjusted analysis).

Results:

* Of the 7,345 cases of COVID-19, 3,034 occurred in non-users, 1,627 in sporadic users, and 289 in strict users, while the remaining cases occurred in the intermediate levels of ivermectin use. Strict users were older ($p < 0.0001$) and non-significant higher prevalence of type 2 diabetes and hypertension.

* COVID-19 infection rate was 39% lower among strict users [4.03% infection rate; ($p < 0.0001$)] than in non-users (6.64% infection rate), and non-significant 11% reduction compared to sporadic users (4.54% infection rate) ($n = 1,627$ in each group; RR, 0.89; 95%CI 0.76 – 1.03; $p = 0.11$).

* Hospitalization rate was reduced by 100% in strict users, compared to non-users and to sporadic users, both before and after Propensity score matching ($p < 0.0001$).

* After Propensity score matching, hospitalization rate was 35% lower among sporadic users than non-users (RR, 0.65; 95%CI, 0.44 – 0.70; $p = 0.03$).

Research and clinical practice show that using re-purposed drugs for Covid-19 have huge benefits. These include multi-drug, multi-staged treatments for Covid-19 disease that prevent severe disease, decreases hospitalization rates and decreases death. It is time our government and state licensing board recognize this and let physicians practice medicine.

'Off-label' drug use: an FDA regulatory term, not a negative implication of its medical use.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FEBwD170msY5zAUgurraVA8h-TGv0rsUtX4hed4Ix8rRSCzmDN8Yz4TmH3gXH-ayENMFL5W5id4QI2YOFN5Rzy0BW-2xtr4_u5yF-MfF_gkCznyLNa6I5PumyvfhCNWOy0wZHEq1gApMp3PZSUAWhuWfOdRP33mhB-_01B5XUQ7K0CFqPqTbnX9RviRT7l-oeoQq8Lpe67xrJR-zpyLGdI2Q3rRBu3e227-vEuECGgraG0TXLIZR8YMMgDZO3zMtK3bG-M5ogb9gQIW35JLei5hT-AZIXhVI&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc64d973725ff4c88a7f208d9ea641233%7C11d0e
Int J Impot Res. 2008 Mar-Apr;20(2):135-44. doi: 10.1038/sj.ijir.3901619. Epub 2007 Nov 15. PMID: 18004389.

Highlights:

* A doctor's decision to inform the patient of the 'off-label' status of the prescription is not relevant to the physician's standard of care for an informed consent case.

* The FDA has specifically stated that its procedures and requirements have no effect on the practice of medicine and that the FDA does not prohibit doctors from prescribing drugs in an 'off-label' manner.

* The FDA's approval of a drug is immaterial to the effectiveness in the drug's 'off-label' use. In fact, prescribing medication in an 'off-label' manner can constitute the standard of care in many cases.

* A doctor's duty is to practice medicine and treat his patient, not inform the patient of the FDA's non-medically related labeling. Therefore, doctors should not be branded with the additional duty of disclosing non-pertinent information, such as the FDA's medically irrelevant distinction, to their patients

*It is estimated that 21% of all prescription drugs are prescribed "off-label."

For fun, I took the countries that reportedly use Ivermectin country-wide and compared them to the USA, Israel and Sweden. I chose a three month cut-off, although the results were extended further. I did this because I don't know when some of the countries began ivermectin use.

Can you guess who now has the highest death rates per million? Yeh -

1. USA
2. Israel
3. Sweden

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FBsrDMOIAQpNwp9Ovb4BVfct2bNnH8rEzFZaUP3pPpXanmupnBx3hXVaoFXJ3FMhT8JoRoajEsmuux4qrLpRpzgYBuP-wanKkhxbOCK0oQ6p6ay5FYO3KQBgjGYubOCMXsjBmSgrsb2Bw-QHSg4RvyJ0XoVv2sdS8P-vUgP5s4H4dy2FKNew0ubS0UNrNAszNU9zxta1PTg_z4fTv0a0nJt_-8TntOS4ZSwje0eKkAe6u4IQg_QfgJ05Q93AtaPveAuLVOsd4aQ3tGJfQjx6o33IjIqCpRsaHQwWzmb4rmXe65W

Notes: I included - India, because although not all regions use Ivermectin - although the most populated due. Likewise Africa - which many nations treat with ivermectin prophylactically and these world maps do not break down Africa by Nations (weirdly imperialistic). I did not include Bulgaria, as although they use ivermectin - their death rate numbers are skewed for other reasons not worth delving into.

But it is still an interesting snap shot as to where much of the world is right now.

<https://cdn.substack.com/image/fetch/w_32,c_scale,f_png,q_auto:good,fl_progressive:steep/https%3A%3Ashare

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2RqBkKfajnP92I4fMDk0OAP5nNLSfbzrHUvD_Hx4J-t8yvC2oTou3JMpyL77twWm0KC4ZS3popp2kveteKSOQogJubcqHnX79-zV1E9JI0L__cFyeYrlj1g4U1dLqT3cyOy7YxHCvW0mGBaOd-w9c7sjW8XTJhbIt5CNUxJyQY6DHkK8ma78tOC9mLUPO31W3Ml88fzC8pdgxg&data=04%7C01%7Cwsboh%4. For the full experience, become a paid subscriber.

>https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2Fc%2FjvNV6uVR5b9ZkZvZt5wZuCouzFpdW_c6crN2EKi4NI3YAx07tBDI4syOtiISOiFrn2WXuRHrujqzgqOQTDSJ6QZW2BHBCLMnxC8IoIHgx2HAacExI1UFgQXjqgpZhG7EbCgFKA4JfEA3agVuk5yMaXuHzB28tNZdJGusQ5azfih6w_h58s9svAj2tkQW-
8zqZ7Te8Ut25ejn_aqBp7nY1A84WxxIVqckuz73qWyufEyDVN15B4G8zWI9rhdzYeOv5VsQNmJVvs8d9zXDslferM_b0-3WFXugj_hGfaNPu9nG6jB70dlvcvb9sP7LdK3JwMBiZ93rouK198betb1xCKQY59TIN-RvkWhlQxqLT2LhhrgkwwtZQ4EXIp3hmdD6YeR4yRwuM8jvDMb89VGcjAoUge8X_zc7ukln0roMfWe5yovmArpy

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2F08a5X4WZe4gVTL0BY2BwRg1DIUVMsR-SwA0cmwo39EJH6qIaAFomm9gMIzj9WDaSMYm7dZ_wQoIRcs4xqrgLJQ0iLETPCRG6BAnfF4gGiHjAn8BsFBIUYZg7BU4Tn43p9YKsFnhjY5ha1thGK5Z6LLVh_LrkXWs7jN9BbSKkZmUDxeNXC7Ix3RXUgiQwf3M53s_vuLmmlSv0Q3sYn60zr186S-Zcnu9ratddo2Z2Fr2faI8uQryRJO8vUk2Xt-szskf93L79ud3ZNO2TrVqcrdo0z9tP3Vc7yR5cu-

Virginia

<https://email.mg2.substack.com/o/eJwlUNuOhCAM_Zrl0RTk5gPfQhCqy46gAZyJf7-Mpk2anDbnUu8arnu5zLHXRjC5uNkVM5aOB-uaoZJzqkApPgEnwFBAtdAkVrsUvO9NKyeS45y36F2Le7YxGKFHBkB-jVJecEApvddhoouCkS6LcIHDNCslyFfyujNEzB4NvrFce8YH7kRcjyDGqSsaBqw3SKpBcDb0Ypx6cG6cqfeTZoM4XnMsV0Ws5s3DE-k9jzlrFhuJ0zqUVH1WGvXgSbjp27YGhbStcLeWbMpn-S2HiGFf6aVdLQ>

From: Sam Grant
Sent: 2/8/2022 1:31:45 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

In regards to the agenda section 5 stating that this Covid vaccine prevents transmission from person to person is a lie! It has been well documented that even people who are fully vaccinated are still getting and giving Covid to others. Fully vaccinated people are also still dying in hospitals due to their other comorbidities. Unvaccinated people who are typically healthy have less than a one percent chance of dying from this. Children have even less of a chance of getting any extreme illness. This vaccine has no business being mandated! COVID-19 is not a threat to the common person. It is only a threat if you are old, obese or have other medical issues. Healthy average people do not need this vaccine!

Thank you,
Samantha Grant

From: Greg Little
Sent: 1/27/2022 5:08:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Terry Zeimantz
Sent: 1/28/2022 11:20:55 AM
To: DOH WSBOH
Cc:
Subject: Important to Consider

External Email

Dear SBOH Members,
Your decision will have a major impact on how Washington citizens live. Please take time to review the following link and be open to other perspectives.

<https://odysee.com/@bonniesmit:0/264-Dr.-Lee-Merritt---session-86-The-Fog-Is-Lifting:a>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fodysee.com%2F%40bonniesmit%2F%40264-Dr.-Lee-Merritt---session-86-The-Fog-Is-Lifting%3Aa&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0ce62540dcf643ba50e408d9e2934627%7C1>>

Sincerely, Terry Zeimantz

From: Eatonville Senior Surprise 2022
Sent: 2/8/2022 11:15:39 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

On the agenda notes for the Feb 10 technical meeting, #5&6, mentions that the vaccine prevents the disease, and that it reduces the transmission.

I'm confused as I thought it had been established that the vaccines only job was to lessen the severity of covid to the person that contracts it and that vaccinated people can still carry, transmit and become ill from Covid.

With that in consideration, although I am vaccinated, I do not agree with making it a requirement for schools or work places.

Thank you

Amy Rounds

Sent from my iPhone

From: Rodney Thompson
Sent: 1/31/2022 12:25:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Riva Hevia
Sent: 2/2/2022 11:13:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pamela Burger
Sent: 1/13/2022 9:30:44 AM
To: DOH WSBOH
Cc:
Subject: Agenda

External Email

Good morning,

I have a couple questions.

Why did you change your agenda?

You put out your agenda, then when people (understandably) became upset, you proceeded to put out more messages about misinformation when you were the one spreading it?

It did not go unnoticed what you have done. Many people wrote to TV stations and other news outlets hoping someone would pick up this story nationally. We will continue to monitor your actions and forward them as appropriate.

Regards,

Pam

From: Claire Brossmann
Sent: 2/8/2022 9:30:29 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear tag group,

I am a grandmother and I have three beautiful grandchildren. I am concerned about introducing the experimental MRNACovid shot to young children. I don't understand why you are considering this shot to be helpful? As I understand the MRNACovid shot no longer prevents or provides a person from the possibility of contracting Covid. There have been cases of Myocarditis in young children caused by this vaccine. The survival rate from Omicron is 99.99% for young children. I just don't understand how this shot can be helpful or beneficial to young children? I hope you will use good sense and kindness when making your decisions. The youth is so precious and our hope for the future.

Thank you,
Claire Brossmann (A Seattle resident)
Sent from my iPhone

From: rob morrill
Sent: 2/1/2022 10:09:26 AM
To: DOH WSBOH
Cc:
Subject: Gene Therapy injections for children

External Email

We, as parents, reject the gene therapy injection which is being proposed for school admissions and media outlets. We will not comply with the forced injections. If the gene therapy injections were successful, much like the common vaccines, measles, chicken pox etc. then injections would be successful. These gene therapy injections, which are NOT vaccines, cause great physical harm to individuals and are not preventing the spread of covid. Hence, the need for many injections, boosters, masks social distancing etc. The injections will not stop as the virus continues to mutate. CDC states children 5-12 are less likely to become deathly ill from covid. 1 in 1 million children will die from covid. Hardly a reason to inject an MRNA gene therapy injection into young children. I suggest you read peer reviews on the effectiveness of the gene therapy developed and the damage it is doing to the unsuspecting population that failed biology in school. Japan, Demark are currently rejecting the gene therapy drugs in favor of alternative methods, Ivermectin HCQ etc. to treat covid patients with much greater success than the gene therapy injections. You will not mandate these experimental injections in our children. You will not harm our children with forced injections. Period. Just like you tried to gain police powers to enforce this madness, denied you were, then admitted you did. You cannot tell the truth. I'm afraid the misinformation being promoted is your group in my opinion. You are a public servant. This means you will answer to us, not the pharmaceutical companies or the fake science to pass off this dangerous gene therapy you call vaccines.

Robert E. Morrill

From: Angelica Johnson
Sent: 2/8/2022 11:03:20 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I'm writing as a concerned parent of a Washington school age child. You cannot include the covid 19 shot on the school requirements schedule. It's EUA only! If you vote to include it, get ready for Nerumberg 2.0. It's genocide. It's NOT safe NOR effective! Vote NO. It's the only ethical thing to do. Please save our children.

Sincerely
Angelica in Tacoma

From: Erica
Sent: 2/7/2022 9:05:18 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

My husband was vaccinated for COVID-19 in November and was just diagnosed with a blood clot that goes from his elbow to his collarbone. This is a clot that formed in only weeks. He has never had a blood clot before and no genetic propensity for blood clots. If you mandate this mRNA injection for children there will be blood on your hands and you know it.

--

Sent with Tutanota, the secure & ad-free mailbox.

From: DAVE JAENICKE
Sent: 1/13/2022 1:08:17 PM
To: DOH WSBOH
Cc:
Subject: SUPREME COURT! SHOVE YOUR VAX MANDATE UP YOUR ASS YOU FUCK
ASSHOLES!

External Email

Sent from my iPhone

From: Kirstin Leroue
Sent: 1/31/2022 8:15:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ron Soliday
Sent: 2/7/2022 5:31:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dennis Trittin

Sent: 2/3/2022 11:27:58 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Urgent need for course change

External Email

Dear Health Board,

As an author of curriculum to prepare young people to flourish in adulthood, I was heartbroken by an article from a public school teacher on the devastating impact our health-related policies are having on children. I urge you to read this article with an open mind and thoughtfully consider an immediate course change toward mandates (current and proposed) that are destroying lives in the name of public health. The latest research from Johns Hopkins on the futility and damage from lockdown policies only confirms the need for policy reversal. Our children's futures are at stake, and we are all counting on you to do the right thing.

Here is the article for your review: <https://bariweiss.substack.com/p/im-a-public-school-teacher-the-kids>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fim-a-public-school-teacher-the-kids&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf4e3cefb22194d41127f08d9e74b2419%7C11d0e217>>

Thank you for your consideration and service.

Sincerely,

Dennis Trittin

Gig Harbor

From: Lindsey Martin
Sent: 2/9/2022 8:15:15 AM
To: DOH WSBOH
Cc:
Subject: Thursday meeting comment

External Email

I am against adding the COVID vaccine to the k-12 requirements. It has been shown that the vaccine is more dangerous to kids than COVID is. To approve this would be beyond idiotic and the result will just be more kids leaving the public system.

I can only think the reason there won't be any public comment time during this meeting is because you all already know you'll receive an overwhelming response of those who will comment against this.

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:15:02 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid meeting 1-12-22

From: Tracy Moreland <carbonriver2022@outlook.com>
Sent: Monday, January 17, 2022 2:34 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Covid meeting 1-12-22

External Email

January 15, 2021

Dear,

Kaitlyn Donahoe

This letter is regarding the Washington State Health Department meeting on January 12, 2022 to make proposed changes to allow local health officers to use law enforcement (WAC-246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246 100 045) following refusal to voluntarily comply requests for medical examination, testing, treatment, counseling, vaccination (WAC246-100-040). These specifics come from WAC 246-100. This includes the Covid-19 injections as part of school immunization requirements using WAC 246-105.

This ruling, which is not a law, but a ruling will force people to containment camps who are not vaccinated. Using the false assumption that the vaccines are only the solution to end the covid 19 and the variants is grossly negligent. There is overwhelming evidence and data showing there are many alternative therapeutics and treatment solutions for Covid-19. Such as and not limited to, vitamin c, d and zinc, black seed cumin treated early has significant positive results. Ivermectin and Hydroxychloroquine were being used at the very start of the Covid -19 pandemic with great success and continue to be used. They have no long term side effects and have been used for decades and are very inexpensive to produce and readily available. We have witnessed these two drugs save two seniors from dying from the covid 19 virus and many individuals that have used these therapeutics and treatment solutions and were cured of Covid-19.

As an elected or public official, your first obligation is to no harm, known as common law 1st, do no harm its constitutional duty. We are all equal no one is above the law, no one lives above the law. You are causing harm. Rule of law which clearly states that the government as well as private actors are accountable under the law.

I have researched by listing and reading from many Medical and Senior Law experts, which they state no one knows the long-term effects of these Covid 19 vaccines.

What I have seen on the VAERS report dated back in Aug 8th, 2021, 571,830 total reports of adverse effects, only between 1-10% of adverse events are reported in VAERS by some estimations.

Deaths 12,791, Life-threatening 13,140, permanently disabled 16,044, Hospitalizations: 51,242 Anaphylaxis 5,282 bell's palsy 4,461, miscarriages 1,505 heart attacks: 5,590 severe allergies 24,3050.

According to WHO, World Health Organization, the Vigil Access was launched by the World Health Organization in 2015 to provide public access to information in VigiBase. This is the WHO global database of reported potential side effects of medicinal products.

I have listed a few and these are the total adverse reactions:

Mumps vaccine: 713 from years 1972-2021

Hepatitis B vaccine: 104,827 from years 1984-2021

Pneumococcal vaccine: 236,307 from years 1980-2021

Influenza vaccine: 272,438 from years 1968-2021

Covid 19: 2,513,185 from ONE YEAR 2020-2021

This is illegal unlawful and unmoral. You are causing harm.

Respectively,

Howard & Tracy Moreland

Orting, Washington

From: barbaraschultz428@gmail.com
Sent: 1/26/2022 4:10:04 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

Hello, I have concerns already for the overly legalized list of vaccines mandated. We do not need to add another. Especially not to add a vaccine not having gone through and verified for safety. This would relate to Agenda Item #9

For Agenda Item #11, To prohibit change of 246-105 WAC, Must be prohibited from adding any health treatment that is not thoroughly tested past Phase III safety trials. Safety being not maiming or death, early onset or future.

From: JoeAnne Wurzer
Sent: 2/8/2022 7:39:12 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Anastasia Harper
Sent: 1/27/2022 9:24:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Suzanne Kordish
Sent: 2/8/2022 6:42:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christine Lambert
Sent: 2/8/2022 5:41:23 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Whitney Wytko
Sent: 1/22/2022 10:31:53 AM
To: DOH WSBOH
Cc:
Subject: Opposition to mandatory Covid vacc. For school entry.

External Email

I am an educator.
We don't require flu shots, why would we require Covid shots! Not a question.

My 5 th grade students asked me during a science unit about how if we breathe out CO2, how can it be good to wear a mask and breathe it in all day long....out of the mouth of babes.

This control grab needs to stop. Use your heads and stop believing the garbage you read. Stop being lazy, do your own research and stop letting people sucker money from the state.

Coronavirus has been around for centuries, it is not containable, 2 years in and you haven't figured that out??!! This virus moves through animals, but even as I print it is continuing to slow down and become less and less severe (as virus's do). Offer a yearly vaccine, such as we do with the flu. But mandate one, NO!!

We need to remain America, and continue to have and respect freedoms.
Stop making billionaires out of our pharmaceutical companies and CEOs

Whitney Wytko
WSTA Rep. 3, ESD 171
5 th Gr. Teacher

From: Robert Holte
Sent: 2/4/2022 2:47:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Timothy Ramsey
Sent: 2/7/2022 10:57:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Wendy Di Napoli
Sent: 2/7/2022 9:06:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Wanda Bowman
Sent: 2/7/2022 9:55:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brendon Cromwell
Sent: 1/30/2022 5:59:38 PM
To: DOH WSBOH
Cc:
Subject: Re: Question on Chapter 246-100 WAC

External Email

I have yet to hear a response... 2 weeks seems like a reasonable timeframe for a response.

-Brendon

On 12Jan 2022, at 1:55 PM, Brendon Cromwell <bacromwell@mac.com> wrote:

Could Chapter 246-100 WAC as written or proposed be enforced against people infected with COVID-19?

-Brendon

From: Susie Warto
Sent: 1/28/2022 3:17:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Annette Rose
Sent: 2/9/2022 8:53:52 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaccine

External Email

Please do not mandate the covid "vaccine". That would be my final straw and I would remove my kids from public education and seriously look at moving out of this state. No one on this board, or in this state, or government leader, can ensure the safety of this shot. NO ONE. It can't be done. There is no safety data. It hasn't been out long enough. And if you're doing any critical thinking at all, or research, or paying any attention to what is going on around the world, you will see that athletes are collapsing on fields and gyms in record numbers... This has never happened before. We watched as a 20 year old BYU basketball player went numb on the court, during a game, and was taken off the court. He now has myocarditis and will never play basketball again. 20 years old. 100% healthy before receiving the shots. My son is a college basketball player and we pray every day for his and his teammates continued health and safety. My sons best friend, 20 years old, just had an emergency surgery to remove a blood clot, before it made it's way to his lungs, which would have probably killed him. Just a few months after receiving his shot. My friend's 27 year old wife had a stroke right before Christmas, with in a few weeks of receiving her booster. And I could go on and on and on. There is a facebook posts with HUNDREDS OF THOUSANDS of comments about adverse reactions and death, people have experienced since getting their shots. Until Pfizer releases ALL of the safety data it is absolutely abhorrent that we are even having a conversation about adding this shot as a requirement to going to public school.

Anyone who wants the shot can get it. YOU want it? Get it. A teacher wants it? They can get it. A student wants it? They can get it. No one is saying they can't. But it absolutely should not be mandated. If my child is forced to get it and has an adverse reaction, you can bet I will be coming after every agency, the department of health, the school board, OSPI for forcing it. The drug companies are not liable. That means you are. If you mandate it you are accepting liability. You will be in violation of the Nuremburg codes, as you can not get informed consent, because no one knows what the side effects actually are. They won't tell us.

The right answer is no. PERIOD. The shot is available for anyone that wants it. That is enough. Have some morals and ethics and stand up and do the right thing. For us, our children, our grandchildren, you're children and grandchildren. Be better than a political pawn in our power hungry tyrant of a governor's game that he refuses to quit playing. We all can see it doesn't stop the spread or transmission of covid. And children have a .0000018 chance of dying from covid. So WHY??? WHY would you ever even consider making it mandatory? The risk of myocarditis becomes 1 in 6 for a male under 40, after being given this shot. Yet that same male has a 99.98% chance of surviving. It just doesn't make any sense. None of it makes sense. And it's time people that have the ability to exercise common sense and make the right choices do. For all of us little people that do not have a voice. YOU are our voices. We need you to hear us and act in our best interests. PLEASE!!!!

Annette Rose

From: kelley mcnicoll
Sent: 2/2/2022 10:47:52 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Pam Halliday
Sent: 1/28/2022 6:42:33 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Spies
Sent: 2/3/2022 5:21:59 PM
To: DOH WSBOH, Marysville School District
Cc:
Subject: A74E0A84-4E35-4ECA-A6BC-089BEDA7DF91

External Email

<https://vaccinereport.org/aier-reports-masking-children-tragic-unscientific-and-damaging/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaccinereport.org%2Faier-reports-masking-children-tragic-unscientific-and-damaging%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C112d251f94f548635b8608d9e77ca30e%70>>

Dear Marysville School District & WA State BOH,

Please review the attached link & information. When are you going to follow the real science & truth? Masks & experimental jabs don't work to protect our children & they're very damaging to our children.

Government bureaucrats that are incompetent & being dishonest & corrupt will be held accountable for crimes against humanity & the Nuremberg codes.

Sincerely,

#WeThePeople & Parents of our children.
□□□□□□□□□□□□□□□□

From: Drew Vincent
Sent: 1/28/2022 10:09:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: j
Sent: 1/31/2022 2:45:57 PM
To: j
Cc:
Subject: Dr. Zelenko on TikTok MUST SEE!!



attachments\61ECC61F19E34620_video.mp4

External Email

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From: Eric Dillin
Sent: 1/28/2022 5:21:04 PM
To: DOH WSBOH
Cc:
Subject: Covid Tech Advisory Feedback



attachments\0F9F0991277C49EC_smime.p7m

External Email

Message was attached to: Covid Tech Advisory Feedback

From: Eric Dillin
Sent: 1/28/2022 5:21:03 PM
To: DOH WSBOH
Cc:
Subject: Covid Tech Advisory Feedback

Hello

Re: "COVID-19 Immunization Technical Advisory Group/Feedback Requested
The State Board of Health has coordinated with the state Department of Health (DOH) to convene a technical advisory group (TAG) to evaluate the COVID-19 vaccine against the Board's immunization criteria and then make a recommendation on whether to add the vaccine to the state's list of required immunizations for school entry. The WA State Board of Health is currently gathering feedback on potential inclusion"

Will there be public meetings on the above? Or where can one submit feedback?
My daughter is in elementary school at Seattle Public Schools

Thanks
Eric Dillin

From: Rance Staley
Sent: 1/29/2022 7:48:49 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Katie Parkinson
Sent: 1/31/2022 11:36:55 AM
To: DOH WSBOH
Cc:
Subject: Masking in schools

External Email

To whom it may concern:

It's been a VERY long time since us parents have gotten any communications from our district and state leaders regarding when masking for our students is going to be over. This has gone on entirely too long. Isn't it time masks should be an option for students and staff? I feel no one is advocating for us who wish to move on from this endemic. The staff and students who are vaccinated and want to continue to wear maske are advocated for but we are left frustrated and ignored.

We are one of the last states to have these mandates! Why is this "emergency" lingering for 2 years?! It's time to speak up and update us families on when this is projected to stop. It's been crickets this entire school year.

Frustrated parent,
Katie

<<https://docs.google.com/uc?export=download&id=1TbTVvdNMr35yRSYpeYgwmoOvv9Ucd0UN&revid=0B8>

Katie Parkinson | NextHome Northwest Group (kpnwgroup.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fkpnwgroup.com%2F&data=04%7C>

From: Deb
Sent: 2/8/2022 10:33:25 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I am writing to you to STRONGLY encourage you to vote NO on the vaccine mandate for school age children. You know that the majority of parents are against this and many, many more children will be leaving the already failing government school system if you do this.

Also, there is zero proof that this inoculation does anything other than cause potential harm to kids. Not sure how you all sleep at night knowing this is a huge money grab by the pharmaceutical companies and does nothing for public health.

Thank you,
Deborah Hibbs

From: S Zajonc
Sent: 2/9/2022 4:28:22 AM
To: DOH WSBOH
Cc:
Subject: Stop the vaccine mandates

External Email

Democracy requires freedom of choice.
Please preserve our democratic process and allow parents to decide for their own families.
Thank you.

Susan Zajonc MS, LMHC, NCC, RN
New Energy Cottage
www.SusanZajonc.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.susanzajonc.com%2F&data=0>

<<https://drive.google.com/uc?id=0ByB19DeWNT9nZnNqMFBSWUhCRTg&export=download&resourcekey=0-ZSdg7hWNHkOXWnV0aQIxA>>

From: Susan Garfield
Sent: 2/8/2022 9:34:24 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mindy Smotherman
Sent: 1/31/2022 11:03:02 AM
To: DOH WSBOH
Cc:
Subject: Survey questions

External Email

Dear Sir or Madam,

Just because you make something a rule or mandate does not, in any way, make it legal.

Mindy Smotherman

From: Testify Online Survey
Sent: 1/31/2022 5:22:34 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/22

2.

Agenda Item or Issue:

Covid vaccines and school requirement

3.

Your Name:

Dawn

4.

Do you have a professional title?

1. Yes

Office admin

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

dnk509@yahoo.com

8.

Phone Number (Include Area Code):

5094682996

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

The Covid vaccine requirement discussion of the advisory group

11.

Are you Pro or Con on the proposal?

2. Con

I do not believe with the amount of infections and the cdc stating it's 6x-24x the actual number of cases reported that we shouldn't look at natural immunity as part of this. We also need the next 5-8 years of data accumulated as parents to feel comfortable with long term affects. We do not require a flu vaccine, we have sent our kids to school regardless of the pandemic and the shots are available to who wants them, this should not be recommended at this time not required, the data on severity doesn't back this at all. The people at risk we know are not this age group unless obese, kidney, diabetic, heart issues. They will get vaccinated. We know being vaccinated doesn't stop cases, infections nor stop giving it to someone. Hold off for the data on these vaccines before requiring it. I am vaccinated so I can be protected but I do not want my children to be required with it at this time and they have had it and have antibodies.

From: wendy Frankenberg
Sent: 1/30/2022 2:44:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lynsie
Sent: 2/7/2022 11:35:29 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I would like to testify. My number is below

Lynsie Holt
206.818.0251
Sent from my iPhone

From: Jim Heald
Sent: 1/27/2022 7:47:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Charleen Goodrich
Sent: 2/7/2022 3:24:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tiz @ CLG / NATF
Sent: 2/1/2022 7:05:41 AM

To:

CDCINFO@cdc.gov,council@whatcomcounty.us,itccsoffice@gmail.com,LOCS@cdc.gov,regsqna@health.ny.g
WSBOH

Cc:

Subject: doctors speak out on ingredients in vax and policy change

External Email

https://rumble.com/vsek4f-confirmation-for-what-youre-seeing.html?fbclid=IwAR1VkeIOFdpBHDdNMETc6rFEdSTpTnr6IOe4KTkvb_u843ITU4jIC5BtaYM

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvsek4f-confirmation-for-what-youre-seeing.html%3Ffbclid%3DIwAR1VkeIOFdpBHDdNMETc6rFEdSTpTnr6IOe4KTkvb_u843ITU4jIC5BtaYM&data

I am

Sovereign by nature of existence; not of license nor statute, and it does not take leave based on administrations, nor does it suffer deprivation due to jurisdiction. Sovereignty remains while policies change.

"They" say that Life is what you make it.

What are we to do, upon confirmation that "they" are Liars?!

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

From: Nate Kontos
Sent: 1/29/2022 7:46:41 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccination mandate

External Email

I received a link to complete a survey for COVID-19 vaccination immunization for children. I spent over 10 minutes writing out thoughtful responses only to see that "the maximum number of responses have already been received...". Why send out a survey if you're only looking for the first 100 (or 1000) responses? (Survey is supposed to be open for another few days).

I support medical professionals' opinions. If doctors and scientists recommend children get vaccinated, I support their decision. We don't get layman opinions regarding other immunization requirements; why ask what uneducated people think when it comes to the health and safety of our children? My kids are vaccinated because I believe it's the responsible thing to do. As someone not in the medical field, I wouldn't force others to do something I'm uneducated about. But if doctors believe it's imperative to public safety, I would support a mandate/requirement- just as I do for other immunizations.

Thank you,

Nate Kontos

From: Aimee Wilkins
Sent: 1/28/2022 3:39:03 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sierra Walker
Sent: 1/30/2022 2:43:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Doug Cowan
Sent: 1/26/2022 10:00:01 AM
To: DOH WSBOH
Cc:
Subject: January 12th, 2022 zoom meeting

External Email

The original email was sent 01/12/2022. It did not arrive at its destination. Here is option #2.

Good morning and happy Wednesday.

Thank you for providing the opportunity for public input today. I only became aware of this last Friday evening. By then It was too late for public comments. I saw no public announcements except the internet rumor mill Friday evening. The only public announcements came Monday.

Perhaps better public communication by all possible means (television, radio, internet) would help.

Thank you too for the clarification of the meeting agenda, specifically what it does not include, i.e. proposed changes to WAC 246-100-070.

With that said I have chosen to leave the meeting.

I would appreciate clarification of what power the current WAC 246-100-070 actually can impose on the public concerning immunizations, exemptions and failure to comply.

As a retired 43-year veteran of public education who taught immunology (how the immune system works), the value and history of vaccines, and the benefits of natural acquired immunity in my human anatomy and physiology classes as well as being a high school football and wrestling coach all my required immunizations are up to date.

The exception is what the N.I.H. calls the experimental mRNA and DNA Adenovirus protocols produced by Pfizer, Moderna, Astrazeneca and J&J.

My issue follows on the history of the Nuremberg Trials, resulting in the 1947 Nuremberg codes.

U.S. law embraced the Nuremberg Codes with two laws:

1. 21 cfr 50.23 & 24. It is illegal to make anyone participate in an experimental program using coercion.
2. 18 cfr Section 2331 Subsection 802. Anytime a U.S. citizen is forced to do something they would not otherwise do is coercion and domestic terrorism.

To be sure, reading the text of these two laws is laborious in distilling the details into simplicity.

Two final questions:

1. If these two federal laws are accurate does the current WAC 246-100-070 stand in violation?

2. If the aforementioned laws are accurate is the Washington State Board of Health willing to be in violation? Are there exemptions? If so please explain.

Lastly, the FDA requires by law Package Inserts to be enclosed with every dispensed drug. The purpose of these P.Is is to inform the recipient of all the controlled experiments showing the efficacy of the drug, but more importantly the potential adverse effects.

The recipient now has the information necessary to give informed consent. I wonder how many ask to see the the P.I. before getting injected with these protocols.

Watch any televised drug commercial. In fine print and fast talking person these potential adverse effects are mentioned.

If I ever choose to step out of the Control group of this worldwide experiment and potentially partake in the "jab" protocols I will demand to see and read the P.I. Only when I have the evidence of the efficacy and adverse effects required in the P.I. will I be better equipped to give my informed consent. It will be my choice not coercion.

I have a lot more to say. I apologize for this not being a Laconic statement. As a former teacher and athletic coach I choose to leave no stone uncovered when committing to excellence.

Respectfully,

Doug Cowan

From: Lisa Lane
Sent: 2/7/2022 3:32:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Heather Feroy
Sent: 2/9/2022 8:37:12 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine Requirement

External Email

To whom it may concern,
I am a mother of two children - 6 and 8 years old. I understand there is a meeting (zoom for the public) on Thursday, February 10th from 9am-3pm to discuss the possibility of making the covid-19 vaccine required for students k-12. Since public comment is not allowed during this meeting, I decided to email the board members. My children are healthy. They have been exposed to covid from my husband and I twice since last April. They ever showed symptoms, never tested positive, they thrived. Their bodies fought anything that came their way which is why I am **STRONGLY ENCOURAGING** you all to please consider **NOT** making the covid-19 vaccine a requirement. Children have been exposed to this and are not affected by this whatsoever. Why would we inject our children with something that is still in the experimental process when they don't need it? I am not against vaccines. My children have had all the vaccines I had when I was a child. My children no longer get the flu shot. Their immune systems are so strong and build every day. From getting natural immunity from my husband and I, their immune systems are 10x stronger than another child who receives the vaccine. There is **ZERO** science behind this vaccine. Social Media and the MSM are pushing this in so many ways and rewarding people who receive it. Does that not raise red flags? Everything about this **SCREAMS CONTROL**. My husband and I refuse to vaccinate ourselves because we have had it. People call us "conspiracy theorist" but everything we have said in the past is now becoming the truth.

We will not allow our children to get vaccinated just to attend public school. That is unconstitutional, we have our god given rights, and it is coercion.

Please **PLEASE** do not make this a requirement to attend public school. My children love going to school. They love seeing their friends and making memories. Please don't take that away from them.

Thank you for taking time out of your day to read my email.

Sincerely,
Heather Feroy
Federal Way Public School District

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Mary Collins
Sent: 2/7/2022 11:27:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Fred Sargent
Sent: 1/28/2022 12:48:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cassandra Chamberlain
Sent: 2/8/2022 11:33:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tim Caldwell
Sent: 1/26/2022 10:04:21 AM
To: DOH WSBOH
Cc:
Subject: Fwd: WSJ.com: The High Cost of Disparaging Natural Immunity to Covid

External Email

Dear State Board of Health,

How you the governing body over Washington State Policy can continue to ignore Natural Immunity, Damage to children from masking and public meeting where you pretend a WAC language has never been used in Washington pretty outrageous.

Dr Bob Lutz did use such involuntary quarantine tactics and then you unanimously hired him to the State Board shortly after his firing from the Spokane Board of Health.

Authoritarianism originates with petty bureaucrats and power hungry elected officials like Jay Inslee abusing their emergency powers to destroy small businesses and freedom of the residents of Washington State.

Why did you not stand up and follow the actual science such as cloth masks have and always will be a face decoration and nothing more. You all knew this and still let us be one of a few states with a mask mandate.

Only truly stupid people or those who crave power over others put in place and or support fake science and policy to satisfy their own inflated egos.

Next you Doctor's will be telling people leeches and blood letting are scientific cures. I ask you to find your integrity and go back to your oath of doing no harm. The opposite of what you have been doing the past two years.

There will be studies for years to quantify the damage done to our children. The OSPI of Washington is not a regulatory agency and neither is WSSDA and threatening school district for violating bad policy that everyone points to you and will be remembered.

You could have stood up to Jay Inslee and not threatened Doctors medical licenses or damaged people with erroneous policy and instead you remained silent and did nothing or worse took away medical licenses of Doctors who actually followed their oath.

Stop lying to the public as I have friends who are former military doctors and they have been prescribing Ivermectin since 1997.

People like yourselves have damaged the credibility of the medical profession in a way that will take the rest of my life to recover if it ever does.

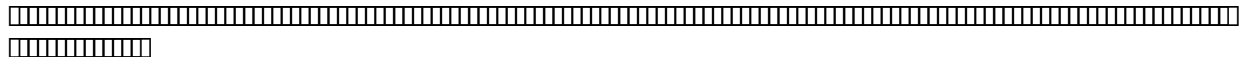
Just like Fauci during the Aids crisis he pursued a monolithic plan of an Aids Vaccine and not therapeutics which became the answer. He discounted and subverted research and people died just like they did during Covid. You and others like you are complicit in these deaths.

Sincerely,

Tim Caldwell

Begin forwarded message:

From: Tim Caldwell <no-reply@share.wsj.com>
Date: January 26, 2022 at 9:24:50 AM PST
To: Timcaldwell@comcast.net
Subject: WSJ.com: The High Cost of Disparaging Natural Immunity to Covid



[Trouble viewing this email? View in web browser >](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2Ft%2Fe-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-n-l-l%2F&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cbfc7d44541314fbf135d08d9e0f60eb0%7C11d0e217>

<http://i4.cmail19.com/ti/d/7D/940/FB6/013006///csimport/header-logo-wsj_0.jpg>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2Ft%2F-l-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-t-r-l%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbfcd44541314fbf135d08d9e0f60eb0%7C11d0e217>

The High Cost of Disparaging Natural Immunity to Covid

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2F%2F-l-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-i-r-l%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbf7d44541314fbf135d08d9e0f60eb0%7C11d0e217>

By Marty Makary

Vaccines were wasted on those who didn't need them, and people who posed no risk lost jobs.

[Read the Article >](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2Ft%2F-l-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-d-r-l%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbfc7d44541314fbf135d08d9e0f60eb0%7C11d0e217>

Related Articles

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2Ft%2F-l-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-k-r-l%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7cfc7d44541314fbf135d08d9e0f60eb0%7C11d0e217>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2Ft%2F-l-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-u-r-l%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7cfc7d44541314fbf135d08d9e0f60eb0%7C11d0e217>

Opinion | What Are Republicans For?

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Access WSJ.com and our mobile apps. Subscribe

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailshare.cmail19.com%2Ft%2F-l-dd2ab84d7ecc11ec99e4c5f96e1137a8-l-b-r-l%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbfc7d44541314fbf135d08d9e0f60eb0%7C11d0e217>

<http://i6.cmail19.com/ti/d/7D/940/FB6/013006///csimport/powered-by-dow-jones-trans_2.png>

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<<https://emailshare.cmail19.com/t/n/d-o-dd2ab84d7ecc11ec99e4c5f96e1137a8-l/o.gif>>

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:19:50 AM
To: DOH WSBOH
Cc:
Subject: FW: WSBOH Meeting Jan 12, 2022 - OPPOSE

From: Sharlene Greene <sharlenegreene67@gmail.com>
Sent: Tuesday, January 11, 2022 1:18 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: WSBOH Meeting Jan 12, 2022 - OPPOSE

External Email

Respectfully, Sir/Madam,

I'm writing to let you know that I am uniting with many people in Washington State to stand against the tyranny we are facing.

This letter is regarding the WSBOH meeting scheduled for Jan. 12, 2022.

According to information I have seen on the web in recent days, it appears that WSBOH will be discussing proposed policies that pertain to -WAC 246-100-070, WAC-246-100-045, and WAC 246-105.

You do not have our permission.

You need our permission.

Our kids are not your property.

Our bodies are a temple of the Holy Spirit and is not owned by the government

We are born with free will and we will retain that until death.

Thank you,

Sharlene A. Greene

From: Robert Holte
Sent: 2/3/2022 2:31:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Spies
Sent: 1/23/2022 10:20:17 AM
To: DOH WSBOH
Subject: 81B87917-DF32-465C-BEE6-FD6C217E88ED

External Email

<https://stevekirsch.substack.com/p/how-to-verify-for-yourself-that-over>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fhow-to-verify-for-yourself-that-over&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C25421667095b4c0da5fc08d9de9cde41%7C11d0e21>>

Dear WA State BOH,

Please review this information & link. How long are you, Fauci, the cdc, the fda, the Biden regime, the dishonest corrupt government bureaucrats & the medical community going to ignore, censor, lie & deny all of the science, facts & proof?

Eventually the truth will be exposed & you will be held accountable for crimes against humanity & the Nuremberg codes.

Sincerely,

#WeThePeople

□□□□□□□□□□□□□□□□

From: DOH Information
Sent: 2/3/2022 3:25:15 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\CC72126D9E984106_image001.png

Hello,

Below is a customer inquiry regarding the survey you recently sent out about requiring COVID-19 vaccination for school age children.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, February 3, 2022 11:10 AM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Comment on the web

2.

Please enter your comments or questions in the space provided below:

Will the Department of Health open another survey for the community members to give their opinions about requiring COVID-19 vaccination for school age children? The threshold setup on the survey needs to be increased so more community member opinions can be entered. If that is not an option, please accept the follow as community feedback with regard to requiring Covid-19 vaccinations for school-aged children. I, Kim Ah Choy, a US Citizen living in Washington State for the past 41 years, strongly support a requirement that all school-aged children receive the full Covid-19 vaccination series prior to entry into any public school within the State of Washington. It is a matter of public health and safety. Mahalo Nui Loa (Thank you very much), Kim Ah Choy

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
Unavailable

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Kim Ah Choy

Email:

ahchoyk@gmail.com <mailto:ahchoyk@gmail.com>

Telephone:

808-365-7357

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

ahchoyk@gmail.com <mailto:ahchoyk@gmail.com>

From: Angela Anderson
Sent: 2/9/2022 8:36:47 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dear Covid Vaccine TAG,
I am writing to use as a concerned citizen, parent and grandparent of Washington. Please do not require the Covid vaccine for students in Washington. They are a very low risk group and there is no data on the long term affects of this biological agent. Protect the health of our children and wait for further research to be done before you require it.
Sincerely,
Angela, Shoreline

Sent from Angela's iPhone

From: Mike Borgens
Sent: 1/29/2022 2:00:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Angela Smith
Sent: 2/8/2022 8:10:42 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Edward Fisher
Sent: 1/27/2022 4:03:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: MYRON Phillips
Sent: 1/28/2022 11:24:04 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/26/2022 7:44:12 PM
To: DOH WSBOH
Cc:
Subject: Recordings of Possible Botched Administration of COVID Vax on Kids "Some people got the wrong one"

External Email

https://www.bitchute.com/video/yy_5vyWq-Hs/

you really need to not mandate these vaccines. you are then going to be held responsible...you are not just following orders you are creating them. Nuremberg 2.0

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Susan Peirone
Sent: 2/4/2022 12:43:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Deborah Wyatt
Sent: 2/8/2022 7:47:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Becky Ellison
Sent: 2/8/2022 9:05:33 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please vote against mandatory covid vaccines for kids. Please recognize the fact that there is no published literature on pediatric Covid-19 vaccine effectiveness for children. It is too early to know of long-term effects of this vaccine.

Thank you.

Becky Ellison
Everett, Washington

From: iLima Rogel
Sent: 2/7/2022 5:59:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lisa Degross
Sent: 2/8/2022 2:18:19 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

No Covid shots for our kids! Absolute no!

Sent from my iPhone

From: Michelle Reither
Sent: 2/7/2022 7:39:24 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jotform
Sent: 2/6/2022 9:16:57 PM
To: DOH WSBOH
Cc:
Subject: Re: Stop The Child Vaccine Mandate Petition - Barbara Cutshaw

External Email

<<https://cdn.jotform.ms/assets/img/logo2021/jotform-logo.png>>

Stop The Child Vaccine Mandate Petition

Name

Barbara Cutshaw

Email

bjcutshaw@hotmail.com

Zip

, , , , 98271

Cell Phone Number

(4253506252)

You can edit this submission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fedit%2F520>

and view all your submissions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Ftables%2F2>

easily.

From: Beth Glick
Sent: 1/27/2022 8:48:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Adriane McLaughlin
Sent: 2/3/2022 1:07:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hoff, Christy Curwick (DOH)
Sent: 2/9/2022 7:03:53 AM
To: DOH WSBOH
Cc:
Subject: FW: mandate

From: Cori Goodmansen <corigoodmansen@gmail.com>
Sent: Wednesday, February 9, 2022 6:11 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: mandate

External Email

I am emailing you in reference to the voting that is taking place today on the Covid 19 mandate for children to enter schools.

I strongly oppose this mandate. I will be home schooling if this takes place in our state- which will pull me away from my full-time Clinical Practice.

The risk for children is low for Covid-19 but the risk they are taking with the vaccination runs high (we now know there is a high risk of myocarditis).

If teachers feel unsafe they should mask and vaccinate.

Please consider all facts before voting today.

Thank you for your time.

Dr. Corene Bodily-Goodmansen

From: Richard Minami
Sent: 2/3/2022 5:49:32 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ELAINE SPURGEON
Sent: 1/28/2022 9:14:05 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jessica Patzer
Sent: 1/27/2022 4:48:39 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Holly Garcia
Sent: 2/9/2022 12:06:48 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello Board Members,

I understand that you will soon be meeting to discuss covid vaccines for kids in school settings. I respectfully ask that this not become a part of the regular vaccine schedule requirements for school age children, and that it will stay optional. There are no studies available that show the vaccine effectiveness in the K-12 setting nor does covid pose a deadly risk to 99.9%+ of children. Adding a vaccine requirement for something that is statistically not a threat to children is unnecessary. Please give us all the freedom of choice.

Thank you for your time.

Holly Garcia

From: DOH Information
Sent: 2/3/2022 3:21:28 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\11EC4B17791F49CB_image001.png

Hello,

Below is public comment regarding vaccine mandates in schools.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, February 3, 2022 12:17 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

As a teacher in Washington, I am hoping that the Department's decision on vaccine mandates for students will be based on health and not on political motivations. I am a special education teacher and many of my students are medically fragile and extremely susceptible to illnesses. Masks and social distancing have helped to keep transmission low, thankfully. I worry that the decisions to require vaccines and to do away with masks will be politically motivated and not based on the health of ALL students and staff--especially due to the fact that a survey was sent to Washington parents and not to school staff.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Bobbie Kidd

Email:

bobbiekidd@gmail.com <mailto:bobbiekidd@gmail.com>

Telephone:

2069107398

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

From: Paul Blauert
Sent: 2/1/2022 9:10:45 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Bennett
Sent: 1/27/2022 11:21:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Theresa Lane
Sent: 2/4/2022 1:00:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Timothy Read
Sent: 1/28/2022 11:40:57 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Rasmussen
Sent: 1/27/2022 4:46:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stephen Eneberg
Sent: 1/31/2022 8:26:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Chelsea Ochoa
Sent: 2/8/2022 3:05:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Samuel Warren
Sent: 2/8/2022 3:26:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Vaccines and Masks do not work for COVID anymore. The nonsense has to stop! Please stop it.

From: Suzanne
Sent: 2/9/2022 9:16:51 AM
To: DOH WSBOH
Cc:
Subject: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

External Email

To Whom it May concern,
I would like to know if this is a vote that the community will be able to have a say? I don't see any option for public comment for this meeting like the last one. Please advise.
Thanks
Nicole Bishopp

From: Sergio Valencia
Sent: 2/8/2022 9:41:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maija Pizzano
Sent: 2/7/2022 3:47:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maria Leonard
Sent: 2/1/2022 10:00:36 PM
To: DOH WSBOH
Cc:
Subject: K-12 grades- Please Mandate Covid vaccination

External Email

Good evening,
We are hoping that a mandate will be implemented for Covid vaccination for K-12 grades.
Masks and vaccinations will hopefully help get our kids back to In-person in the Fall of 2022.
The vaccinated should be in schools and those that do not wish to vaccinate can zoom.
We have been patiently waiting.
Just like chicken pox, MMR , and other vaccines required to attend school, the Covid vaccine should be of utmost importance.
Thank you for your time,
The Leonard family

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Jason Brester
Sent: 1/29/2022 4:56:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: xavier.figueroa
Sent: 1/29/2022 10:47:06 AM
To: DOH WSBOH,DOH Secretary's Office
Cc:
Subject: Checking on receipt status



*attachments\2E1AC4DC478440B6_BoH Jan 23 2022 - COVID19 Inoculations
Final.pdf*

External Email

Dear Members of the BoH, DoH, Secretary of Health Shah and the Office of the Secretary of Health,

I am following up on two emails that I sent and have not received read receipts on.

In order to ensure that the emails and their attachments are confirmed as received, I am sending my email in a PDF format, just in case the size and format of the email has been flagged by email software as suspicious.

Very Respectfully,

Xavier A. Figueroa, Ph.D.

Keith Grellner, R.S., Chair
Dr. Thomas Pendergrass, Vice Chair
Elisabeth L. Crawford, Mukilteo Council Woman
Temple Lentz, M.S., Clark County Council Woman
Vazaskia Crockrell, M.B.A candidate
Fran Bessermin, B.A.
Bob Lutz, MD, MPH
Umair Shah, M.D., M.P.H. and designee of Secretary Shah, Tao Sheng Kwan-Gett, M.D., M.P.H.

Members of the Washington State Board of Health, Department of Health and the Office of the Secretary of Health,

I write to you today on the issue of COVID19 inoculations, mask mandates, and the use of lockdowns. You are all officers on the board of health for Washington State and two of you are elected officials in council member positions. Four of you have advanced medical and scientific training. All of you are failing in your designated duty to protect the health and safety of the citizens of Washington State and in upholding the rule of law.

The recent denial of ICWA's petitions on January 12th, 2022, that was meant to remind the Board of Health (BoH) that federal and state laws are required to be upheld, was summarily dismissed on the grounds that, to quote Dr. Pendergrass, "I do not want to be in the setting where I am preventing some future event from occurring." It is concerning that members of the board agreed and voted to allow future boards to potentially violate state, federal and international law. As the board should be aware, all the COVID19 inoculations are still under E.U.A. and the provisions under 21 CFR section 360bbb3(a) are still in effect. It is impossible to provide informed consent if you do not have the necessary data to provide to physicians and recipients of medical products, as the clinical trial are ongoing.

A concerning aspect of the BoH's position on the COVID19 inoculations for children and the technical advisory group (TAG) convening is that the TAG should never have been formed in the first place. The BoH holds that the TAG was convened to review all the data on the COVID19 inoculations, but that cannot be possible. SARs-CoV-2, for our younger population, does not demonstrate a significant morbidity or mortality risk compared to pneumonia and influenza (P&I; Figure 1). The current totality of scientific evidence already demonstrates a far greater threat to the health and safety to our children from these experimental therapies (Pfizer/BioNTech, Moderna and Janssen) than the SARs-CoV-2 virus ever did (Figure 2). What is apparent is the bias displayed by the Washington State DoH in presenting data to the BoH and overreliance on the Western States Scientific Safety Review Workgroup. This does not relieve the BoH of its responsibility to demand a complete review of the existing data. If the Washington State BoH was solely reliant on the Western States Scientific Safety Review Workgroup recommendations, the BoH has left gaping holes in its review of the totality of scientific, epidemiological, safety and medical data that it needed to analyze.

I am sure that I do not need to remind the BoH that all PCR/NAAT and antigen tests are in the market under an emergency use authorization (E.U.A.). They are not cleared to diagnose or even have a guarantee of being accurate or reliable. Medical and technical publications on the reliability of the PCR/NAAT tests show a wide range of false positivity

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7934325/>; BMJ 2020;369:m1808 doi:

10.1136/bmj.m1808; <https://www.jwatch.org/na52823/2020/11/30/accuracy-rapid-sars-cov-2-antibody-test-kits-limited>), as well as the need of verifying the ability to culture virus in order to guarantee that PCR tests have a modicum of reliability at Ct values above 30 cycle times (<https://academic.oup.com/cid/article/72/11/e921/5912603>). The indicated articles are just a sampling of what has been published.

The reliability of the 6 month results from the Pfizer clinical trial as an indicator of the outcomes of the general population have been questioned (<https://blogs.bmj.com/bmj/2021/08/23/does-the-fda-think-these-data-justify-the-first-full-approval-of-a-covid-19-vaccine/>) and the post-authorization (note: this is not a post-marketing surveillance report) review by Pfizer itself shows a higher than expected morbidity and mortality (**5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021**; <https://phmppt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>): 1,223 deaths out of 42,086 patients (a 2.9% risk of death). This is unprecedented and concerning that the BoH has not addressed or acknowledged the Pfizer report and event. I am unaware that the Western States Scientific Safety Review Workgroup has even commented or reviewed this information.

The totality of evidence in the United States of America is indicating that there is a tightly linked correlation between COVID19 administration and reports to the VAERS system (Figure 2). Until coroners and local pathologist begin the critical autopsy work on these patients, we have to rely on these systems to make health policy choices. So far, the roll out of the COVID19 inoculations are indicating a higher rate of AEs, SAEs (stroke and myocarditis) and death than historical averages for all recent vaccine reports (Figure 3). Even comparing all VAERS deaths from 1990 up to 2021, the totality of deaths is orders of magnitude higher than the closest comparable year (2018-2019) and exceeds six-sigma deviations (Figure 4). I have not seen a single statement by the BoH and the Western States Scientific Safety Review Workgroup comment or review any of the data presented here in this letter.

The reports submitted to VAERS are supported by over 1022 peer-reviewed medical article (see references) that align with the list of expected side effects that were disclosed at the FDA Vaccines and Related Biological Products Advisory Committee – 10/22/2020; (<https://m.youtube.com/watch?v=1XTiL9rUpkg>). The potential side effects are listed:

1. Guillain-Barré syndrome
2. Acute disseminated encephalomyelitis
3. Transverse myelitis
4. Encephalitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
5. Convulsions/seizures
6. Stroke
7. Narcolepsy and cataplexy
8. Anaphylaxis
9. Acute myocardial infraction
10. Myocarditis/pericarditis
11. Autoimmune disease
12. Death
13. Pregnancy and birth outcomes
14. Other acute demyelinating diseases
15. Thrombocytopenia

16. Disseminated intravascular coagulation
17. Venous thromboembolism
18. Arthritis and arthralgia/joint pain
19. Kawasaki disease
20. Multisystem Inflammatory Disease in Children
21. Vaccine enhanced disease

Thrombocytopenia/ Thrombosis	Stroke	Ischemia/ischemic	Myocarditis	Pericarditis	Guillain-Barre	Myelitis	Adenopathy	Cancer	Bell's Palsy	Encephalomyelitis
306	12	12	212	60	15	18	52	10	26	1

The table above highlights the most common reported post-vaccine associated side effects that are in the attached list of Articles/Reports. The articles were collated and prepared by the Save us Now network (<https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal/>), but I was able to confirm that all are peer-reviewed articles or related to the post-vaccine effects or programs/policy to reduce vaccine hesitancy.

This should be more than sufficient to cause a moment of pause by the members of the BoH and to re-assess the appropriateness of continuing with the current path.

As part of my writing to you, I have a few questions that I would like answered by Secretary Shah, his designee or the members of the DoH and the BoH.

1. When the COVID19 vaccination program began in Washington State, where any members of the Secretary of Health's office, the Washington State DoH or the BoH provided with the list of potential side effects that were presented to the Vaccines and Related Biological Products Advisory Committee? Did the Western States Scientific Safety Review Workgroup review the data available or the known and unlisted components of the COVID19 inoculations?
2. If a potential list of side effects was not provided, what steps (if any) did the Secretary of Health's office, the Washington State DoH or the BoH take to acquire a list of potential side effects and the ingredients in the injections? Was there a request sent to the Western States Scientific Safety Review Workgroup to provide you with such information?
3. What steps (if any) did the Secretary of Health's office, the Washington State DoH or the BoH take to ensure that physicians, clinicians, nurses, pharmacists, and other health care professionals could provide informed consent to individuals receiving these COVID19 inoculations?
4. Where there any discussions or meetings held by the Secretary of Health's office, the Washington State DoH or the BoH to establish a stopping condition for the COVID19 inoculation program?

5. Where there any attempts or recommendations by any members of the Secretary of Health's office, the Washington State DoH or the BoH to request or review deaths or serious adverse events that may have been linked to any of the COVID19 inoculations in Washington State?
6. Have any members of the Secretary of Health's office, the Washington State DoH or the BoH attempted to collect or review autopsy or pathology data on adults or children reported to have died following or be suspected of dying from one of the COVID19 inoculations?
7. The Western States Scientific Safety Review Workgroup announced on May12, September 24, October 22, November 19 of 2021 and January 5, 2022 that they had reviewed the data from the Pfizer, Moderna and Janssen clinical trial and were continuing to recommend COVID19 inoculations from Pfizer, Moderna and Janssen, as well as the boosters. Has the Western States Scientific Safety Review Workgroup commented on or analyzed the Pfizer CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021? Has the Secretary of Health's office, the Washington State DoH or the BoH reviewed the same?

I am sure that I will have more questions as time and information from public and private sources become available. I look forward to receiving your information and learning more about the process and decision making used by the various offices and departments. I hope that this dialogue will help to support the health and safety for all Washingtonians.

Very Respectfully,

Xavier A. Figueroa, Ph.D.

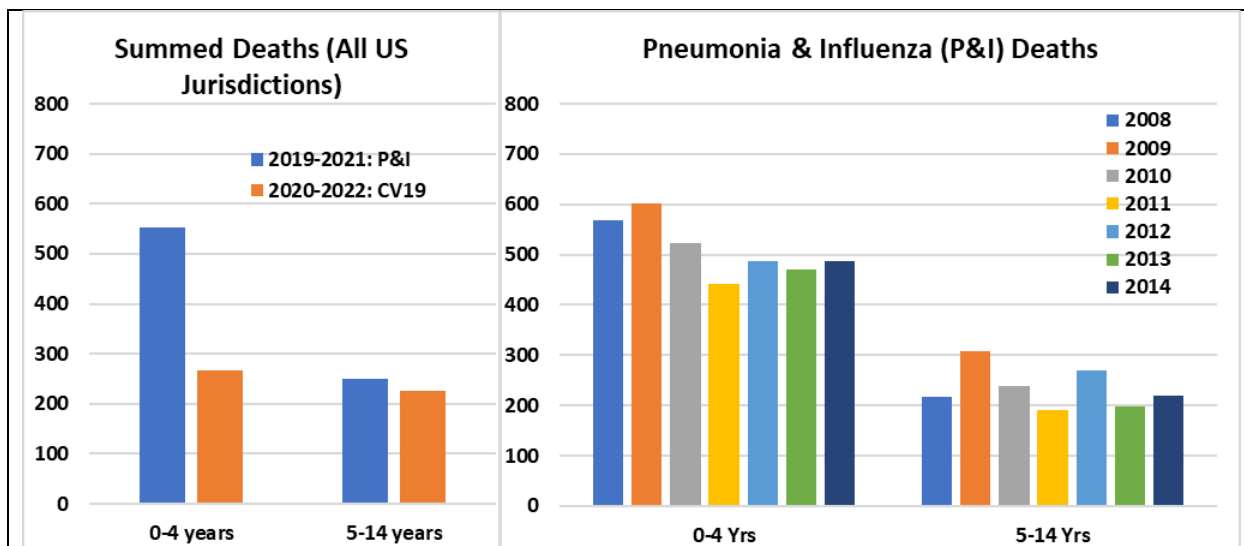


Figure 1 – Comparing the death rates between seasonal P&I and COVID19 cases. Left, comparison of 2019-2021 P&I and 2020-2022 COVID19 deaths. Right, all deaths from 2008-2014 from P&I in the age groups.

COVID-19 Data: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Age-in-Years-/3apk-4u4f>; Pneumonia & Influenza data: <https://data.cdc.gov/NCHS/AH-Monthly-Provisional-Counts-of-Deaths-for-Select/65mz-jvh5>; P&I data from 2008-2014: https://www.cdc.gov/nchs/data/health_policy/influenza-and-pneumonia-deaths-2008-2015.pdf

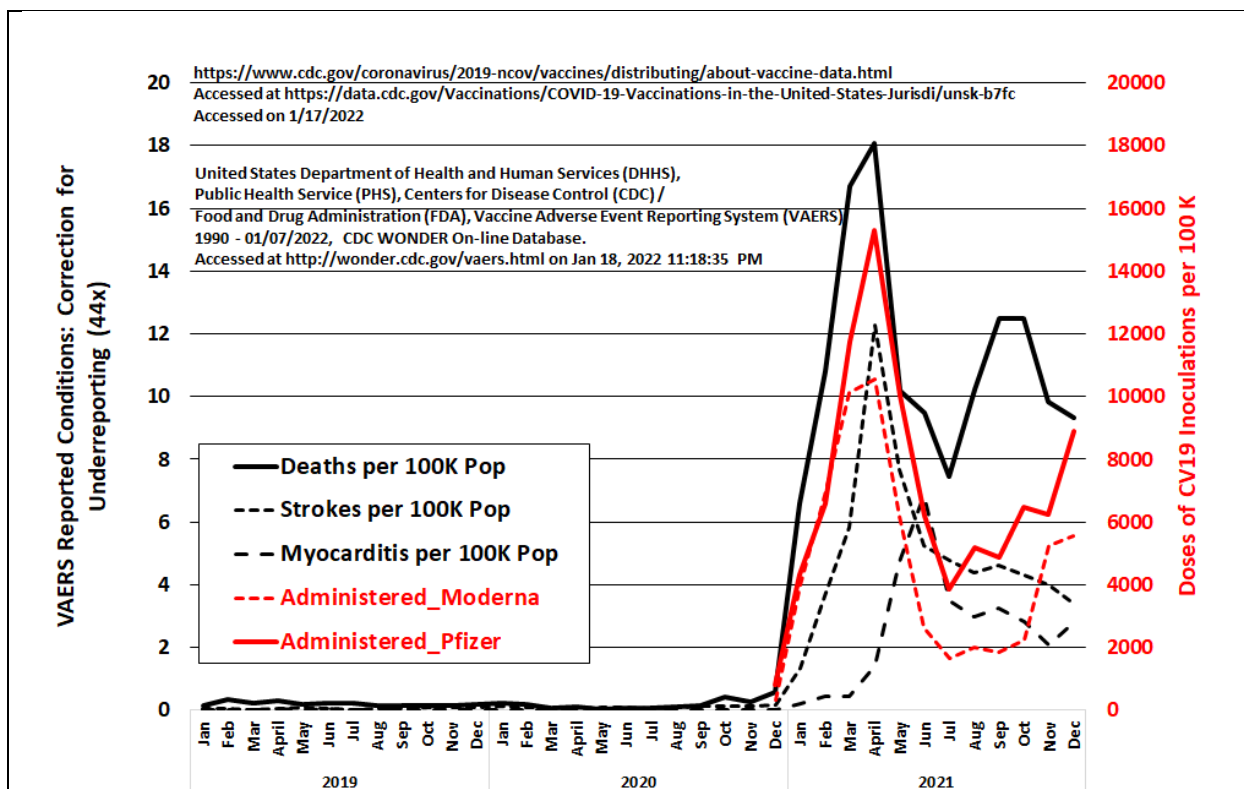
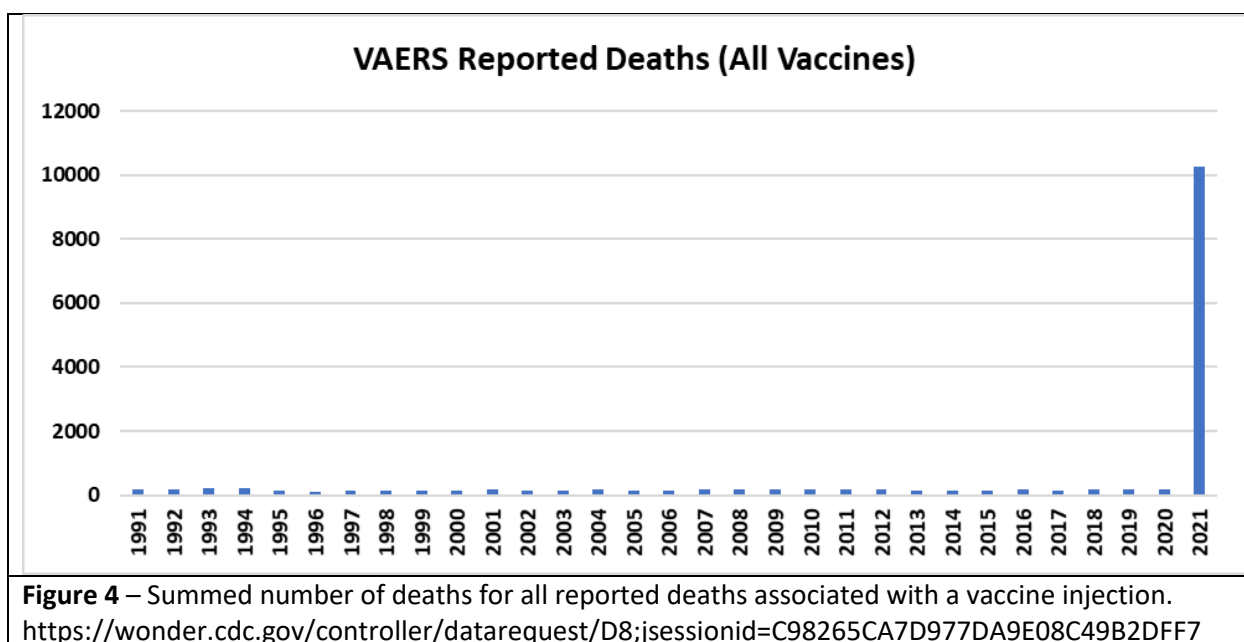
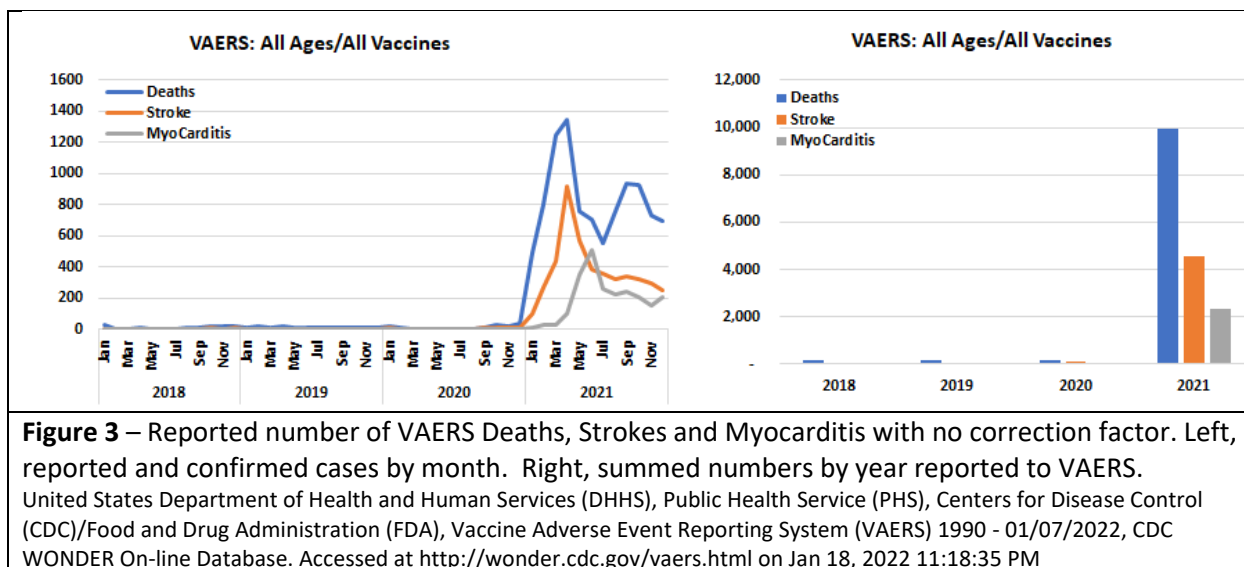


Figure 2 – Temporal correlation of Pfizer/BioNTech and Moderna inoculations on the general population and reported cases of adverse event to the Vaccine Adverse Events Reporting System (VAERS) The VAERS data



Articles/Reports
Cerebral venous thrombosis after COVID-19 vaccination in the UK: a multicentre cohort study: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01608-1/
Vaccine-induced immune thrombotic thrombocytopenia with disseminated intravascular coagulation and death after ChAdOx1 nCoV-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1052305721003414 3.
Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/
Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: https://www.sciencedirect.com/science/article/pii/S2666602221000409
Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
Acute thrombosis of the coronary tree after vaccination against COVID-19: https://www.sciencedirect.com/science/article/abs/pii/S1936879821003988
US case reports of cerebral venous sinus thrombosis with thrombocytopenia after vaccination with Ad26.COV2.S (against covid-19), March 2 to April 21, 2020: https://pubmed.ncbi.nlm.nih.gov/33929487/
Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccine: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00197-7/
Management of cerebral and splanchnic vein thrombosis associated with thrombocytopenia in subjects previously vaccinated with Vaxzevria (AstraZeneca): position statement of the Italian Society for the Study of Hemostasis and Thrombosis (SISST): https://pubmed.ncbi.nlm.nih.gov/33871350/
Vaccine-induced immune thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with COVID-19; a systematic review: https://www.sciencedirect.com/science/article/pii/S0022510X21003014
Thrombosis with thrombocytopenia syndrome associated with COVID-19 vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0735675721004381
Covid-19 vaccine-induced thrombosis and thrombocytopenia: a commentary on an important and practical clinical dilemma: https://www.sciencedirect.com/science/article/abs/pii/S0033062021000505
Thrombosis with thrombocytopenia syndrome associated with COVID-19 viral vector vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0953620521001904
COVID-19 vaccine-induced immune-immune thrombotic thrombocytopenia: an emerging cause of splanchnic vein thrombosis: https://www.sciencedirect.com/science/article/pii/S1665268121000557
The roles of platelets in COVID-19-associated coagulopathy and vaccine-induced immune thrombotic immune thrombocytopenia (covid): https://www.sciencedirect.com/science/article/pii/S1050173821000967
Roots of autoimmunity of thrombotic events after COVID-19 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S1568997221002160
Cerebral venous sinus thrombosis after vaccination: the United Kingdom experience: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01788-8/fulltext
Thrombotic immune thrombocytopenia induced by SARS-CoV-2 vaccine: https://www.nejm.org/doi/full/10.1056/nejme2106315
Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in “23 male patients, including 22 previously healthy military members,

myocarditis was identified within 4 days after receipt of the vaccine”: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601
Thrombosis and thrombocytopenia after vaccination with ChAdOx1 nCoV-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104882?query=recirc_curatedRelated_article
Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: https://pubmed.ncbi.nlm.nih.gov/34374740/
Thrombotic thrombocytopenia after vaccination with ChAdOx1 nCov-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104840?query=recirc_curatedRelated_article
Post-mortem findings in vaccine-induced thrombotic thrombocytopenia (covid-19): https://haematologica.org/article/view/haematol.2021.279075
Thrombocytopenia, including immune thrombocytopenia after receiving COVID-19 mRNA vaccines reported to the Vaccine Adverse Event Reporting System (VAERS): https://www.sciencedirect.com/science/article/pii/S0264410X21005247
Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination: https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478
Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine. Brain MRI revealed an intracerebral hemorrhage (ICBH) in the left temporal lobe in a 52-year-old man. https://www.sciencedirect.com/science/article/pii/S2589238X21000292#f0005
Comparison of vaccine-induced thrombotic episodes between ChAdOx1 nCoV-19 and Ad26.COV.2.S vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0896841121000895
Hypothesis behind the very rare cases of thrombosis with thrombocytopenia syndrome after SARS-CoV-2 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S0049384821003315
Blood clots and bleeding episodes after BNT162b2 and ChAdOx1 nCoV-19 vaccination: analysis of European data: https://www.sciencedirect.com/science/article/pii/S0896841121000937
Cerebral venous thrombosis after BNT162b2 mRNA SARS-CoV-2 vaccine: https://www.sciencedirect.com/science/article/abs/pii/S1052305721003098
Primary adrenal insufficiency associated with thrombotic immune thrombocytopenia induced by the Oxford-AstraZeneca ChAdOx1 nCoV-19 vaccine (VITT): https://www.sciencedirect.com/science/article/pii/S0953620521002363
Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: https://www.sciencedirect.com/science/article/pii/S0828282X21006243
“Portal vein thrombosis occurring after the first dose of SARS-CoV-2 mRNA vaccine in a patient with antiphospholipid syndrome”: https://www.sciencedirect.com/science/article/pii/S2666572721000389
Early results of bivalirudin treatment for thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with Ad26.COV2.S: https://www.sciencedirect.com/science/article/pii/S0196064421003425
Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
Mechanisms of immunothrombosis in vaccine-induced thrombotic thrombocytopenia (VITT) compared to natural SARS-CoV-2 infection: https://www.sciencedirect.com/science/article/abs/pii/S0896841121000706
Prothrombotic immune thrombocytopenia after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0006497121009411
Vaccine-induced thrombotic thrombocytopenia: the dark chapter of a success story: https://www.sciencedirect.com/science/article/pii/S2589936821000256

Cerebral venous sinus thrombosis negative for anti-PF4 antibody without thrombocytopenia after immunization with COVID-19 vaccine in a non-comorbid elderly Indian male treated with conventional heparin-warfarin based anticoagulation: https://www.sciencedirect.com/science/article/pii/S1871402121002046
Thrombosis after COVID-19 vaccination: possible link to ACE pathways: https://www.sciencedirect.com/science/article/pii/S0049384821004369
Cerebral venous sinus thrombosis in the U.S. population after SARS-CoV-2 vaccination with adenovirus and after COVID-19: https://www.sciencedirect.com/science/article/pii/S0735109721051949
A rare case of a middle-aged Asian male with cerebral venous thrombosis after AstraZeneca COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0735675721005714
Cerebral venous sinus thrombosis and thrombocytopenia after COVID-19 vaccination: report of two cases in the United Kingdom: https://www.sciencedirect.com/science/article/abs/pii/S088915912100163X
Immune thrombocytopenic purpura after vaccination with COVID-19 vaccine (ChAdOx1 nCov-19): https://www.sciencedirect.com/science/article/abs/pii/S0006497121013963 .
Antiphospholipid antibodies and risk of thrombophilia after COVID-19 vaccination: the straw that breaks the camel's back?: https://docs.google.com/document/d/1XzajasO8VMMn3CdxSBKks1o7kiOLXFQ
Vaccine-induced thrombotic thrombocytopenia, a rare but severe case of friendly fire in the battle against the COVID-19 pandemic: What pathogenesis?: https://www.sciencedirect.com/science/article/pii/S0953620521002314
Diagnostic-therapeutic recommendations of the ad-hoc FACME expert working group on the management of cerebral venous thrombosis related to COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0213485321000839
Thrombocytopenia and intracranial venous sinus thrombosis after exposure to the "AstraZeneca COVID-19 vaccine": https://pubmed.ncbi.nlm.nih.gov/33918932/
Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33606296/
Severe and refractory immune thrombocytopenia occurring after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33854395/
Purpuric rash and thrombocytopenia after mRNA-1273 (Modern) COVID-19 vaccine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996471/
COVID-19 vaccination: information on the occurrence of arterial and venous thrombosis using data from VigiBase: https://pubmed.ncbi.nlm.nih.gov/33863748/
Cerebral venous thrombosis associated with the covid-19 vaccine in Germany: https://onlinelibrary.wiley.com/doi/10.1002/ana.26172
Cerebral venous thrombosis following BNT162b2 mRNA vaccination of BNT162b2 against SARS-CoV-2: a black swan event: https://pubmed.ncbi.nlm.nih.gov/34133027/
The importance of recognizing cerebral venous thrombosis following anti-COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34001390/
Thrombosis with thrombocytopenia after messenger RNA vaccine - 1273: https://pubmed.ncbi.nlm.nih.gov/34181446/
Blood clots and bleeding after BNT162b2 and ChAdOx1 nCoV-19 vaccination: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34174723/
First dose of ChAdOx1 and BNT162b2 COVID-19 vaccines and thrombocytopenic, thromboembolic, and hemorrhagic events in Scotland: https://www.nature.com/articles/s41591-021-01408-4

Exacerbation of immune thrombocytopenia after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34075578/
First report of a de novo iTTP episode associated with a COVID-19 mRNA-based anti-COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34105244/
PF4 immunoassays in vaccine-induced thrombotic thrombocytopenia: https://www.nejm.org/doi/full/10.1056/NEJMc2106383
Antibody epitopes in vaccine-induced immune thrombotic thrombocytopenia: https://www.nature.com/articles/s41586-021-03744-4
Myocarditis with COVID-19 mRNA vaccines: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135
Myocarditis and pericarditis after COVID-19 vaccination: https://jamanetwork.com/journals/jama/fullarticle/2782900
Myocarditis temporally associated with COVID-19 vaccination: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.055891 .
COVID-19 Vaccination Associated with Myocarditis in Adolescents: https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-053427.full.pdf
Acute myocarditis after administration of BNT162b2 vaccine against COVID-19: https://pubmed.ncbi.nlm.nih.gov/33994339/
Temporal association between COVID-19 vaccine Ad26.COV2.S and acute myocarditis: case report and review of the literature: https://www.sciencedirect.com/science/article/pii/S1553838921005789
COVID-19 vaccine-induced myocarditis: a case report with review of the literature: https://www.sciencedirect.com/science/article/pii/S1871402121002253
Potential association between COVID-19 vaccine and myocarditis: clinical and CMR findings: https://www.sciencedirect.com/science/article/pii/S1936878X2100485X
Recurrence of acute myocarditis temporally associated with receipt of coronavirus mRNA disease vaccine 2019 (COVID-19) in a male adolescent: https://www.sciencedirect.com/science/article/pii/S002234762100617X
Fulminant myocarditis and systemic hyper inflammation temporally associated with BNT162b2 COVID-19 mRNA vaccination in two patients: https://www.sciencedirect.com/science/article/pii/S0167527321012286 .
Acute myocarditis after administration of BNT162b2 vaccine: https://www.sciencedirect.com/science/article/pii/S2214250921001530
Lymphohistocytic myocarditis after vaccination with COVID-19 Ad26.COV2.S viral vector: https://www.sciencedirect.com/science/article/pii/S2352906721001573
Myocarditis following vaccination with BNT162b2 in a healthy male: https://www.sciencedirect.com/science/article/pii/S0735675721005362
Acute myocarditis after Comirnaty (Pfizer) vaccination in a healthy male with previous SARS-CoV-2 infection: https://www.sciencedirect.com/science/article/pii/S1930043321005549
Myopericarditis after Pfizer mRNA COVID-19 vaccination in adolescents: https://www.sciencedirect.com/science/article/pii/S002234762100665X
Pericarditis after administration of BNT162b2 mRNA COVID-19 mRNA vaccine: https://www.sciencedirect.com/science/article/pii/S1885585721002218
Acute myocarditis after vaccination with SARS-CoV-2 mRNA-1273 mRNA: https://www.sciencedirect.com/science/article/pii/S2589790X21001931

Temporal relationship between the second dose of BNT162b2 mRNA Covid-19 vaccine and cardiac involvement in a patient with previous SARS-COV-2 infection: https://www.sciencedirect.com/science/article/pii/S2352906721000622
Myopericarditis after vaccination with COVID-19 mRNA in adolescents 12 to 18 years of age: https://www.sciencedirect.com/science/article/pii/S0022347621007368
Acute myocarditis after SARS-CoV-2 vaccination in a 24-year-old man: https://www.sciencedirect.com/science/article/pii/S0870255121003243
Important information on myopericarditis after vaccination with Pfizer COVID-19 mRNA in adolescents: https://www.sciencedirect.com/science/article/pii/S0022347621007496
A series of patients with myocarditis after vaccination against SARS-CoV-2 with mRNA-1279 and BNT162b2: https://www.sciencedirect.com/science/article/pii/S1936878X21004861
Takotsubo cardiomyopathy after vaccination with mRNA COVID-19: https://www.sciencedirect.com/science/article/pii/S1443950621011331
COVID-19 mRNA vaccination and myocarditis: https://pubmed.ncbi.nlm.nih.gov/34268277/
COVID-19 vaccine and myocarditis: https://pubmed.ncbi.nlm.nih.gov/34399967/
Epidemiology and clinical features of myocarditis/pericarditis before the introduction of COVID-19 mRNA vaccine in Korean children: a multicenter study https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-1360706 .
COVID-19 vaccines and myocarditis: https://pubmed.ncbi.nlm.nih.gov/34246566/
Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines
Myocarditis, pericarditis, and cardiomyopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34340927/
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Association of myocarditis with COVID-19 messenger RNA vaccine BNT162b2 in a case series of children: https://jamanetwork.com/journals/jamacardiology/fullarticle/2783052
Myocarditis after immunization with COVID-19 mRNA vaccines in members of the U.S. military: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601%5C
Myocarditis occurring after immunization with COVID-19 mRNA-based COVID-19 vaccines: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781600
Myocarditis following immunization with Covid-19 mRNA: https://www.nejm.org/doi/full/10.1056/NEJMc2109975
Patients with acute myocarditis after vaccination with COVID-19 mRNA: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781602
Myocarditis associated with vaccination with COVID-19 mRNA: https://pubs.rsna.org/doi/10.1148/radiol.2021211430
Symptomatic Acute Myocarditis in 7 Adolescents after Pfizer-BioNTech COVID-19 Vaccination: https://pediatrics.aappublications.org/content/148/3/e2021052478
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<p>11795468211056634. doi:10.1177/11795468211056634. https://www.ncbi.nlm.nih.gov/pubmed/34866957</p>
<p>Truong, D. T., Dionne, A., Muniz, J. C., McHugh, K. E., Portman, M. A., Lambert, L. M., . . . Newburger, J. W. (2021). Clinically Suspected Myocarditis Temporally Related to COVID-19 Vaccination in Adolescents and Young Adults. <i>Circulation</i>. doi:10.1161/CIRCULATIONAHA.121.056583. https://www.ncbi.nlm.nih.gov/pubmed/34865500</p>
<p>Tutor, A., Unis, G., Ruiz, B., Bolaji, O. A., & Bob-Manuel, T. (2021). Spectrum of Suspected Cardiomyopathy Due to COVID-19: A Case Series. <i>Curr Probl Cardiol</i>, 46(10), 100926. doi:10.1016/j.cpcardiol.2021.100926. https://www.ncbi.nlm.nih.gov/pubmed/34311983</p>
<p>Umei, T. C., Kishino, Y., Shiraishi, Y., Inohara, T., Yuasa, S., & Fukuda, K. (2021). Recurrence of myopericarditis following mRNA COVID-19 vaccination in a male adolescent. <i>CJC Open</i>. doi:10.1016/j.cjco.2021.12.002. https://www.ncbi.nlm.nih.gov/pubmed/34904134</p>
<p>Vidula, M. K., Ambrose, M., Glassberg, H., Chokshi, N., Chen, T., Ferrari, V. A., & Han, Y. (2021). Myocarditis and Other Cardiovascular Complications of the mRNA-Based COVID-19 Vaccines. <i>Cureus</i>, 13(6), e15576. doi:10.7759/cureus.15576. https://www.ncbi.nlm.nih.gov/pubmed/34277198</p>
<p>Visclosky, T., Theyyunni, N., Klekowski, N., & Bradin, S. (2021). Myocarditis Following mRNA COVID-19 Vaccine. <i>Pediatr Emerg Care</i>, 37(11), 583-584. doi:10.1097/PEC.0000000000002557. https://www.ncbi.nlm.nih.gov/pubmed/34731877</p>
<p>Warren, C. M., Snow, T. T., Lee, A. S., Shah, M. M., Heider, A., Blomkalns, A., . . . Nadeau, K. C. (2021). Assessment of Allergic and Anaphylactic Reactions to mRNA COVID-19 Vaccines With Confirmatory Testing in a US Regional Health System. <i>JAMA Netw Open</i>, 4(9), e2125524. doi:10.1001/jamanetworkopen.2021.25524. https://www.ncbi.nlm.nih.gov/pubmed/34533570</p>
<p>Watkins, K., Griffin, G., Septaric, K., & Simon, E. L. (2021). Myocarditis after BNT162b2 vaccination in a healthy male. <i>Am J Emerg Med</i>, 50, 815 e811-815 e812. doi:10.1016/j.ajem.2021.06.051. https://www.ncbi.nlm.nih.gov/pubmed/34229940</p>
<p>Weitzman, E. R., Sherman, A. C., & Levy, O. (2021). SARS-CoV-2 mRNA Vaccine Attitudes as Expressed in U.S. FDA Public Commentary: Need for a Public-Private Partnership in a Learning Immunization System. <i>Front Public Health</i>, 9, 695807. doi:10.3389/fpubh.2021.695807. https://www.ncbi.nlm.nih.gov/pubmed/34336774</p>
<p>Welsh, K. J., Baumblatt, J., Chege, W., Goud, R., & Nair, N. (2021). Thrombocytopenia including immune thrombocytopenia after receipt of mRNA COVID-19 vaccines reported to the Vaccine Adverse Event Reporting System (VAERS). <i>Vaccine</i>, 39(25), 3329-3332. doi:10.1016/j.vaccine.2021.04.054. https://www.ncbi.nlm.nih.gov/pubmed/34006408</p>
<p>Witberg, G., Barda, N., Hoss, S., Richter, I., Wiessman, M., Aviv, Y., . . . Kornowski, R. (2021). Myocarditis after Covid-19 Vaccination in a Large Health Care Organization. <i>N Engl J Med</i>, 385(23), 2132-2139. doi:10.1056/NEJMoa2110737. https://www.ncbi.nlm.nih.gov/pubmed/34614329</p>
<p>Zimmermann, P., & Curtis, N. (2020). Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections. <i>Arch Dis Child</i>. doi:10.1136/archdischild-2020-320338. https://www.ncbi.nlm.nih.gov/pubmed/33262177</p>

From: Amy Galbreath
Sent: 2/8/2022 9:33:38 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dear Technical Advisory Group,
I would like you to consider the fact that including a Covid-19 shot for K-12 school children is not a wise thing to do.
There is no published research at this time that shows it is effective in this age group. Just released last week, a large study by John Hopkins compiled over the past two years has shown that lockdowns, masks and vaccines has had little to no effect of stopping the Covid-19 virus.
Deaths in children of this age from Covid are very few in comparison to others on the list. In fact, because of the isolation, etc. suicide is the 3rd leading cause of death for teenagers ages 15-19.
Then consider the side effects from this vaccine, and it is all the more reason why I would never have my child vaccinated. I would hate to find out my child was one of the ones that died or had permanent bad effects for a lifetime.
Please vote NO on requiring this vaccine. That is a parent's decision.
Thank you.
Amy Galbreath

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:55 AM
To: DOH WSBOH
Cc:
Subject: FW: Emergency order to detain persons due to Covid

From: Vicki Wolford <vickiwolford@yahoo.com>
Sent: Tuesday, January 11, 2022 3:20 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Re: Emergency order to detain persons due to Covid

External Email

As a retired RN I am asking you to vote against this plan to detain people.

This will prove to be damaging and illegal..Vicki Wolford

Sent from Yahoo Mail on Android
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>>

From: Sean & Amanda Davis

Sent: 2/9/2022 9:23:44 AM

To: DOH WSBOH

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please do not add the covid-19 vaccine to the list of requirements immunizations for school. We do not know the long term effects on our children or fully understand the efficacy. Our children are not at risk of death or severe sickness from the virus. Please continue to allow and advocate for informed consent and medical freedom.

Thank you

Amanda Davis

From: Josh Lane
Sent: 2/7/2022 3:32:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jodi Dotson (via Google Docs)
Sent: 2/8/2022 4:59:41 PM
To: DOH WSOH
Cc:
Subject: Covid 19 mandates for children



attachments\05D5BF7CBA914013_Letter.pdf

External Email

jdotson_99@yahoo.com <mailto:jdotson_99@yahoo.com> attached a document
<<https://ssl.gstatic.com/s2/profiles/images/silhouette64.png>>
jdotson_99@yahoo.com <mailto:jdotson_99@yahoo.com> has attached the following
document:

Comment in regard to the SBOH meeting on Thursday.

<https://ssl.gstatic.com/docs/doclist/images/mediatype/icon_1_document_x64.png>
Letter

Google LLC, 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA

You have received this email because jdotson_99@yahoo.com

<mailto:jdotson_99@yahoo.com> shared a document with you from Google Docs.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2F&data=04%2F&context=menu%2Fui%2F&ui=en&gs_l=en&as_safelinks=true)

Jodi Dotson

1013 Liljedahl Rd
Port Angeles, WA, 98363
(360)460-7508
jdotson_99@yahoo.com

8th February, 2022

**State Board of Health Washington
Olympia, WA, 98504**

Dear State Board of Health,

I am writing to you on behalf of all the children in Washington State. This is in regards to the issue of mandating children to be inoculated with the Covid19 gene therapy (vaccine). First of all can you please provide a copy of the ingredients that are in the children's vaccine that you are preparing to mandate? Then can you provide a copy of the testing done that proves the gene therapy is safe and effective?

All the studies done on animals with the Covid 19 gene therapy show the animals died. So, don't tell me you are going to just use the children as test subjects? You all are the Public Health Officers and one would hope you took an Oath to keep people safe from harm. The numbers are staggering on the injuries and deaths from the Covid 19 gene therapy for adults yet, you are willing to just go ahead and push for the children to receive the deadly toxins. How can you people justify this in your conscience? How many children need to be harmed or dead before you stop the push on this stuff.

The psychological damage alone from the masks, lock downs and school closure is heartbreaking. How can you justify putting the children's life at risk to save face? I am bewildered that you would just look the other way and not do the right thing which is to stop this madness. I am a mother, grandmother, nurse educator, and a wife plus I have been in health care for over 35 years and this is absolutely heartbreaking to think you would consider such a thing. If the scenario was different and the (vaccine) gene therapy had passed a rigorous testing and studies proved it was safe then I would agree. This is not

the case whatsoever and children are being harmed and only GOD knows what the true numbers are on vaccine injuries. One would think if this virus was that deadly, then we would be picking people up off the floor, the streets, and find them lying all over the place. This is just not the case and the children are at lower risk of catching it or spreading it.

I plead with you to reconsider this before it is too late and you cannot take it back. My heart just drops to the very pit of my soul when I think about the harm you people are about to instill on the children.

Sincerely,

Jodi Dotson

From: John Wirts
Sent: 1/31/2022 10:28:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brandon Dumont
Sent: 1/27/2022 3:50:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Wayne Howerton
Sent: 2/8/2022 10:11:27 PM
To: DOH WSBOH
Cc:
Subject: Child vaccine requirements

External Email

As you are preparing to answer the questions before you as the BOH TAG regarding COVID "shots" for school children I implore you to Please, Please, Please study the document sent to you by Informed Choice WA responding to all 9 criteria. These "shots" fail the test of all 9 of the criteria.

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. .

..... Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent.....

Adding these shots to the child vaccine regimen flies in the face of science, medical freedom, informed consent, parental rights, and several well know health and experiment doctrines, ie; Barrington, Nuremberg et al.

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is removing the parents from making the healthcare decisions for their children.

Remember your own criteria.....

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

Harm to others cannot be prevented by requiring children attending school to take this vaccine.

In closing:

I challenge your group to make the right decision.

I challenge you to step up to the plate and do something that will positively impact the children in our state for the remainder of their lives.

Your decisions will ultimately impact the rest of our nation's children and possibly children around the world.

Dare to be a hero for all, do not allow these shots to be included in the child vaccine regimen.

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Darla Ridilla
Sent: 1/27/2022 4:21:31 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello Washington State Board of Health,

I am writing to request that the Covid-19 Vaccination not be requirement for children to go to school in Washington State. What you are requiring is against the constitution and against science. This is being pushed against people's will. The Covid-19 vaccine is not a true vaccine and it has caused many injuries in young people and killed many. This is still being pushed for your own benefit!!!! The blood will be on your hands if you continue participating in this evil.

Darla Ridilla

360-801-6118

darlaridilla@gmail.com <mailto:darlaridilla@gmail.com>

"Ask not what your country can do for you – ask what you can do for your country." JFK

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbef2ad31b2e04248>

Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbef2ad31b2e04248>

From: Rich Brough
Sent: 1/27/2022 9:51:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Free American
Sent: 2/9/2022 7:49:14 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Vaccines for kids

There is no published literature on pediatric Corona virus vaccine effectiveness in the K-12 school setting. Suicide is the NUMBER 3 killer of children in the 15-19 age range for Washington state. Corona virus vaccines for children should not be our priority unless and until proven data is published to justify making it so.

Jeneen Breshears

From: Katsiaryna Bautista
Sent: 1/30/2022 5:00:24 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Janet Stump
Sent: 2/7/2022 8:44:06 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Troy Lenssen
Sent: 1/27/2022 5:49:59 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marsha Stockdill
Sent: 2/8/2022 8:45:46 PM
To: DOH WSOB
Cc:
Subject: TAG meeting 2/10/2022

External Email

Dear WA State Board of Health members:

I am writing to express my opposition for adding the COVID-19 injection to your vaccination schedule for school admission, or for any other such rule or mandate.

The COVID-19 injection is not a "vaccine". By its very name — a "vaccine" it does not fit within the parameters of your vaccine schedule.

The COVID-19 injection is an Emergency Use Authorized, experimental drug. It does not stop transmission — one shot, two shots, or boosters. COVID-19 is just like the regular flu, and it's going to be in our midst — variants and all, just like different strains of the seasonal flu.

Has a flu shot ever stopped the flu? No, it has not.

Under these circumstances, a COVID -19 shot should not even be considered for the school schedule of vaccinations. To do so is an overreach of your authority.

Below is a link that the entire Board of Health must review. It is a legal summary before a Grand Jury of a worldwide indictment against the COVID-19 pandemic. This summation was presented on 2/5/2022, and legal proceedings will be underway this very week.

This is not a long video. It is excellent. Please view this — your entire Board, and put this information in your "thinking caps".

Thank you
Marsha Stockdill

<https://www.brighteon.com/855817be-f802-4383-965d-58d073e9f171>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2F855817be-f802-4383-965d-58d073e9f171&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc76a47c5d96e46560fa008d9eb86edd0%7>>

From: Susan Hopkins
Sent: 1/27/2022 9:04:12 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marky Olson
Sent: 2/7/2022 6:14:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: frieda stephens
Sent: 2/9/2022 9:19:48 AM
To: DOH WSBOH
Cc:
Subject: AGAINST jabs (Covid shot) for Children 6 mos - 5yrs

External Email

AGAINST This: In face of the medical evidence, this is blatant medical malfeasance. And subject to future criminal proceedings. It causes myocarditis, blood clots, inflammation of heart, stokes/heart attacks. This was even documented in your circulation journal of November 8, 2021.

Frieda

From: Corey Stephens
Sent: 2/2/2022 8:57:18 AM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

To Whom It May Concern:

I wish to be heard regarding the board's upcoming determination as to whether or not to include the COVID-19 vaccination to a list of required childhood immunizations. I implore you to carefully consider the safety data of this vaccine as it relates to usage in children. In my view, when weighed against the CDC death rates due to COVID-19 regarding children 0-18 years of age, in light of Director Walensky's relatively recent admission that individuals who have succumbed to COVID-19 had an average of four comorbidities, the reported side effects from this vaccination when administered to otherwise healthy children is simply not worth the risk of administration. This is simply about risk assessment and, frankly the medical community, public health, and governmental authorities have failed the public repeatedly in this regard throughout this pandemic. From the beginning, the primary focus should have been on the vulnerable. Fortunately, within the context of this virus, children are generally not that vulnerable to death. There is a rather large contingent of the public who do not consider administration of this vaccine to children as acceptable. It's my personal prediction that if the board decides that the COVID-19 vaccine is to be added to the required immunizations list the result will be that many parents will withdraw their children from public education. The fallout will be truly catastrophic. To proceed in this direction would be truly wrongheaded.

Thank you for your thoughtful consideration.

-Corey Stephens

Sent from my iPhone

From: Kaylana Rottle
Sent: 2/3/2022 9:23:54 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/8/2022 10:49:59 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Carpenter
Sent: 1/28/2022 9:26:15 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Patrick
Sent: 1/27/2022 8:59:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lauren Hollenbeck
Sent: 2/7/2022 4:56:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 2/7/2022 3:09:29 PM
To: DOH WSBOH
Cc:
Subject: FW: Local control to lift mask mandates

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:06 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Kahler,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Tiffany Donigan
Sent: 1/28/2022 8:32:32 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Joseph Mack
Sent: 2/2/2022 5:52:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Toni Cross
Sent: 1/28/2022 4:08:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ben Gifford
Sent: 2/7/2022 4:16:41 PM
To: DOH WSBOH
Cc:
Subject: WSBOH survey corruption, possible negligence in policy-making, and applicable law.

External Email

Concerned parties:

A week ago, the The Washington State Board of Health's Technical Advisory Group (TAG) was gathering public opinion for use in decision and policy-making via an online survey regarding the creation of policy requiring Covid-19 Vaccination for children in schools at the URL:

Microsoft Forms

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLoFfcwSfXLeFTdB7APrJAvkZ64U-RFNVUQTIGRFVMOFM1MEVNVU1Ktk9DN085REhZNy4u&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb5>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLoFfcwSfXLeFTdB7APrJAvkZ64U-RFNVUQTIGRFVMOFM1MEVNVU1Ktk9DN085REhZNy4u&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb5>

Microsoft Forms

It has sine been taken down as it expired per their own terms.

The survey is flawed in that there was no identification required of survey participant (anyone [or bot] could say they live in Washington), but more importantly, there was no restriction to HOW MANY TIMES the survey could be taken by the same IP address (person, or bot). Hypothetically, an internet bot could have registered any amount of responses, corrupting the data. Individuals from private interest groups could answer multiple times (to an unknown maximum of survey entries).

We were alerted to this flaw on Twitter and confirmed our device could supply answers and submit to the data pool more than two times.

There has been no indication or statement from the WSBOH on this flaw or corrupted data pool being used to decide policy on this volatile issue.

This implicates similar errors (and possibly intentional interference) may have already been part of the TAGs practice.

Actions should be taken immediately to make new gathering tools and retake an accurate survey that is not tampered with.

We are considering notifying news agencies, and searching applicable laws that protect

citizens from using corrupt data for decision and policy-making.

From: Christina Hartman
Sent: 1/28/2022 3:50:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Maggie Rody
Sent: 2/7/2022 5:55:35 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Immunizations TAG members,

I would just like to say that I hope you folks have done due diligence on this subject. There is a lot of current information from the CDC, scientists, doctors, etc. with updated concerns for the Covid-19 shots. VAERS has a lot of reported side effects that are very concerning!! Please table this and DO NOT agree to add this shot to the list of required vaccines in WA state schools. This mRNA shot is still so controversial and WA state is so over the top still with the mandates the government is still requiring. Entire countries are discarding their mandates and we have so many states here in the US that are not mandating anything! But WA state is so bent on continuing this erroneous shot and all the mandates connected to it for some unexplainable reason. People are getting so fed up and I don't doubt that there will be an even larger exodus from the school systems of kids whose parents refuse to take the risk of their children's health, than what has already happened. Our children deserve so much better!

A vote to NOT recommend the Covid-19 shots for school age children in WA state would be appreciated.

Thank you,

Maggie Rody
Puyallup, WA

From: Alisha Klein
Sent: 2/7/2022 4:22:15 PM
To: DOH WSBOH
Cc:
Subject: Board emails

External Email

Could you please provide a list of emails for who to send comments to in regards to the Covid vaccine for school age children.

Thank you,

Alisha Klein
509-660-3230

From: Ronne Fletcher
Sent: 1/27/2022 5:18:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Walz
Sent: 2/7/2022 3:03:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steve Bandy
Sent: 2/7/2022 8:31:24 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kolin Kozlowski
Sent: 2/7/2022 5:15:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bradley Urquhart
Sent: 1/31/2022 5:33:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alan Coppess
Sent: 2/7/2022 7:16:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steven Carpenter
Sent: 2/7/2022 9:00:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: deborahborgens@gmail.com Borgens
Sent: 1/28/2022 10:57:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jeanne Myers
Sent: 2/1/2022 1:13:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:17:10 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid meeting January 12, 2022

From: Mary Geiselman <marykgeiselman@gmail.com>
Sent: Tuesday, January 11, 2022 10:26 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Covid meeting January 12, 2022

External Email

Dear Miss Donahoe,

In the event that you "take Possible Action" regarding Chapter 246-105 WAC please know that I am absolutely NOT in favor of Covid vaccine requirements for children for school and daycare. This would definitely be overreaching and immoral. If you refuse to allow unvaccinated children to attend then give them their education dollars and they can go elsewhere.

I won't lie... the following item also has me very concerned. The thought that a local health officer has sole discretion to do something like this is incredible.

WAC 246-100-040

Procedures for isolation or quarantine.

(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court ex parte for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW 43.20.050

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx>>
(4) and 70.05.120

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx>>

.

Where are the rights of "We The People" when it comes to this sort of action. The fact that they only have to have a "reason to believe" is crazy.

I think it's pretty obvious that these items need to be changed in light of where we find ourselves today and the massive overreach of our existing government.

Sincerely,

Mary K Geiselman

From: DOH Information
Sent: 1/20/2022 6:46:59 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Monday, January 10, 2022 12:39 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

-

2.

Please enter your comments or questions in the space provided below:

Under no circumstances should your department be given the authority to authorize police to arrest & quarantine Washington residents ... Concerned voter in Camas WA

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Mickie Hoff

Email:

mickieoutriding@gmail.com <mailto:mickieoutriding@gmail.com>

Telephone:

(no answer)

From: Shelly Smith
Sent: 1/28/2022 4:52:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tami Kee
Sent: 1/22/2022 6:11:58 AM
To: DOH WSBOH
Cc:
Subject: Mailing list

External Email

I have previously asked to be added to your mailing list, but I am not receiving your emails. Could you please add me to the list?

Thank you.

Sent from my iPhone

From: gary kincaid
Sent: 2/7/2022 4:04:31 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darla Bales
Sent: 1/28/2022 8:49:09 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: krisabc
Sent: 2/9/2022 7:20:06 AM
To: DOH WSBOH,kels.gordon
Cc:
Subject: Communicating With Board Members

External Email

We will NOT allow any of our family members to take any experimental drugs of which this drug is being called a "vaccine" for the virus that the Chinese government horrifically spread to the world two years ago. This "vaccine" is not a vaccine because it does prevent one from contracting the Chinese virus or spreading it. Moreover, children are the least likely to get sick from it or being vectors. We will homeschool and/or move from this state need be.

Kristina A. Binder, RN BSN

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

From: William Hauser
Sent: 1/27/2022 8:58:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:21:12 AM
To: DOH WSBOH
Cc:
Subject: FW: SBOH Vaxx, Involuntary Commitment to Quarantine Camps & Other UnConstitutional Silliness

From: Van Byington <silentbrave@yahoo.com>
Sent: Thursday, January 6, 2022 10:21 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: SBOH Vaxx, Involuntary Commitment to Quarantine Camps & Other UnConstitutional Silliness

External Email

Dear Policy Advisor Donahoe, Washington State Board of Health Members, et.al.

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group.

Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets the vaccine, one group gets a placebo. More people died in the Pfizer vaccine group than in the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

A matter of fact was a double blind study that was done with only 4,000 adolescents, aged 12-15. A study this small will not show up risk. Of the inoculated group of 1,005, zero tested positive for C-19, while the placebo group of 978 had 18 who tested positive for C-19. The Pfizer group claimed great results. However, since adolescents are a statistically 0% risk of death from Covid-19, and a very low risk of severe illness, the inoculation is of little benefit to them. Instead, it presents a very real risk of adverse events.

The Pfizer study wasn't actually designed to find those. A serious Adverse Event, including death, that occurred at a 1/800 rate might not even show up in a sample of 1,005 people. But, in this case, it did. Among the 1,005 adolescents, there WAS at least one serious adverse event - the death of Maddie de Garay.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA-approved version of the vaccine is Comirnaty, which is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions have historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Van Byington

Tacoma, Washington

Sources/links for above statements:

<https://www.fda.gov/media/150386/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150386%2Fdownload>

Doctor analyzes death rates in Pfizer's trial:

<https://m.youtube.com/watch?v=crAyJvyDygM&feature=youtu.be>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.youtube.com%2Fwatch%3Fv%3DcrAyJvyDygM>

12-15 Adolescent Trial: All Risk, No Benefit:

https://t.me/Real_JudyMikovits/63

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2FReal_JudyMikovits%2F63

Pfizer's 6-month data shows they do more harm than good:

<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvx3kb-the-pfizer-inoculations-do-more-harm-than-good.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C>

<https://ca.childrenshealthdefense.org/uncategorized/2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fca.childrenshealthdefense.org%2F2-things-mainstream-media-didnt-tell-you-about-fdas-approval-of-pfizer-vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C>

<https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12-17-2021%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C>

<https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F21%2F360bbb-3&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C7b9c130de6a540e2cae808d9e4eed779%7C11d0e2>

From: Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal
Sent: 1/31/2022 11:20:46 AM
To: DOH WSBOH
Cc:
Subject: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case

State of Washington Secure Email Portal

<https://emailencryption.twsegcloud.com/branding/trustwave_watech/en_US/images/emailBanner.gif>

"Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> has sent you an encrypted message via State of Washington Secure Email Portal. You have 1 day(s) left to collect this message before it expires.

* Subject: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case
* Sent: January 2, 2022 11:19:36 AM, PST
* Expires: February 1, 2022 11:19:37 AM, PST

The State of Washington Secure Email Portal has changed providers. You will need to create a new account to access your message. We apologize for the inconvenience.

Once you've created your account, you can view your messages you receive from "Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> directly from your State of Washington Secure Email Portal account:

* Email: wsboh@sboh.wa.gov

Create your account and read your message

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F>>

Need help? Visit the State of Washington Secure Email Portal online tutorial

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F>>

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Do not reply to this message; this message was auto-generated by the sender's security system. To reply to the sender, first create your account and read your message.

From: Janice Webley
Sent: 2/7/2022 3:20:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brittany Adkins
Sent: 1/27/2022 7:45:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sara Williams
Sent: 1/30/2022 12:04:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Megan Boswell
Sent: 1/31/2022 1:22:52 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ganymeade3
Sent: 1/25/2022 10:16:24 PM
To: DOH WSBOH
Cc:
Subject: Senate convened hearing on covid vaccine safety problems.

External Email

<https://banned.video/watch?id=61f08a740388fd1a8a6afca9>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbanned.video%2Fwatch%3Fid%3F>

There is a push to have Nuremberg style tribunals over the deaths and crippling reactions to the C19 vax rollouts. I would advise listening to these experts convened together by Senator Ron Johnson of Wisconsin. Many of these individuals are world renowned experts in their fields. You want to consider vaccing children when the rise in myocarditis has been reported to be catastrophically high, especially in young males. The world will not forgive if you abuse your powers to cause harm.

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

From: Andrea Ware
Sent: 2/8/2022 3:55:54 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good Afternoon TAG,

Firstly, our children cannot be subject to an experimental vaccine that is still under the EAU. Furthermore, the FDA approved Comirnaty and Spikevax are not even available at this time in the US for any person.

Secondly, it typically takes 15 years for a vaccine to be approved. We don't know the long term effects of this vaccine, let alone the short term.

Thirdly, kids are not getting sick from covid, let alone dying from it.

Fourthly, those who have had it are inoculated, just like any other virus, such as chicken pox. What makes Covid any different other than a catalyst for a means to control and undermine people.

CHILDREN ARE NOT AT RISK! IT'S AN EXPERIMENTAL THERAPEUTIC THAT DOES NOT EVEN CREATE IMMUNITY!

Kindly,

Andrea

From: Janette Belcher
Sent: 2/7/2022 3:06:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Zachary Olson
Sent: 2/8/2022 2:35:13 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members



attachments\D081B660BABA4732_Screenshot-2022-02-08-133758-1024x552.png

External Email

To whom it may concern ,
We need to have a discussion on natural immunity if my child has had Covid I see no reason for a vaccine that may or may not have an affect on my child. Namely heart or blood clot issues
Also it should be a choice if the child wants to wear a mask or not this is detrimental to the learning process and is has had major issue in children's physical and psychology. This group of children are not dying of Covid but may have it in conjunction with a myriad of differing co morbidities which results in death (rare)
I don't want to have to homeschool my children. Love our faculty and staff at our community school, I don't want to have to choose between this or homeschool so I'll caveat let's make it optional to get a vaccine or wear a mask. I believe in Free agency and I'm against any mandates of any kind.
Thank your for your time a very concerned parent.
Zach Olson

Sent from my iPhone

From: Piper Germick
Sent: 2/8/2022 9:07:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: vernon boyce
Sent: 2/2/2022 12:00:55 PM
To: DOH WSBOH
Cc:
Subject: Panel of Doctors discussing the issues with the Covid Vaccine

External Email

Please, if you are seriously considering implementing the requirement for Covid vaccine, watch this video and think about the serious consequences you may be placing on young children. Also think about the culpability you will be placing on yourselves and the Washington State School systems if you require this vaccine and then in years to come have a rash of new cancer diagnoses for children, myocarditis, or other yet unknowns of this vaccine. You can have your own opinions on these Dr.s, but you have to be honest with yourselves that there is some truth to what they are saying. We DO NOT know what theses vaccines could possible do to our children, we do not know the long term side effects, we do not know how this vaccine will be viewed in the years to come. PLEASE leave it to parents choice!

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FciuRLFLoLL0&dat>

From: Jenelle Arkills
Sent: 2/8/2022 12:56:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am emailing to urge you to not include the Covid vaccine in the vaccines required for children to attend school. Thank you so much.

Jenelle Arkills

From: Jesse Bornfreund
Sent: 1/29/2022 10:38:09 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Monica Huckleberry
Sent: 1/22/2022 6:40:34 PM
To: Davis, Michelle (SBOH)
Cc:
Subject: Yep

External Email

https://m.theepochtimes.com/half-of-quebecs-patients-hospitalized-with-covid-not-admitted-for-covid_4227401.html?utm_content=News_CA_Half_of_Quebecs&utm_medium=email_BN&utm_source=news-22-2022-noe-Canada-paid-sub-1&est=romana%40romanadidulo.com
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.theepochtimes.com%2Fhalf-of-quebecs-patients-hospitalized-with-covid-not-admitted-for-covid_4227401.html%3Futm_content%3DNews_CA_Half_of_Quebecs%26utm_medium%3Demail_BN%26news-22-2022-noe-Canada-paid-sub-1%26est%3Dromana%2540romanadidulo.com&data=04%7C01%7Cmichelle.davis%40sboh.wa.gov%7C9c>

Sent from my iPhone

From: Tamaerab Mcclimans
Sent: 2/7/2022 5:25:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Thomas McNitt
Sent: 2/7/2022 7:30:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Alison Taylor
Sent: 1/27/2022 7:09:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: (null) kimberley06
Sent: 2/8/2022 9:32:52 AM
To: DOH WSBOH
Cc:
Subject: COVID vaccine

External Email

I would hope that taking into account

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

That you all will realize that this vaccine does NOT prevent this virus.

This vaccine is just like the flu shot and shouldn't be required for attending school.

Sent from my iPhone

From: Tammy Nakamura
Sent: 2/9/2022 7:11:59 AM
To: DOH WSOBH
Cc:
Subject: C-19 shot for children

External Email

Hello,

There is no published literature currently on pediatric covid-19 effectiveness in K-12 school setting.

And let me just add that every person is different and we don't all tolerate everything the same, any vaccine, medication, or treatment for ANYTHING should be a decision between parent, physician, and child. These are basic rights we have and it is NOT the decision of the school or any other to force anything, especially an EXPERIMENTAL DRUG.

Imagine if you will, this is YOUR CHILD OR GRANDCHILD, and your doctor has many concerns about the treatment and health of YOUR child.

Imagine he says "I would NOT advise this shot, medication, or treatment. But YOUR CHILd MUST get it NO MATTER WHAT! The company that makes the drug, has no liability if HARM comes to YOUR CHILD. You would just say, " oh well they say we must so who cares if you have adverse reaction or death.

I really doubt any of you would put YOUR CHILD up as a genie pig, ESPECIALLY when they already have NATURAL IMMUNITY, from having covid already, and/or they have very small if not no risk. You can still get and spread covid vaccinated or unvaccinated COMMON SENCE says those two are the same.

Respectively, you , the state or GOVERNMENT are NOT the boss of people, or their children or family.

This is unconstitutional, and in my home YOU ARE NOT GOD. The risk is ours, we can take it or not ... NOT YOUR DECISION.

Tammy Nakamura

From: Glenda Martin
Sent: 2/7/2022 4:12:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jenny Mcfarland
Sent: 2/7/2022 7:36:02 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karen Demaree
Sent: 2/8/2022 8:54:55 PM
To: DOH WSBOH
Cc:
Subject: covid injections

External Email

Dear WABOH:

I write to strongly OPPOSE adding the COVID injection to those required of school children. These shots are still experimental. We have to wonder why the FDA pushed to conceal for 75 years, the data collected by Pfizer on adverse reactions. Children are not at great risk from Covid.

I urge you to VOTE NO.

Sincerely,

Karen Demaree

From: Jay Varley
Sent: 2/7/2022 3:43:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christina Kaiponen
Sent: 2/1/2022 11:52:11 AM
To: Erin Prince
Subject: Vanessa Thacker Absence 2/1/2022 & 2/2/2022

External Email

I am very disheartened by discrimination I am experiencing from Green Mountain Elementary School. My 5th grade daughter, Vanessa Thacker, is not allowed to attend school on 2/1/2022 & 2/2/2022 against my will.

I received an email and phone call on Monday 1/31/2022 that my daughter was "exposed" to covid through the bus ride to/from school last week. I was informed that she is only allowed to continue to attend school if I sign over my rights to let a nurse give her a covid test on 2/2/2022. This would allow her to attend 2/1/2022 and 2/2/2022. However, if I chose to test her myself as her parent and legal guardian, she is NOT allowed to attend school until she can provide a negative test performed on 2/2/2022. This means she misses a full two days because I am not willing to sign the test to stay document. If I desire to test her as her parent, then she is not "safe" to attend class on 2/1/2022 and 2/2/2022.

Her rights as a student have been taken away. This is completely absurd. Where is the science that says if a nurse has a list with her name on it, waits 48 hours to see her to perform a test, indicates she is safe enough for her to be in attendance of her class?

To take away any student's right to learn in this manner is pure discrimination.

I believe it is completely unfair to push these children around like pawns, as if their education doesn't matter.

Covid is no longer an emergency. Vaccinate or mask up for hours during school is unethical. The survival rate for children is 99%!!! Why would we continue to put children up to unknown long term side effects of an EUA vaccination (this vaccine is still in investigatory stages)? Studies prove vaccinated individuals still receive and pass along the virus. Risk of vaccination is significant and STRONGLY outweighs any proven benefit.

Following mandate(s) risks:

1. Unknown long term and short term side effects of Vaccination.
2. Limited oxygen intake to the body and brain due to masking during normal and athletic activities for hours at a time.
3. Unknown long term and short term mental health issues.

4. Unknown long term and short term communication issues.

All risks for a benefit of what? Surviving a disease that is treatable. Surviving a disease that has a survival rate of 99% in their age group? Also, what about natural immunity?!

United States COVID - Coronavirus Statistics - Worldometer

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa>

United States COVID - Coronavirus Statistics - Worldometer

United States Coronavirus update with statistics and graphs: total and new cases, deaths per day, mortality and ...

The above link will show that the survival rate is 98% as of 2/1/2022.

* 6,638 new cases and 271 new deaths in the United States

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa>

My ultimate wish is for us to come together to treat our youth with integrity and dignity for our community's sake. End the mandates, and put it all behind us for a better than ever 2022!

Thank you and may God Bless you,

Christina Thacker

From: Stephen Tkach
Sent: 1/28/2022 8:56:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Shannon Nauert
Sent: 2/4/2022 11:44:26 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ontheboatagain@gmail.com
Sent: 2/9/2022 9:18:54 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Why???? Covid vax...we still do not know long term consequences/side effects of this new technology. Vaxxed are getting sick too. Shut this BS down ☐☐☐☐ the sake of future generations. End vax mandates. End mask mandates. Keep American FREE!!!

Make it make sense ☐☐☐☐☐

Corri Rathbone

Sent from my iPhone

From: Jennifer Bandy
Sent: 2/7/2022 9:58:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Mock
Sent: 2/7/2022 3:05:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/4/2022 9:05:11 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Hearing about Dr. Lutz inquiry



attachments\D20C044554964028_image002.png

Hi Nathan,

If I recall right, this was something that is jurisdiction of the Board, was it not?

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, February 3, 2022 3:34 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

What ever happened to the hearing concerning Dr Lutz's illegal firing by Amila Clark ? I thought it was suppose to be January 18, it is now February 3 . Is this meeting ever going to happen? A response would be appreciated.Thanks

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Linfu Silver

Email:

lk52silver@gmail.com <mailto:lk52silver@gmail.com>

Telephone:
5099990819

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Lk52silver@gmail.com <mailto:Lk52silver@gmail.com>

From: Alice Larson
Sent: 2/7/2022 9:01:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mark Elster
Sent: 1/28/2022 9:41:00 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Morna Gilbert
Sent: 1/22/2022 9:48:54 AM
To: DOH WSBOH
Cc:
Subject: Very insightful information

External Email

This video will be very important for you to know in your position on the Board. Thank you for watching it!

Please let me know what you think!!!

<https://tinyurl.com/4r9kkk2e>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftinyurl.com%2F4r9kkk2e&data=0>>

The Gilbert's

From: Gwyn Burden
Sent: 1/29/2022 10:15:06 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Redman
Sent: 1/31/2022 9:47:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comment follow up letter for testimony Jan. 12, 2022 Washington State Board of Health meeting



attachments\19A21B4C9B4A4A8C_2022, Jan. 31 - WSBOH letr.pdf

External Email

Jan. 31, 2022

Dear WBOH Board of Directors, and
Technical Advisory Group (TAG) members,

Comments on the topic of "constructive oversight of communicable diseases & general health of Washington residents" - related to concerns around the genetically engineered COVID vaccines.

Here is the current job description (on 1/20/2022) of your group from the Dept. of Health website
<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/WashingtonStateBoardofHealth>:

"The 10-member Board of Health provides a citizen forum for the development of public health policy. It recommends strategies and promotes health goals to the Legislature and regulates a number of health activities including drinking water, immunizations and food handling. The Board is housed with the Department of Health although it is an independent entity."

1. I want you to remember that "The Supreme Ruler of the Universe" is in our Preamble of our State Constitution, and that the Declaration of Independence can be seen as a Primary Preamble to our U.S. Constitution - and we can interpret its phrase "All Men are created equal" to "God loves all humans as good-hearted parents love their children. God may have a special plan for each person's soul, determined before birth."

Thus, I ask you individually to consider being thankful to the Supreme Ruler of the Universe and attempt to align our Department of Health to please The Supreme Ruler of the Universe.

Residents need to look at the Bible as a whole, culminating with the New Law (people filled with the Holy Spirit, thus having an internal law or conscience), and Jesus' guidance to fight spiritual rather than physical battles with the great help of God and Jesus. Residents need to notice that peacemakers since the time of Jesus are to be considered "sons of God" (a highest position).

The Bible teaches us to move from animality to being "upright" / civil.

I hope each resident can come to know in this state that this is their choice: to be animalistic or to follow God and Jesus to be "upright" and civil.

Caring for our health, not putting into our bodies toxic things - that is upright and civil behavior. To just eat what tastes good, that is what children do who have not yet learned important things about health.

I realize there are many residents and maybe many staff members who haven't looked closely at most of the 66 books in the Bible (some are only a few pages like the book of Jonah and Paul's letters), and so many would not know these things about God, Jesus' Heavenly Father, and the Holy Spirit, Jesus' Heavenly Mother, or Jesus and his teachings. I think it is important for individuals in this state to not only look at the guidance towards civil code of conduct in the Bible, but to notice how God guided many cultures around the world to be upright and civil with many of the same customs - like marriage is between a man and a woman. We see the virtues being honored and developed as well. To be human is to be humane. We have a ways to go.

Another important reason for us to recommit ourselves *individually* to looking up to The Supreme Ruler, is that when we look to, give thanks to, and try to please The Supreme Ruler of the Universe, (who I understand as the God of Abraham, or Self-Existent One), then we don't get "Relative Morality." We don't get some powerful people who decide some of TSRUs children are of no value and thus should be killed.

Not everyone notices that God told Abraham in Genesis 12:3 that all nations shall be blessed from him. And not everyone notices that Paul (who it seems spent 3 years learning from Jesus before his ministry started) told the Galatians in chapter 3:29, that if gentiles follow Jesus, that they are Abraham's seed.

If we look to TSRU (Self-Existent One) and *individually* seek TSRU's (Self-Existent One's) wisdom in the Bible, more of us will see what [he] told Jeremiah in Chapter 1 of the book Jeremiah: "I had plans for your soul before you were in the womb."
<https://biblehub.com/interlinear/jeremiah/1.htm> So, if we come to believe this, we thank Self-Existent One by caring for all humans, even those in the womb. If a woman doesn't want to care for the baby, later she might want to, but we can think the child is God's child and care for it as such.

2. I believe you Washington State Board of Health members can best serve The Supreme Ruler of the Universe if you create a completely separate Washington State Department of Holistic Health - separate from the current Washington State Department of Health. The latter can more accurately be renamed the Department of Medical Intervention. The staff of both departments should be personally thankful to the Supreme Ruler of the Universe [the Heavens] and willing to put God above the dark spiritual leader "mamona" that has to do with putting the pursuit of money over The Supreme Ruler of the Universe.

At first the new department would be best housed at a different building, with staff to review research done around the world. State employees who are thankful to The Supreme Ruler of the Universe and who chose not to get injected with the artificial and possibly toxic, Nano items during this pandemic would be good candidates to work in this department.

This department would analyze and share information that might help people regardless of whether or not anyone can make money off the modalities. In the Bible's book of Matthew,

Chapter 6 verse 24, Jesus said: It is not possible to serve two masters...Jesus (listening to his Father in Heaven, The Supreme Ruler of the Universe ["the Heavens"]), called followers to serve God, rather than "mamona" (the god of money/wealth/shiny things).

<https://biblehub.com/interlinear/matthew/6-24.htm> Some of this information would be what nutrient help boost people's immune systems, and what tests indicate a strong immune system.

3. In the Preamble of our State Constitution residents are called to thank "The Supreme Ruler of the Universe."

It makes sense to clarify "the Supreme Ruler of the Universe" as the God of the Bible.

If we clarify The Supreme Ruler of the Universe is the God of the Bible, we stay consistent with the law of our nation - as we consider the Declaration of Independence and how we fought and won Independence from Great Britain, with the God in the Bible in the picture. So it makes sense we would offer thanks to this God--who claims to be a Supreme Ruler of all things created in Heaven and earth (see <https://biblehub.com/interlinear/colossians/1.htm>, verses 15-17. It sounds like some connection with DNA to me) -- for this victory, and other blessings. Because we won the war, we can worship God freely and not have the Church of England, and other English leaders overseeing our nation today.

Signers of our Declaration of Independence had the God of the Bible in mind when they "put their lives on the line" in calling for our independent, "united states of America." They signed that document feeling that the God of the Bible would help us to win our freedom from tyranny. Residents prayed to God --"in the name of Jesus"-- to help them survive and be victorious in that war. Many of the Revolutionaries drew strength from biblical stories where God helped his followers first physically conquer barbaric opponents (in the Old Testament), and then spiritually conquer unseen malicious opponents (in the New Testament) with Jesus/Yeshua.

4, The term "Supreme Ruler of the Universe," allows us to explore how the "God Almighty" we see in the Bible may have guided other cultural groups around the world.

(we look at the moral law - however we are looking at if they follow the law that coincides with our laws: the law 2.0 in the New Testament - Love God and love one another, as Jesus demonstrated love, and as we love ourselves. Also the New Testament Law or moral code of right and wrong can be within each person as they directly connect to God's Holy Spirit for best action and guidance. Paul talks about this "new law" in his letter to the Galatians -- when we ask for and are filled with the Holy Spirit, we want to do the right thing.

5. How does our State Constitution Preamble relate to encouraging health for our residents?

It should be helpful for health and wellness if residents are encouraged to talk to one another about "The Supreme Ruler of the Universe" and the varied religious and philosophical belief systems here where the areas of overlap are and where the areas that differ are. Religions and philosophies that guide people to do things that are "right" and "good" according to how Jesus clarified these things, should be compatible with our laws.

We can thank God by caring for ---furthering the health of--- our species, other species, our ecosystems, and our atmosphere of our planet. Our health is connected to the health of all of these things. Helping the health of ever creature on earth comes back to help out the health of our residents. We can thank God by protecting our amazing DNA and our amazing immune systems. We thank and honoring God by protecting God's design, God's creations.

We can also thank The Supreme Ruler of the Universe, by pleasing this God. People should know that early founders read the Bible and understood we are to follow the New Testament Law 2.0 that Jesus demonstrated. It was to focus on loving God and loving one another as Jesus showed love, and as we love ourselves.

Our laws in the U.S. and State follow "God's law 2.0" in the New Testament of the Bible that Jesus demonstrated.

According to God's law 2.0 of the Bible, "the Body of believers is the Temple." Also each human body is a temple. We are to care for each of our bodies as together they are the new temple to God. Each body of a believer can house God's Holy Spirit.

Things may go better than worse for us in our state if we will individually encourage one another to learn about, and thank this God, by putting this God above other "small g" gods such as science, pursuing money (mamona is the god of money/wealth/shiny things). This is the first part of "God's law 2.0" which corresponds to the first few of the 10 Commandments - to love God above other things.

It can help save lives to let people know that if they are not aware of the need to ask for the guardianship of the Holy Spirit, then they can acquire a downward-pulling spirit. This is also an issue of health - downward-pulling spirits are involved in depression, suicide, drug abuse.

6. What about residents who don't like to hear the title "The Supreme Ruler of the Universe?"

If people are possessed by a malicious spirit, or are not familiar with the stories of Father God, the Holy Spirit, or Jesus, or for other reasons, they sometimes don't want to hear these sorts of spiritual terms.

I know of 2 young adults who have gone through the public educational system in Washington State without parental coaching about God and the Bible when they were in elementary school. Later, even with a parent encouraging them to read some of the Bible or listen to stories, they want to avoid the topic of Bible stories, lessons, and learning about God. They may have learned in public school to NOT look into who "The Supreme Ruler of the Universe" may be. It seems for the health of our state, it would at least be good for public school curriculums to have teachers point to The Supreme Ruler of the Universe being in the Preamble of our Constitution, and encourage students to get with their parents and look into who this is to them. And that students should feel free and be encouraged to relay experiences with this Divine Being that have led them to believe in the existence of this God above other gods. It seems teachers could support an atmosphere of respect and encouragement for any students to share their understanding and thanks for this God.

If people don't think this God exists, or don't like this God, it should be reasonable if they can voice their concerns in a respectful way and put up with a reasonable amount of thanksgiving of others in public forums.

We also can thank God by reminding one another it is okay to take time in public settings to recall and share God's wisdom and guidance in the Bible.

It may be helpful to let doubters learn that scripture in the Bible indicates that if we do not search for God, God will leave us alone. (See the book of Jerimiah, around Chapter 29). It could help if non-believing residents could learn of testimonials of how some residents believe they were helped by "The Supreme Ruler of the Universe." It could help if non-believing residents could know that God loves them.

Since your role is to

More residents might value the Bible and it's teaching stories, and take it more seriously if they knew scriptures have been carefully copied and Modern Hebrew was developed to have a number associated with each letter so that numbers above each line could be tallied up at the end of each line to ensure correct copying of each line. This occurred ~500 years B.C. during the Babylonian Exile. In the 1940s and '50s, many of the scriptures in the Bible were found including books with Ancient Hebrew, written before ~500 B.C.. The entire book of Isaia from ~700 B.C. was found. The books were in the form of scrolls. They were stored in long clay jars in the Dead Sea Caves. This showed that the content of the books had not changed over time. Most residents probably don't know about many important archeological findings that point to the Bible being a collection of stories rooted in historical events.

To help with the peace (low-stress=health) between our residents, somehow it would help if more parents could read the Bible and teach God's law 2.0 to their children. We can have greater peace in our state if more residents come to understand God's plan is to treat each other as beloved brothers and sisters. We can view The Supreme Ruler of the Universe like a loving father and a loving mother. ("Father God" and "The Holy Spirit" -- in the Old Testament

The Holy Spirit is described with "female gender" Hebrew words such as breath, healing, and wisdom.)

connecting with other residents to know that it is a free-will choice if they want to read and study the teaching stories in the Bible and then to see the merit of following God. We can encourage parents to study the Bible and teach it as it makes sense to them.

If residents know moral guidance in the Bible as Jesus clarified, then residents can compare and contrast how other religions and philosophies match up. It is likely God spoke and guided cultures all over the world with similar moral teachings.

There is still free choice. Some people become angry at God, or haven't seen, or heard proof of, God's existence, (i.e. testimonies from people they believe), so they don't believe in God. We can ask one another which of these things is happening. Some people also haven't heard stories of God's benevolence and justice.

Harboring negative emotions we now know can lead to various states of physical dis-ease. The Christian counselor Charles H. Kraft, in his book *Deep Wounds Deep Healing*, tells of many Christians getting released from negative spirits just by giving negative memories over to Jesus.

I understand "The Supreme Ruler of the Universe" to be "LORD" or "Yahweh." Yahweh is from YHWH - Modern Hebrew alphabet letters. The Ancient Hebrew term was YHVH - pronounced Yod-Hay-Vav-Hay. Some of us understand the name to mean "Self-Existent One." There has recently been a vision of an initial cubish design (Logos/Frequency/Utterance) with balls at the corners that began the creation of this universe (or multiverse). This was uttered by this God.

The term "Lord" in the Bible tends to generally refer to Jesus. People can resolve some conflicts by looking at the original Hebrew terms in the Old Testament and original Greek terms in the New Testament. One can find these at Biblehub.com with the Interlinear Chapters version. Jesus to be a God above other "small g" gods, but not the God of Creation.

a.) Regarding the topic on Jan 12 WSBOH Public Meeting Agenda about adding Washington Code language to reduce stigma, fear, and prejudice for people with HIV, and about allowing people to legally use a gender pronoun that is not aligned with their birth gender.

Because our Constitution calls residents in the Preamble to thank The Supreme Ruler of the Universe," and because this mirrors our U.S. Constitution which has our Declaration of Independence as a Primary Preamble,

And because our early lawmakers sought to bring God into discussions of public policy,

And because early residents read the Bible, and so held up the God of the Bible above the government, (as we see in our preamble statements),

We can clarify that “God” and “The Supreme Ruler of the Universe” are the same as the God in the Bible.

Some see God as one in the same to include Father God, the Holy Spirit and Jesus.

Some of us see God as “Self-Existent One” -- The Supreme Ruler of the Universe/of the Heavens -- who encompasses a Father aspect (“Father God”), and a Mother aspect (“The Holy Spirit”). And we see Jesus also as a God, a God above other “small g” gods, specific to overseeing our planet and humans, and maybe this area or the cosmos. We understand Jesus works in unity, as One, with Self-Existent One. And we understand “Self-Existent One”/The Supreme Ruler of the Universe” gave Jesus all authority over Earth and the Heavens. However, since we see Jesus sitting on the right hand of his Father after his ascension to Heaven, it is not apparent in scripture that Jesus accepted that invitation.

So as we affirm our laws are consistent with the teachings of Jesus, the son of Self-Existent One, sent for humans especially, we can note that Jesus clarified the most important laws for our time by demonstrating that humans are to be civil and to care for one another.

Since our laws are based on the Bible, residents having any pathogen can know to look to The Supreme Ruler of the Universe, and love one another as Jesus demonstrated love.

Thus we don’t need an extra clarifying code for how we should treat people with Human Immunodeficiency Virus (HIV). They should be treated with kindness, because they are God’s children. (But humans have free will, so we can pray that people come to know this guidance, and the realness of God/Self-Existent One/The Supreme Ruler of the Universe.)

However, there is ignorance about this virus and how it transmits. Thus, people need to know adequate information so that they can understand what their personal risk is regarding the transmission of HIV. People need to know if it is true that if HIV-positive people are doing certain things to keep their immune system in good shape, and if the virus is on any fluids like from a paper cut, that if the fluid doesn’t get into their fluid, they should not get the virus.

People need to know if it is true that if they have their immune system in an optimum condition, even after exposure to HIV or many pathogens, including SARS Cov2 and variants, that they will not likely catch this, or it will not likely spiral out of control. There is a need for state testing and state-verified data around pathogens.

Any laws concerning HIV could possibly extend to SARS Cov2 because I saw Luc Montagnier saying the HIV genome is within the SARS Cov2 genome. (!) We could look into this. Luc Montagnier, is originally from France. He won a Nobel Prize for discovering HIV. Wikipedia

relays that he now works at a University in China. As we consider saying anything about this code, it should be wise to determine if HIV *is* within the SARS Cov2 genome or not.

Whether or not this is the case, it should be helpful to be open about this along with reducing stigma by pointing out how great it is that people with HIV have been able to reduce even the transmission of HIV if they are diligent to care for their health and/or also use retrovirus drugs to keep the virus in remission.

Stigmas even happen now with the COVID injected and the COVID19-uninjected people.

A simple answer is that we can just go back to the simplified law to love God, and love one another as Jesus demonstrated.

People need to have support to do what they feel is the best to care for their bodies as their temple (if they are going to follow Self-Existent One's guidance in the Bible relayed by Jesus).

b.) Regarding the topic on Jan 12 WSBOH Public Meeting Agenda about adding Washington Code language to allow people to legally use a gender pronoun that is not aligned with their birth gender:

As far as introducing new gender descriptive terms to our code of law, I recommend that as we point out that many residents remain thankful to God, the Supreme Ruler of the Universe (or multiverse),” for helping earlier settlers win the war to be Independent from the Church of England and Monarchy of Great Britain. Two Washington residents understand it is God's plan for people to "stick with the gender they were born with." Thus to remember God I recommend we identify people according to their birth gender. People could say, “(name), birth gender: (M or F), so for formal processes they could be referred to according to pronouns that fit with their birth gender. This will also help in their medical care and to prevent things like men acting like women and winning women's races, men acting like women and sneaking into women's locker rooms, and other acts of deception.

God allows freedom of choice, but it can be seen as against God's plan for residents to try to change their identity to different than their birth gender.

Parents should know the first Chapter of Jeremiah in the Bible. It is where God says he had a plan for Jeremiah before he was in the womb. So this may be true for all humans. It is my opinion that we can try to discern the plan by looking at the family structure and maybe the place we were born into, as well as our gifts and any prayers righteous people may have given before our birth.

Parents should also know that “God is angry with parents who allow mutilation of any child's birth gender.”

<https://peacewellness.wordpress.com/2021/07/05/god-is-angry-with-any-parent-who-mutilates-their-childrens-birth-gender/>

c.) Wise Management of the Earth's systems - and Sexual Self-Control

It is my understanding that God has intended sexual self-control and that sex is for creating children. It was created to be pleasurable so that our species would "be fruitful and multiply."

In my opinion the words that got translated as "have dominion over" and "subdue the earth" can be better interpreted as "manage" (the Earth) -- and wisely manage makes sense. So until we do better to feed, clothe, and educate every human it seems (this is my opinion) we should try to encourage residents to try to limit the number of biological babies we have - like to 1 or 2.

All residents over around age 16, not just eunuchs, could read the first few chapters of the Bible's book Romans. Residents can notice Paul was encouraging people to practice sexual self-control.

d.) God and Jesus both said "Marriage is between a man and a woman." This is so children can have a role model of their gender.

We can encourage parents to look at Genesis, Chapter 2, where God said marriage is between a man and a woman, and where Jesus repeated this in Matthew , Chapter 19. It is up to parents to teach this to their children if they so desire. Parents can decide if it may be that God has this plan so that children can have a role-model for their gender. Parents can decide if they want to follow the wisdom of "The Supreme Ruler of the Universe" [of the Heavens] or not, and if they want to teach this information or not to their children.

e.) Eunuchs who align with God, can have high place in Heaven, and Jesus hints that it is better for eunuchs not to marry.

In Matthew, Chapter 19, Jesus encouraged married couples (if possible) not to divorce. Then a listener commented, "so it is better to not marry."

(<https://biblehub.com/interlinear/matthew/19.htm> -- verse 10) Jesus answers this statement "so it is better not to marry" saying "some eunuchs were born that way, some were made that way." So we in this state can align with God by calling LGBTQ+ residents, "eunuchs." Then we can direct these residents to the first part of Isaiah, Chapter 56, (<https://biblehub.com/interlinear/isaiah/56.htm> -- verses 4 and 5) where God says if eunuchs please [The Supreme Ruler of the Universe], they can have a place within the walls of [The

Supreme Ruler of the Universe].— they will have a name better than that of sons and daughters.

There is also a story of a trusted, noble, God-aligned Ethiopian eunuch in the Bible's book Acts. This eunuch was pondering the book of Isaiah when Apostle Philip met him. Philip showed him how the scripture pointed to Jesus as the awaited Redeemer-Messiah. God allows the Ethiopian eunuch to accept Jesus as the prayed for Messiah, and after hearing the story of Jesus, he asks to be baptized. So we could call eunuchs to also look at the story in the Books of Acts.

f.) Without God, people can come to sacrifice infants and children to “small g” gods.

[The Supreme Ruler of the Universe] gave the prophet Ezra a prayer, the Amidah, for the “Faithful Remnant” (called “Jews” because they were from Jerusalem during their exile in Babylonia; they followed God’s prophet Jerimiah to go to exile in Babylonia). So after they returned to Jerusalem and rebuilt the temple, Ezra had them pray the Amidah “the Standing Prayer” three times a day. In the prayer they asked God to redeem the family of Israel of their great sins of turning away so many times.

Some of the Israelites who were not the “Faithful Remnant,” had turned from God in different ways, including sacrificing infants and children to “small g” gods. I understand this practice went on even in the times of Abraham.

Some humans still sacrifice infants for various beliefs today. This still happens in Uganda today and even in this state for occult practices.

Some view abortion as not honoring that God’s has stated he has plan for each human before their soul is in the womb.

7. I oppose SARS Cov2 vaccine mandates and forced injections in this state. This is in regards to a rule that appears to be on the Washington Code (WAC) 246-100. I understand these codes were put in the books around 2003.

I oppose any vaccines being administered without fully informed consent. Pediatricians and other general doctors in this state have not been fully informing residents of adverse effects of all vaccines as I have seen. Residents should be told if there were successful court cases regarding vaccine injuries as well as summaries of known vaccine adverse effects.

One part of this code sounded like police might be able to forcibly inject someone with a vaccine (or a medicine). I am opposed to this - especially if it is genetically modified material, and contains toxic chemicals in it. Also if the person doesn't really know or trust what is in it. If people are being dangerous, even coming off a strong opiate, there are calming tones and

detoxification foods, and teas that could be offered if a person asked for them. Also a person in a mental hospital or some sort of facility with oversight, should be offered the choice to see if reading scripture might help.

I object to hospitals or any care facility to vaccinate someone against their will.

I have heard of two cases where young vulnerable women were recently in different King County hospitals --for mental health reasons /one was on a floor also for drug rehab I believe, both were possibly considered homeless -- and both were forcibly injected with a professed anti-COVID vaccine! One was the daughter of a friend of mine. This friend now lives in another state. Her daughter was in a King County or Seattle-area hospital around November, and escaped the hospital to avoid getting vaccinated against her will for a second time. She made it to the state her mother is in. I think these two young women should get a representative to get some compensation for stress. Can you look into this and let me know how we can help get justice for these travesties and prevent others?

8. Powerful economic entities in our state and in our world seem to have influenced our health policies towards profiteering rather than pleasing God. I want you to consider walking in solidarity with our founders who chose God as their ally.

Until our Department of Health can be more aligned with what pleases God, I want the Washington State Board of Health to call for a separate "Department of Holistic Health" to educate residents about

Jesus said to choose to serve God or mamona/money. (Mamona is a "small g" god - a god of money, wealth, shiny things). As we drifted away from studying and seeking God in this state, and aligning our people with God-- above the government-- we put "Economic Growth" or "Economic Progress" up as a false idol.

It can improve health and save lives if more and more residents decide to put "The Supreme Ruler of the Universe"(or Multiverse) above other things - like the pursuit of profit. Many residents here--including parents, teachers, school board members, professors, business leaders, politicians-- don't know or have forgotten that thanking "The Supreme Ruler of the Universe" is mentioned first, above our highest state law, our Constitution.

Take courage if pressured by seemingly powerful "economic entities" by looking at the Old Testament battles where God led a large group of shepherds and former slaves to have victory over opponents who were giants and cold-hearted leaders. God led Gideon to have victory over powerful opponents who were as numerous as sands on the beach.

Work for a "Department of Holistic Health" independent from the current "Department of Health" which could better be named the "Department of Allopathic Medical Intervention."

9. The God Gene - Genetically-engineered spike-protein, or other vector, mRNA vaccines could alter people's DNA and should be considered illegal in Washington State and the United States.

Gene-therapy-type injections can attack a gene that helps people connect with God.

A search on Wikipedia around October of 2021 indicated that there was a book called *The God Gene*. It was published around 2003, and authored by Dean Hamer...

Hamer writes in the book that he wrote the book on the side of his normal job at the National Institute of Health (NIH). He said he got the funding for the book's topic via the Templeton Foundation of Pennsylvania. This organization has a huge fund to direct money at the topics of Science and Religion. Temple sounds like it could be related to the Israelites who don't believe in the New Testament, but I only see that a man with the last name of Templeton died and left his fortune to this foundation.

In the book, Hamer indicates a PCR test was used to isolate and compare a certain part of the human genome. He interviewed many people who were drawn to connecting with a higher power. He also compared genes of siblings where one had a great interest in seeking spiritual experiences while the other did not have this interest or a gift in this area. He claims to have discovered a specific group of associated genes (I believe it's called an allele) that corresponded to whether or not a person had an inclination for having a mystical experience.

The Bible has important people that God designates to be spokesperson for God. In the first Chapter of the Bible's book Jeremiah, God (YHVH - Yod Hay Vav Hay/ YHWH "Yahweh") says that he had plans for Jeremiah before he was born. It is possible that God intends what person gets a God gene and who doesn't. We also hear God say at one point that those who sacrifice their babies and children to "small g" gods - are taking his children. In the time of Moses, God said at one point that followers are to give their firstborn child and their firstborn son to [him].

Since we thank God in our Washington State Constitution's preamble [for helping us win the Revolutionary War], it is not consistent with a thankful attitude to allow possible harm to anyone's birth DNA.

Even if someone does not currently seek to follow "Yahweh," at some point in the person's life, they may want to. It is not at all informed consent to not tell people that their DNA, and possibly unique ability to connect with "Yahweh" could be altered with this gene-therapy-like injection.

People who read the Bible should be able to see a major point is that there is a war of unseen forces of good and evil. Injections containing toxins appear to many of our residents to be in the category of entities that are malicious. In the Bible, we see teaching stories of humans who

acquire malicious entities. Sometimes people get these and are not aware they are being controlled. Around 2003 people were learning that thimerosal, a mercury derivative, was in many vaccines.

10. Encouraging Civil Culture - via Civil Genes, Healthy Brains, Healthy Hormone Levels, Encouraging the Holy Spirit in People

We must be on guard for any less-than-virtuous/less-than-human behavior. We must try to discern if it is due to

--estrogen reduction like from hormone organ damage, (men as well as women produce estrogen - a hormone which may allow one to be more caring.)

--brain injury and/or brain inflammation (some head injuries may make people violent). Inflammation can be from chronic environmental mold, immune reactions to foods, toxins, drugs, accumulated nano genetically-engineered spike proteins, or a type of microbe.)

--a gene group (allele) associated with animalistic behavior. (If we find such a type of allele, we might invite individuals with this to try gene therapy to see if those alleles can be altered to make a civil allele. Or maybe we need these groups of humans to defend our species from outside attacks.

--drugs or toxins that affect people's brain structure or chemistry.

--malicious spirits (These can be drawn into people if they don't know how to protect themselves. Reading and studying the Bible --especially the first 5 books of the New Testament-- helps, baptism helps, asking Father God, the Holy Spirit to be around, "in the name of Jesus," helps. People can also acquire these also after any trauma—including when the human body, "or temple," is punctured, such as with a vaccine or injection. When people don't know that malicious spirits can exist, they can be vulnerable to becoming possessed by these spirits. Malicious spirits can cause drugged or severely depressed persons, for example, to harm themselves or others.)

--low blood sugar issues

If a civil society is a goal, then insurance carriers could be required to pay for people to get SPECT scans if they want, and incentives could be made, to check if our brains are as healthy as they can be.

People should be able to self-refer to get SPECT brain scan imaging, the kind that is done in Dr. Amen's clinics.

Our mental health professionals could check for possible brain inflammation from food by referring patients to the kind of naturopathic doctors who can order and assess IgG blood tests

for food and toxins. If we want to encourage civil society, we would also have insurance companies to pay for this sort of thing.

Do mental health professionals in this state have these things listed in their diagnostic manual? I think these things should be added as things to screen for in this state.

Then the counselors could also encourage and assist clients to follow through with testing. They could also suggest a possibly possessed client read some books like *Deep Wounds, Deep Healing*, by Charles H. Kraft, and /or *The Bondage Breaker*, by Neil T. Anderson, and visit a trained and successful Christian or Roman Catholic team of exorcists.

At the time of Jesus the Israelite religious leaders were doing special cleanliness rituals that poorer and physically challenged people could not do. The Israelite priests took a high path to the temple after cleanliness rituals, but then at the Temple, I understand they were clubbing unclean, poor, and disabled people to force them out! Jesus demonstrated this was NOT "the Way." Instead he demonstrated the "narrow path" -- to focus on the moral law to love and care for the needy, even if they had "unclean" diseases.

Jesus showed the connection between malicious spirits and dis-ease, and he showed how to cast out troublemaking spirits. He worked with God's Holy Spirit to heal people and raise the dead.

So counselors could also tell clients that the New Testament gives clues to getting clear of negative entities by asking for God's the Holy Spirit to be in and around a person --continually.

A key thing to learn is in the New Testament, Jesus showed us about spiritual warfare. It is helpful for all residents to learn that God, the Holy Spirit, and Jesus can help people who pray - even silently - to overcome any challenge. This relates to physical and mental health.

Malevolent spirits can assist people to get more depressed, more anxious. Their goal is to "take a person down" completely - to die in a mental state apart from God. So if a person in mental distress as well as physical distress can just ask for Jesus to be with them, and then read some passages of the Bible out loud-- this can help to physically as well as spiritually save lives. And doesn't cost anyone any money. (People can usually acquire a Bible for free at a church or from many Christians - or there are free apps like biblehub.)

11. Ensuring homeless waste is cleaned up - public sanitation

Each city could have teams to clean up after homeless who may leave clothes, needles, human feces. Dogs could be trained to help people find the spots to clean up. Human waste could just be buried in 1 foot deep holes.

At each of the Day Shelters there may be people who are open to volunteering to help. It can be pointed out that if they do well they can maybe get recommendations for other jobs - maybe even jobs with the city.

12. We might be able to simplify our excessive codes and laws if we follow the example of how Jesus simplified the excessive laws.

Jesus simplified the complex and excessive laws the Israelites had developed by his time (some were ritualized cleanliness rituals that not everyone could do and it is possible some were made up by the Levite priests, maybe there are some in the book of Leviticus).

We can see early in the book of 1 Samuel that only the spokespeople God chose were supposed to be the leaders. So by the time of Jesus, the Levi priests were not to be claiming authority to make up excess rules and then look down on people who were not able to follow them.

Here is how we can simplify our laws and codes: Jesus clarified that loving God and caring for one another—all humans, all of God's children—is the most important law. Moses relayed this same law from God in earlier times. So we don't need lots of detailed laws if we will just encourage people to read the teaching stories in the Bible and understand the teachings culminate with the clarifications that Jesus demonstrated.

Thank you for reading this and considering these concerns.

In service to The Supreme Ruler of the Universe [of the Heavens],

Linda C. Redman,
Auburn, WA

- International Relations, Humanities, Studio Art, Scripps College, Claremont, CA
- B.A. Peace and Global Studies, Earlham College, Richmond, IN
- Pre-med and Nutrition courses, Kenai Peninsula College, Univ. of Alaska, Anch., Homer, AK
- BioAcoustics training with Sherry Edwards, (3 classes)
- Working Guest, Optimum Health Institute (3 months)
- over 30 years learning and working around immune issues
- <https://ecopeacevision.wordpress.com>

From: rose rangel
Sent: 2/8/2022 8:50:23 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To BOH Board Members:

I respectfully urge you all, NOT to mandate Covid vaccines for school children. Thank you for your time and consideration :)

Sincerely,

Rose Rangel
15226 9th Avenue SW
Burien, WA 98166

Sent from my iPhone

From: Randall Walker
Sent: 1/31/2022 10:05:02 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darin Padur
Sent: 2/3/2022 10:52:12 PM
To: DOH WSBOH
Cc:
Subject: Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by History of COVID-19 | Coronavirus (COVID-19) | JAMA | JAMA Network

External Email

Natural immunity is better than vaccines. No NOT mandate this for kids. There is no reason. Stop this madness and let us get back to normal. It's over.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama>

Darin Padur
dpadur@comcast.net
(253) 335-7917

From: Dan Bogar
Sent: 2/7/2022 5:20:55 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandates - Informed consent and not mandates are the ethical direction.

External Email

Board of Health: To Whom it may concern

I think temporary paralysis, motor control deficiency, and behavior problems in children are not physician recognized as associated with current COVID vaccines, but they are showing up in the VAERS database. Neurological effects may be underreported in VAERS if they are not identified as associated with the vaccines. VAERS database number 1951967, a 13 year old boy in Wa State fully functional in daily activities but with a known DNA defect (deletion) prior to injection with Pfizer BNT. Two days post second injection began non stop talking 27/7, insomnia, and random giggling and became unable to follow a single command at school. He lost personal independence in daily activities. MRI of head and lumbar puncture and EEG were accomplished. No outcome listed as of three months following onset as listed in the VAERS detailed event report. Mother requested help with the situation in VAERS. I hope someone from the state health department has looked into this case to see what help can be given to this mother. I hope this case [DNA deletion] and impact with mRNA mediated vaccine is investigated. It may shed insight into other behavioral changes reported in VAERS.

Children 17 and younger in 2021 VAERS reports had 44 heart disease cases and 5 serious neurological problems. Forty-three heart disease cases in children followed the second dose and one followed the first dose of the Pfizer Biontech. For the child affected following the first dose of Pfizer Biontech is the state going to mandate a second shot?

I read several hundred of the detailed reports on VAERS regarding deaths and serious injuries to people of Washington State. Quite a few of them are written by doctors and are useful. Almost all of the 44 serious heart reactions in children 17 and under were evaluated by doctors and included data on Troponin, C-Reactive Protein and or Brain Natriuretic Peptide levels and likely diagnosis.

The International Alliance of Physicians and Medical Scientists published a declaration now signed by 17 thousand physicians and medical scientists that healthy children should not be subject to forced vaccinations. They included a link to the evidence supporting that position.

Review of patient survival rates among patients who receive early treatment rather than waiting to go to a hospital shows government is not good at innovative solutions. After two years of dealing with COVID, the CDC website still has no protocol for early treatment of COVID in spite of hundreds of studies proving early treatment statistically benefits patients.

Myocarditis and pericarditis were listed in the Emergency use Authorizations but not determined to be a symptom directly related to the vaccines in all the manufacturer testing and in all the rounds of vaccine release which took place over many months from older to younger and was not identified as a risk until children developed heart disease. That one patient who developed heart disease after the first Pfizer dose had a medical history of autism.

The International Alliance of Physicians and Medical Scientists published a declaration now signed by 17 thousand physicians and medical scientists that healthy children should not be subject to forced vaccinations. They included a link to the evidence supporting that position.

My son experienced thrombocytopenia and bleeding in mouth, skin and brain from a vaccine. Some people in my house have allergic reactions to vaccinations. COVID already ran through our house. Is the government is considering mandating vaccines to the whole population?

I have not read any studies proving the gene therapy vaccines slow spread of COVID transmission, but I did read one study that showed an inverse relationship. Possibly because more people with mild cases don't know they are sick but are still capable of spreading virus.

Also civilized people would not consider coercing Amish, Ortodox faiths, native Americans, into taking vaccines if it was against their choice. I believe it is clear, informed choice in a free society is the only way ethical people would administer these new gene therapeutical COVID vaccines.

Thank you for your work
To everyone's health
Very Respectfully
Dan Bogar

From: Jenelle Arkills
Sent: 2/8/2022 8:38:09 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

Please do NOT require the covid vaccine for children to attend school . This mRNA vaccine is unlike others and it has had an extremely large amount of adverse reactions .
Thank you

Jenelle Arkills

From: Terry Kolasinski
Sent: 2/8/2022 11:36:29 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Hopkins
Sent: 1/27/2022 9:16:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: David Edwins
Sent: 2/7/2022 7:26:23 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: COL (Ret) RONALD AVERILL
Sent: 1/27/2022 8:53:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Molly Fleming
Sent: 1/29/2022 9:07:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lee Schilling
Sent: 1/29/2022 1:45:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sharon Gilchrist
Sent: 2/7/2022 6:20:03 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Melanie Smeenk
Sent: 1/27/2022 4:31:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kim Burkhardt
Sent: 2/7/2022 1:21:09 PM
To: DOH WSBOH,newsroom@kuow.org,jmartin@seattletimes.com
Cc:
Subject: Washington State Board of Health: hospitals sidelining medical treatment for vaccinated patients



attachments\953F2FC710E74BA2_COVID medical treatment.pdf

External Email

THIS COMMUNICATION - BELOW - IS ALSO PROVIDED IN ATTACHED DOCUMENT.
PLEASE RESPOND. Kim Burkhardt, Washington State Voter.

Kim Burkhardt

414 NE Ravenna Blvd

Ste. A #1066

Seattle, WA 98115

Landline: (206) 525-5056

Email: kimstress@gmail.com <mailto:kimstress@gmail.com>

Feb. 7, 2022

Washington State Board of Health

ATTN: Dr. Umair Shaw

PO Box 47990

Olympia, WA 98504-7990

Phone: (360) 236 - 4110

email: wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>

website: <https://sboh.wa.gov/Rulemaking/AgencyOverview>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FRulemaking%2F>

CC:

Governor Inslee. Fax: (360) 753-4110

Senator Patty Murray. Fax: (206) 553-0891

Senator Maria Cantwell. Fax: (206) 220-6404

Multiple news journalists

RE: Billing the Washington State Board of Health for Your Outcomes (or lack thereof)

A specific matter of public health policy surrounding COVID – or lack thereof – is resulting in myself and other Washington State residents being denied timely and efficient healthcare. This creates unnecessary anxiety, unnecessary pain and suffering, and – sometimes - negative health outcomes and/or financial distress. I am contacting you to have you correct this matter of public health policy.

CONTEXT: From both a public health perspective and an individual health perspective, the medical system has existing policies regarding certain medical transplants and joint replacements. Specifically:

1) I have a neighbor who needs a knee replacement. Medical providers refuse to do a knee replacement until my neighbor quits smoking. She's being required to participate meaningfully in her own health outcomes. She won't quit smoking, she is now hobbling around with mobility devices as a result of her unwillingness to stop smoking to receive a needed knee replacement.

2) A friend of mine also needs a knee replacement, but she is medically obese. Doctors told her that she needs to lose weight before they will do a knee replacement. She's already lost at least 30 pounds so that she can get a knee replacement.

3) When heavy drinkers (alcoholics, et. al) need a liver transplant, medical providers often require such individuals to achieve a period of sobriety before they become eligible for a liver transplant (six months sober or?). There aren't enough liver transplants available to meet public need, so it's in the interest of public health for liver transplant recipients to be in a position to have positive outcomes (i.e., quit drinking).

HOWEVER, THE SAME PRINCIPLES ARE NOT BEING APPLIED BY HEALTHCARE PROVIDERS AND/OR THE WASHINGTON STATE BOARD OF HEALTH TO THE COVID PANDEMIC. Unvaccinated COVID patients are being allowed to overwhelm our medical system to provide them with avoidable hospital care that could be avoided if such persons were held responsible for participating in their own medical care (i.e., requiring vaccinations for hospital admittance). As a result, myself and multiple other vaccinated Washington State residents who need non-COVID medical care through no fault of our own are being denied access to timely medical treatment because hospitals are swamped with unvaccinated COVID patients. See: <https://www.npr.org/sections/health->

shots/2022/02/04/1078029696/americans-get-sicker-as-omicron-stalls-everything-from-heart-surgeries-to-cancer

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fhealth%2F2022%2F02%2F04%2F1078029696%2Famericans-get-sicker-as-omicron-stalls-everything-from-heart-surgeries-to-cancer&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca644499192fd4bc23a4408d9ea7f688b%7C11d0e2>

In my case, I have pain – sometimes debilitating pain – in my left shoulder and left hand. Doctors determined that I have a pinched nerve in my shoulder. A surgeon at Harborview Hospital (Seattle) determined that the first course of treatment should be physical therapy.

Thus, I was scheduled to see a physical therapist at Harborview starting on Monday, January 24. However, one of Harborview's staff called me the Friday before my appointment and told me, "We have to reschedule your appointment because we are swamped with COVID. The physical therapist has been moved to working with COVID patients. We can't get you in until March." A two-month delay in medical treatment because of unvaccinated COVID patients.

We all know that the VAST MAJORITY of COVID patients who require hospitalization are unvaccinated.

Therefore, given that COVID vaccinations are widely available in the United States..... the only reason that our hospitals are overwhelmed and having to delay necessary medical care of various types to vaccinated patients (from cancer surgeries to joint replacements to physical therapy is because of COVID patients who have CHOSEN NOT TO GET VACCINATED. THIS IS AN APPLES-TO-APPLES COMPARISON TO GIVING LIVER TRANSPLANTS TO ALCOHOLICS WHO CONTINUE DRINKING WHILE DENYING LIVER TRANSPLANTS TO PEOPLE WHO AREN'T DRINKING ALCOHOLICALLY (see page one).

In my case, I am in too much pain to "sit around waiting" another two months for medical care – i.e., to receive physical therapy that would be covered by my health insurance. Therefore, I am experiencing financial hardship to now start paying out-of-pocket to go to a chiropractor for medical care for my pinched nerve (Apple Health doesn't cover chiropractors). I have been forced into economic hardship (paying out of pocket for a chiropractor – using a bank loan - when I can't afford to do so to get medical care because Harborview can't get me in to provide care that would be covered if I went to Harborview for physical therapy) as a direct result of hospitals providing COVID treatment to unvaccinated Washington residents (and Idaho residents?) at the expense of vaccinated Washington residents such as myself whose medical care is sometimes being delayed.

HOSPITALS SHOULD BE EXERCISING THE OPTION OF DENYING MEDICAL CARE TO UNVACCINATED COVID PATIENTS, PARTICULARLY WHEN THEIR COVID MEDICAL CARE IS JEOPARDIZING OTHER PATIENTS. SUCH UNVACCINATED PATIENTS CHOSE TO NEED

HOSPITALIZATION BY NOT GETTING VACCINATED AND HAVE THUS CHOSEN TO DELAY MEDICAL CARE PATIENTS FOR VACCINATED PATIENTS LIKE ME.

Were hospitals allowed to decide whether or not to provide medical care to unvaccinated COVID patients (hospitals still could provide such care if they wanted to and/or have the capacity to do so), then hospitals would be more able to provide medical care to vaccinated patients such as myself.

THEREFORE, until such time as you – the Washington State Board of Health – decide to give hospitals the OPTION of denying medical care to unvaccinated COVID patients, I am contacting you to be reimbursed for my medical expenses - \$300/to date; my out-of-pocket expenses are expended to reach \$600 - \$900. I look forward to and appreciate immediate reimbursement.

Kim Burkhardt

Washington State Voter

Kim Burkhardt
414 NE Ravenna Blvd
Ste. A #1066
Seattle, WA 98115
Landline: (206) 525-5056
Email: kimstress@gmail.com

Feb. 7, 2022

Washington State Board of Health
ATTN: Dr. Umair Shaw
PO Box 47990
Olympia, WA 98504-7990
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Kim Burkhardt
Washington State Voter

From: Kelli Jenkins
Sent: 2/8/2022 11:18:40 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To whom it may concern,
Please vote NO on making covid 19 vaccine a requirement for children in school. There is not enough data on this vaccine in the first place and definitely not enough understanding of the side effects long term for children. Children who have a 99.98% chance of surviving covid 19. The vaccines do not stop transmission. If someone wants to protect themselves against covid 19 because they are older and are in a higher percentage of death or health issues from covid that is their choice to vaccinate themselves. To require vaccination for children is just irresponsible, there has not been enough time or trials to know how this will effect them.

With much concern,
Kelli Douglas
Sent from my iPhone

From: Shell Rasmussen
Sent: 2/9/2022 8:26:39 AM
To: DOH WSBOH
Cc:
Subject: Feb 10th waboh meeting

External Email

Good morning,

I am reaching out in response to the scheduled meeting for February 10th to discuss the Covid vaccine inclusion in WAC chapter 246-105. I oppose this and all vaccine mandates. As the vaccine has proven to be ineffective at preventing viral spread or infection within the state, and since children are the least at risk for severe disease, there is no public health benefit from mandating this vaccine. Doing so exposes children to unnecessary unknown risks, with negligible benefit.

A very concerned citizen,
Shelly Osmonson
Edgewood, WA

Sent from my iPhone

From: Lydia Zibin
Sent: 2/9/2022 8:10:55 AM
To: DOH WSBOH
Cc:
Subject: TAG mtg - No to COVID-19 shot for students

External Email

Please vote NO to require students to take the shot. I know you've been presented all the data - please consider reading the real science.

Currently there is no published literature on pediatric Covid-19 vaccine safety and effectiveness in K-12 school setting.

Respectfully,

Lydia Zibin
Bellevue

From: Monica Huckleberry
Sent: 1/22/2022 1:17:02 PM
To: Davis, Michelle (SBOH)
Cc:
Subject: Still in play?!



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attachments\72BA51DEA833429A_image9.png



attachments\4C0B762C6676434E_image3.png



attachments\51866AA7084C4B8E_image6.png



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attachments\4A0A3113A866403A_image5.png



attachments\22C475AE015749DF_image8.png

External Email

Sent from my iPhone

From: Estera Carp
Sent: 2/7/2022 11:22:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: David White
Sent: 2/8/2022 9:21:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rosanne Metzler
Sent: 1/31/2022 9:00:42 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sean Lawler
Sent: 2/8/2022 7:35:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good evening,

As a parent of school age children in the state of Washington, I strongly encourage the TAG to vote against implementation of any COVID-19 vaccine requirements for school attendance. The science has shown there is minimal to no benefit of vaccination for children due to their inherent robust immune system.

Voting to include COVID-19 vaccine requirements will create a massive divide in our communities and lead to no actual health benefit.

Concerned parent,
Sean Lawler

From: Jay Fratt
Sent: 2/8/2022 4:07:03 PM
To: DOH WSBOH
Cc:
Subject: BOH TAG Meeting Comment

External Email

Dear BOH:

Please share with your TAG committee:

Response to # 5-6 on your criteria:

Please be advised. I am a Washington State citizen, and a parent. The edicts coming down from Federal agencies are counter to the data they have collected. It is up to you to stand against this corruption that suits to assist profit, and not the health of our children.

From VAERS and VigiAccess reporting it is clear that children have a far higher likelihood of an adverse event from the vaccine than they do contracting Covid-19.

The money that comes from the top corporate structure through government agencies, that is then distributed to bureaucratic decision makers, breaks the intended mission of our health agencies to serve and protect the citizenry. Through this bribing scheme, corporate interest then have the mandate of government to purchase and distribute it's product at ZERO LIABILITY to themselves.

Stop this attempt to get children on a vaccine schedule that will insure no liability.

Stand firm. Stand up. Do you job.

Sincerely,

Jay Fratt
Washington State Citizen

From: Jessica Wexler
Sent: 2/9/2022 8:39:09 AM
To: DOH WSBOH
Cc:
Subject: Support of Vaccines

External Email

Hello,

I am writing in support of requiring the covid-19 vaccine for children 5-11 in schools. As the owner of a private business that runs youth summer programs, having a required covid-19 vaccine for schools will help ensure the safety of all of our children. It will make programming easier to implement, lower absences, and provide a sense of security for families. We are going to be requiring proof of vaccination or a negative test for our summer camp, but having it as a statewide requirement will make it easier for us to manage the implementation of our policies. We polled our camp families and over 75% were in favor of a vaccination requirement. I know this is a hot-button topic and appreciate your thoughtful consideration.

Thanks,
Jessica

--

Jessica Wexler, M.A. Ed (she/they)
Executive Director
Girls Rock Math
Office 206.408.8078
Cell. 206.226.9240
www.girlsrockmathematics.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.girlsrockmathematics.com%2F>

<https://drive.google.com/uc?id=16XC7yQuTZUDUPztSb1MW5Owc3C_wUXUi&export=download>

The mission of Girls Rock Math is to provide thought-provoking, creative experiences in math, empowering girls to develop confidence in their skills and a life-long interest in mathematics.

From: Lucy Deibert
Sent: 2/6/2022 1:42:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nancy Smith
Sent: 1/28/2022 5:54:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christi Ellefson
Sent: 1/25/2022 11:43:47 PM
To: DOH WSBOH
Cc:
Subject: Watch Sen. Johnson's COVID panel with Drs. Robert Malone, Peter McCullough –
ClarkCountyToday.com

External Email

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews-sen-johnsons-covid-panel-with-drs-robert-malone-peter-mccullough%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce06c0522f5da4593f68d08d9e09f5f5>

Sent from my iPhone

From: Samuel Dickerson-Edgington
Sent: 1/28/2022 12:23:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lucia Richardson
Sent: 2/8/2022 8:59:43 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please do not require children to take the Covid 'vaccine'. There are no long term studies on this genetic altering injection and since children are at such a low risk of poor outcomes should they get Covid it doesn't make sense for them to get the vaccine. Plus it should be their parent's decision if they get the vaccine.

Sent from my iPhone

From: Kathleen Dwyer
Sent: 1/28/2022 9:16:13 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: James Croisier
Sent: 1/29/2022 10:41:37 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: lauriely
Sent: 2/8/2022 8:43:54 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To the TAG committee on school vaccines and the WA Board of Health:

Please consider that our children are at a very low risk of mortality from Covid-19. The chance of an adverse reaction is a higher risk. These Covid-19 vaccines have not undergone long-term phase 3 clinical trials and should not be required for any school age child. Myocarditis is a risk reported by the CDC. This is not a mild disease at best. Young people who previously had no comorbidities now cannot exercise for minimally six months and are put on several heart medications. The known outcome for myocarditis is not good. No one should be required or be coerced to get a vaccine that could do this harm and possibly do it long-term. Please bring in other doctors that can give the other side to this story. It is not wise to listen to only one side when it comes to scientific consensus. I urge you all to recommend a NO when it comes to school covid-19 vaccine requirements. Thank you. Laurie Buhler

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

From: Marty Nauert
Sent: 2/4/2022 11:45:13 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jorja Starr
Sent: 1/29/2022 11:04:01 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

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Sincerely,

The Citizens of Washington State

From: Elizabeth Walgamott
Sent: 1/31/2022 4:17:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

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Sincerely,

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From: Kathleen Fitzgerald
Sent: 1/27/2022 5:27:04 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

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Sincerely,

The Citizens of Washington State

From: Susan Schultheis
Sent: 2/7/2022 8:09:09 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

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Sincerely,

The Citizens of Washington State

From: Minerva Rohmer
Sent: 2/8/2022 8:52:59 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

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Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 1/28/2022 6:16:49 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement feedback



attachments\F65CC69864E44395_image002.png

Hello,

I believe this is intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 21, 2022 1:34 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

Time to do some reading before you okay the covid-19 vaccines to children!!!! This report just came out. <https://jessicar.substack.com/p/a-report-on-myocarditis-adverse-events>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjessicar.substack.com%2Fp%2Fa-report-on-myocarditis-adverse-events&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9b28957db64b442b3c6b08d9e2cd6763%7C11>

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response? If you would like to receive email confirmation of your submission, please enter your email address in the space below.

Tell us how to get in touch with you.

Name:

jamesutigard@yahoo.com <mailto:jamesutigard@yahoo.com>

Telephone:

5097233082

5.

If you would like to receive an email copy of your submission, please enter your email address in the space below.

jamesutigard@yahoo.com <mailto:jamesutigard@yahoo.com>

From: L P
Sent: 2/8/2022 10:33:32 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Parent AGAINST mandating the covid vaccine for children

External Email

WAC 246-105-030

"A child is required to be vaccinated against, or show proof of acquired immunity for, the following vaccine-preventable diseases before attending school or a child care center..."

Many parents in the State of Washington are firmly against adding the current covid-19 vaccine to the list of required vaccination prior to school entry. My reasons for opposition are as follows:

1) The available covid vaccine for children (Pfizer's BNT162b2) is still under emergency use authorization (in addition, the only FDA approved covid vaccine is COMIRNATY, which is for ages 16+ and not readily available in the USA). No vaccine has ever been added to the list of required childhood vaccinations while under EUA.

2) Pfizer's phase 2/3 clinical trials for children ages 5-11 were underpowered, including only 1,518 children that received the vaccine prior to FDA review on October 26, 2021. These children (along with ~1,500 additional children in the expanded group) will be actively monitored in the years to come. However...

3) Passive surveillance is being utilized to monitor the larger population of children. The limitations of VAERS is well known and insufficient in order to demonstrate the safety of a vaccine.

4) Children are at minimal risk of serious covid complications. Healthy children have been found to have zero risk of death: "Children without comorbidities were found to be significantly less likely to suffer from a severe or fatal disease course. The lowest risk was observed in children aged 5-11 without comorbidities. In this group, the ICU admission rate was 0.2 per 10,000 and case fatality could not be calculated, due to an absence of cases." (<https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

5) The current covid vaccines do prevent infection or transmission of the virus and therefore Covid-19 is not currently a "vaccine-preventable disease".

6) The impact of vaccinating children that have already acquired natural immunity against Covid-19 is unknown.

7) The CDC has recently released an analysis of cases and hospitalizations by Covid-19 vaccination status and previous Covid-19 diagnosis. In the CDC's analysis, those with infection-based immunity fared as well or better than those with vaccine-based immunity. (<https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F71%2Fwr%2Fmm7104e1.htm>

><https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F71%2Fwr%2Fmm7104e1.htm>)

The decision to vaccinate a child against Covid-19 should be made by the child's

parents in consultation with the child's doctor. It is inappropriate for the State to mandate Covid vaccinations.

Thank you for you time and consideration.

Sincerely,
Leanna Pan
(mother to three young children in Seattle)

From: Darin Padur
Sent: 2/2/2022 2:04:31 PM
To: DOH WSBOH
Cc:
Subject: No mandates for kids

External Email

Our children are not lab rats. They are not toys for you to experiment. No mandates for vaccines as the risks of the vaccine outweigh the rewards. Stop this political nonsense now.

Darin Padur
dpadur@comcast.net
(253) 335-7917

From: theresalane@comcast.net
Sent: 2/3/2022 7:40:39 PM
To: DOH WSBOH
Cc:
Subject: Attn TAG K-12 Covid Mandates - 12 Countries Roll Back COVID Restrictions,
Israel Scraps 'Green Pass'

External Email

Hello TAG,

There is just so much information for you to consider.

<https://childrenshealthdefense.org/defender/12-countries-covid-restrictions-israel-green-pass/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/12-countries-covid-restrictions-israel-green-pass%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8b0065b48ce94a00367408d9e78fefbf%7C11d0>>

Please explain to me why you are even considering the Covid Shot for WA children?
Covid shots are harmful and Not effective.

Sincerely,

Theresa Lane

Very Concerned WA parent

From: replysafe-emailreply@yahoo.com
Sent: 2/2/2022 9:05:37 AM
To: DOH WSBOH,OEOInfo,Thomas, Jamila (GOV),DOH Secretary's Office
Subject: Data/studies for school testing and masking for children

External Email

To whom it may concern,

I'm writing out of frustration and a lack of understanding to what is happening in our schools to our children. We are requiring "test to stay" for children that may have been "exposed" even if those children being tested have ZERO symptoms. Have you watched young children being tested? As a father of three, two who attend public elementary, it is traumatizing to watch you child cry as a swab is placed their nose just for them to remain in school unless they quarantine for 10 days.

Why are we allowing this to be done to our children? Why are we enforcing this notion that our children are always "sick" instilling irrational fear in their lives. What is the science or data that unequivocally supports testing them due to a possible "exposure"? Can anyone answer that intelligently, purely with the science and data? I believe it really comes down to adults irrational fears and partisan politics being forced on our children.

Second, why are we masking our children in school? Can anyone provide me the data, studies, and science on masking children. Correct me if I'm wrong but the CDC, HHS, and others have admitted to cloth masks having no effect on transmission/spread and surgical masks having very limited effect. In fact most studies indicate the N95 isn't effective unless properly fitted, used, etc.

So again I ask what is the proven studies, data, and science behind masking our children? They have no idea what their teachers and classmates look like, they can't see the lip/mouth movement during instruction, and they constantly touch their masks getting who knows what germs inside. Why can adults attend events, go out to eat, etc maskless but we mask our children. Do you realize how absurd the policy makers look? A disease that largely doesn't effect children, who aren't majors vectors of transmission, being forced to wear something that is proven ineffective. Why are you so settled on looking back at this terrible decision/policy and being on the wrong side of history?

V/r,
Kerry

Included is a link to an article written by a doctor, Vinay Prasad, at UCLA. I ask that you read it, opinion piece or not, it has plenty of citations of data to back up the article.

The Cult of Masked Schoolchildren

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4ca89a5e5a5b4459c81d08d9e66e3911%7C>>

Links in the message

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4ca89a5e5a5b4459c81d08d9e66e3911%7C>>

<https://s.yimg.com/lo/api/res/1.2/_q23IipWTIAe8gJZ5nBxUg--~A/Zmk9ZmlsbDt3PTgwO2g9ODA7YXBwaWQ9aWV4dHJhY3Q-/https://tablet-mag-images.b-cdn.net/production/58476ea001b94f3123303976a2b7c56f0a957c54-3900x2600.jpg?w=1200.cf.jpg>

The Cult of Masked Schoolchildren

From: ganymeade3
Sent: 1/26/2022 7:12:10 PM
To: DOH WSBOH
Cc:
Subject: Gab deaths current in Australia disturbingly high

External Email

<https://gab.com/Footdoc/posts/107691855610139561>

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Joe Lewis
Sent: 2/9/2022 9:22:21 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jerad Greenwood
Sent: 1/31/2022 7:42:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michelle Ranous
Sent: 2/8/2022 9:53:09 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

STOP trying to force covid shots on our kids! Make it stop! Get out of my family decisions.

Michelle Ranous

From: Sara Bedient
Sent: 2/8/2022 10:46:33 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 Vaccine

External Email

Dear TAG:

I ask that you NOT approve the covid vaccine to be added to the school list. This vaccine is still experimental and our children are not lab rats to be tested on.

Sara Bedient
Concerned parent
Tonakset, WA

From: Robert Holte
Sent: 1/30/2022 11:46:34 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: rikki.leigh@yahoo.com
Sent: 2/2/2022 8:22:33 PM
To: DOH WSB OH
Cc:
Subject: Child vaccines

External Email

Please don't do this to these children. It's senseless. Somebody has to listen. Doesn't anyone care anymore? Or brave enough to stand up for what is right? At least watch this short video and do the necessary research

COVID-19: A Second Opinion

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F9jMONZMuS2U&data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F9jMONZMuS2U&data>

COVID-19: A Second Opinion

Thank you, Rikki Lambert

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Terry Zeimantz
Sent: 1/25/2022 10:54:50 AM
To: DOH WSBOH
Cc:
Subject: Request to each Board Member

External Email

I implore that you consider the facts, take in all the information, before voting to revoke our civil rights in Washington State. You have an enormous responsibility, and your actions will be remembered in the history of our State and the future of our children.

Please take the time to review 'a second opinion';

<https://rumble.com/vt62y6-covid-19-a-second-opinion.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C14374d9cc1ee4bcd15b308d9e034298f%7C1)

[opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C14374d9cc1ee4bcd15b308d9e034298f%7C1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C14374d9cc1ee4bcd15b308d9e034298f%7C1)

Sincerely, Terry Zeimantz

From: j
Sent: 1/30/2022 10:46:27 AM
To: DOH WSBOH
Cc:
Subject: STOP ALL UNHEALTHY MANDATES NOW!!

External Email

STOP ALL UNHEALTHY MANDATES NOW!! As you know, of course, the world world is in REVOLUTION over the MANDATE scam! All those who participated with the evil cabal in their plan to illiminate 90% of the world's population will be tried and executed. I suggest YOU start to 'back pedal' quickly. When the parents of 'injured children' start telling their stories.....well...

<https://scontent-lax3-2.xx.fbcdn.net/v/t39.30808-6/272848876_10225031518308754_1124579632380003648_n.jpg?_nc_cat=106&ccb=1-5&_nc_sid=5cd70e&_nc_ohc=i61JezLDnV0AX8crQMT&tn=WjX_8EV-tRz-cZWL&_nc_ht=scontent-lax3-2.xx&oh=00_AT9gU83pT2CT0qDYZc6pO-Izvz31Tp2O8RbHpc_m7Z8KIg&oe=61FB75B0>

From: Tatyana Samolovov
Sent: 2/3/2022 10:15:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:19:55 AM
To: DOH WSBOH
Cc:
Subject: FW: vaccine mandate

From: ezcollec@aol.com <ezcollec@aol.com>
Sent: Monday, January 10, 2022 9:40 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: vaccine mandate

External Email

I sent you an email last Friday but it was mostly relevant to mandates being imposed on the school age children of WA State. Today I learned that most of your discussion tomorrow is going to be on whether or not force adult citizens of WA State to take the vaccine. And if they don't, to be forced into internment camps until they do comply. This sounds like Nazi Germany, I never thought I would be hearing that my own government would even consider such a thing.

Over the last two years we have had to listen to the BLM cries of injustice done to them by a generation long past. We listened to 'My body, my choice' when it concerned abortions for unborn babies. But now, we adults seem to have no choices if it were to be left to the government - you know, the people we voted to put into office - to protect us, to work on our behalf. All I can do - all we can do - AT THIS TIME - is to present you with a few of the most important reasons why I and a majority of concerned citizens feel that you should do all you can to uphold our rights as human beings and United States Citizens.

1. Mandated vaccines are a direct interference with families by forcing medical treatment without consent, and are thereby a violation of Article 12 of The Universal Declaration of Human Rights.

2. Article 7 of the 1966 International Covenant on Civil and Political Rights as put forth by The Geneva Convention states: No one shall be subjected without his free consent to medical or scientific experimentation. Experimental vaccine ties it directly into the Nuremberg Code, which says that we cannot be experimented on [without consent]. We always have the right to accept or refuse a medical treatment.

3. The Universal Declaration of Human Rights, put forth by The United Nations, states:

Article 12: No one shall be subjected to arbitrary interference with his privacy, family,

[or] home. ... Everyone has the right to the protection of the law against such interference. Mandated vaccines are a direct interference with families by forcing medical treatment without consent, and are thereby a violation of Article 12 of The Universal Declaration of Human Rights.

Article 18: Everyone has the right to freedom of thought, conscience, and religion; this right includes freedom...either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship, and observance. Similar to The First Amendment of The US Constitution, any law that denies parents a vaccine exemption for religious reasons is a violation of the protected right of Americans to freely exercise their religious beliefs as they see fit for themselves and their family. Denying a philosophical exemption is also a violation of personal beliefs and philosophy as described by Article 18. In addition, any law mandating vaccines that calls for the quarantine or banishment of "the unvaccinated" from a public space, such as a school or market, simply for exercising their right to practice their religious or personal beliefs through use of a vaccine exemption is a violation of Article 18.

4. Mandated vaccination is a violation of medical ethics. The Hippocratic Oath states: (Traditional translation) Traditional translation: I will keep them [patients] from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.

5. The American Medical Association's Code of Medical Ethics states: Informed Consent: The patient should make his or her own determination about treatment. ... Informed consent is a basic policy in both ethics and law that physicians must honor, unless the patient is unconscious or otherwise incapable of consenting, and harm from failure to treat is imminent. The AMA's Code of Medical Ethics specifically states that physicians must honor the patient's wishes regarding their treatment; it is not optional.

6. There is no imminent, impending, or otherwise immediate threat of bodily harm that would result from declining vaccination. The true bodily harm has been shown to come to those who have gotten the Covid Vaccine and boosters. And without imminent danger to others, there is no legitimate reason for EUA (Emergency Use Authorization) of any of the Covid vaccines. So you must ask, what then are the reasons - when the FACTS are out there - the vaccines are eminently more dangerous and lethal than any of the Corona Virus variants.

Four standards that must be fulfilled for an EUA. If any of these criteria are not met, EUA cannot be granted or maintained.

(a) First, the secretary of Health and Human Services has to declare and maintain a state of emergency. If the emergency were to go away, all EUA products would have to come off the market. And that doesn't just mean vaccines. It also includes the PCR tests and even surgical masks.

(b) The second standard is evidence of effectiveness. Historically, vaccines had to show a

70% or greater effectiveness, as measured by a fourfold increase in antibody levels, in order to qualify. For an EUA vaccine, the efficacy threshold is only 30% to 50%. In another departure from prior vaccine approvals, the COVID vaccine clinical trials relied on the RT-PCR test, not antibodies, to demonstrate effectiveness in the small "challenge phase" of the trials. (Now, you probably heard that the Pfizer shot was 95% effective when it first rolled out, but that was 'relative risk reduction', not 'absolute risk reduction'. Confounding these two parameters is a common strategy used to make a product sound far better than it actually is. The absolute risk reduction for Pfizer's shot was just 0.84%.³ (For ex: if a study divided people into two groups of 1,000 and two people in the group who didn't get a fictional vaccine got infected, while only one in the vaccinated group got infected, the relative risk reduction would be reported as 100%. In terms of absolute risk reduction, the fictional vaccine only prevented 1 in 1,000 from getting the infection - a very poor absolute risk reduction.)

(c) The third standard is that the known and potential benefits of the product must outweigh the known and potential risks of the product. In the case of COVID shots, there's overwhelming evidence showing they do more harm than good.

(d) The fourth and last standard that must be met is there can be no adequate, approved and available alternative treatments (drugs or vaccines). "This is why hydroxychloroquine and ivermectin were quashed," Mayer says. This is also another reason Comirnaty is not treated as a fully approved product in the U.S., because if it were, then all the other COVID shots that are under EUA would have to be removed from the market.

7. Mandated vaccination is a violation of legal accountability and medical science. we object to being denied our right to decline a medical procedure or product in which: The manufacturer cannot be held liable for any injury or death occurring from the use of their product (The National Childhood Vaccine Act of 1986) ----- The government recognizes that the product and procedure is "unavoidably unsafe" (US Supreme Court ruling, 2011) The manufacturer admits in the package inserts that the product: 1.Has not been tested for carcinogenic or mutagenic potential 2. Has not been tested for safety in the populations targeted for product use 3. Can cause serious permanent injury and death 4. Can cause the very illness and disease the product is designed to prevent.

Product safety and efficiency studies are funded and conducted by the product manufacturer and/or the federal government instead of by an independent and neutral third-party which has no stake in potential profits from product sales.

The product: 1. Has been "fast-tracked" for approval without undergoing basic safety and efficiency studies (HPV vaccines) 2. Has not undergone proper randomized, double-blind, placebo-controlled safety and efficiency studies 3. Has not undergone long-term safety and efficiency studies. The manufacturer is facing multiple federal charges of scientific fraud in regards to product efficiency (Merck's MMR vaccine)The Centers for Disease Control and Prevention (CDC) is facing allegations of scientific fraud in regards to product safety (Merck's MMR vaccine)

From: Timothy Grey
Sent: 1/28/2022 7:50:12 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Samuel Comfort
Sent: 1/28/2022 1:09:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Keri Kono
Sent: 1/28/2022 1:10:58 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: randall hallum
Sent: 1/29/2022 11:50:49 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine for Children

External Email

To whom it may concern:

I have seen in the media that the Washington State Board of Health is considering making the emergency use of a experimental vaccine mandatory for school children.

This so called "vaccine" should not be made mandatory for school children.

More children have died from the vaccine than from Covid-19.

More children have died from suicides due to lock-downs than from Covid-19.

This vaccine is toxic to humans. It doesn't take much research to see the damage to individuals that have taken the vaccine especially to young males.

The survival rate for children that catch Covid-19 is above 99.8% There is more risk in children in taking the vaccine than catching the virus.

Please don't consider the Covid-19 vaccine for school age children.

Regards,

Randall Hallum
300 Lakeview Court
Richland, WA

Sent from my iPad

From: April Yancey
Sent: 2/7/2022 3:19:34 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Extremely concerned that you are having a conversation to add this to the WAC. The last meeting was that you were tabling this until you had more information about it and allow the people to weigh in. Covid vaccine is no different than the Flu vaccine and should be treated the same. Flu vaccine is not required and neither should Covid vaccine. I know several more people that were vaccinated who had and spread Covid to others including the unvaccinated! I also know personally that unvaccinated did not have to go to the hospital or treatment, they were not as sick as the media portrays. I know many parents that will remove their kids from public schools if you put this in the WAC to require the vaccine. We need to stop creating segregation of the people!!!

From: Ryan Talen
Sent: 2/3/2022 1:22:37 PM
To: DOH WSBOH
Cc:
Subject: Pro Covid Vaccination for Schools

External Email

Dear WSBOH,

I am writing to urge you to require Covid Vaccination to attend schools in the State of Washington.

Ryan Talen

From: Joseph Thurman
Sent: 1/30/2022 2:31:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: scott fairbrook
Sent: 1/29/2022 2:08:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Viatcheslav Laban
Sent: 1/30/2022 7:26:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Arne Christensen
Sent: 2/8/2022 4:42:20 PM
To: DOH WSBOH
Cc:
Subject: masking requirement

External Email

Hello:

Why isn't there a Covid mask exemption allowed for individuals who are psychologically distressed by wearing a mask? For example, I have heard accounts from women who were sexually abused, and the abuse included their breathing being stifled. They say they relive that abuse when forced to wear masks. They should not have to try to get a medical exemption in order to not wear masks.

Arne Christensen

From: Jeff VanCoevern
Sent: 1/29/2022 9:58:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tracy Wade
Sent: 2/1/2022 11:14:22 AM
To: DOH WSBOH
Cc:
Subject: Do not make it mandatory

External Email

Do not make it mandatory for the COVID-19 shot for entry into the schools, daycares, etc., for our children.

You are a small group of people making decisions on thousands of children. Therefore, more and more parents are opting out of all shots together.

And the comment that was made about "parents being scared to send their children to the public pools" regarding Polio. What really was happening is that the pools were being sprayed with a chemical to fight the mosquitoes and when people came in contact with it - it caused Poliovirus symptoms.

I know many young parents that are opting out of all vaccines because of this one shot that is the hot topic.

They are doing their research and learning what they have done to their children and they regret following the protocol of the shots given to their children.
For example: most did not know they were given their children a vaccine for the chicken pox. They are learning and opting out since they as parents have had the chicken pox.

Please do the right thing to gain trust back with the young parents.

Thank you
Tracy Wade

From: Levy, Susan (Susie)
Sent: 2/3/2022 10:23:08 AM
To: Jennifer Lazo,DOH WSBOH
Cc:
Subject: RE: Health survey for requiring COVID vaccine for students

External Email

Dear Jennifer Lazo,

Thank you for your emails. I want to let you know this is not an issue within the jurisdiction of the King County Board of Health.

Thank you,

Susie Levy

Susie Levy, MPH (she/her)

Government Affairs Analyst

Public Health – Seattle & King County

Phone: 206-263-8328

slevy@kingcounty.gov <<mailto:slevy@kingcounty.gov>>

From: Jennifer Lazo <jlazo125@hotmail.com>
Sent: Thursday, February 3, 2022 9:47 AM
To: Levy, Susan (Susie) <slevy@kingcounty.gov>; wsboh@sboh.wa.gov
<wsboh@sboh.wa.gov>
Subject: Re: Health survey for requiring COVID vaccine for students

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

To add to my previous email:

The Pfizer vaccine for kids under 5 years old fails on at least three of the four criteria above.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
TN7PgQ0X5nKv5V3Zsc37CgTTgW6CbT231GDvFYW1TkKH22_vvVqN9fdIYD2-
j_IW4GDhGt2TmWy6W83DCTx1nv2-

are “with Covid” rather than “for Covid.” This means that the child was hospitalized for another condition, injury, or infection, but tested positive for Covid on admission. Thus, the risk of Covid in kids this age doesn’t qualify as an emergency, and the first criterion hasn’t been satisfied.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
TN7PgQ2J3q90JV1-

W2pV8yK5vSf3S3jYj1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a6938f3019d4db2c05a08d9e7423

Third, we don't know enough about the potential risks of the Pfizer mRNA vaccine in kids under 5 years of age. Pfizer claimed that "no safety concerns were identified" in their initial trial, but the number of participants was small—they initially enrolled 4,500 young kids, but it's not clear how many actually participated in the trial.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcmq5z04.na1.hubspotlinks.com%
TN7PgOQX5nKv5V3Zsc37CgWvJTzc7x7v8gmIW4pjnCw3HYtJzW60vj5q8sR5RLW6cyN4L3XCQx W7hMz4-

m77pQ6n3k0k1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a6938f3019d4db2c05a08d9e742391f%
from the Centers for Disease Control and Prevention (CDC) suggesting that the risk of an
adverse effect from the Covid vaccines in 5- to 11-year-olds may be as high as 1 in
1,104. If the risk of an adverse event is even close to this in kids under 5 years old, it
doesn't make any sense to approve a vaccine in this age group when we have absolutely
no evidence of benefit. Thus, the third criterion hasn't been satisfied.

Nevertheless, Pfizer has submitted an EUA application, and the FDA will review it on February 15. I cannot for the life of me understand how the FDA can review an EUA application when there are no data on the vaccine's efficacy to support the application!

This is incredibly disturbing. The FDA seems to be rushing to approve a completely

forced mandate on a broad scale.

I strongly reject the idea of a vaccine mandate for school age children in the state of Washington. I live Bothell and my 7 year old attends the North Shore School District. With weekly testing the North Shore District has not had any major outbreaks. With weekly testing and proper remote school technology options in place, there is no need to risk kids life from having irreparable side effects.

I have been suffering from an adverse Pfizer vaccine reaction that has completely impacted my quality of life. I had no prior medical issues and now have daily neurological symptoms for which I am seeing 5 different doctors from neurologists, to immunologists, to holistic specialists for detox and 6 months later, I still have no relief after spending tens of thousands of dollars. I have reported it to VAERS, CDC and Pfizer and no one cares to help those injured from the vaccine.

I am not alone, there have been over 1MM adverse reactions reported to VAERs in the US alone. So many other countries are doing away with mandates and many colleges in the US have done so already.

If you enforce this mandate, you will thousands of parents pull the kids out from public schools which will greatly reduce you funding.

Please take this into have a proper survey via a proper survey tool to capture proper feedback.

Thank you for your consideration.

Jennifer Lazo

Sent from Mail

< https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%
for Windows

From: Kahler, Kelie (SBOH)
Sent: 2/2/2022 7:40:36 AM
To: DOH WSBOH
Cc:
Subject: FW: Please forward to School Vaccine TAG group - RE: VAERS analysis

From: Wayne Espy <espyw@aol.com>
Sent: Wednesday, February 2, 2022 7:28 AM
To: kelie.kahler@sboh.wa.gov <kelie.kahler@sboh.wa.gov> <kelie.kahler@sboh.wa.gov>
<kelie.kahler@sboh.wa.gov>
Subject: Please forward to School Vaccine TAG group - RE: VAERS analysis

External Email

Attn: TAG group studying school vaccine recommendation regarding COVID

Please read the original message below and view the presentation at the link provided.

It's specifically qualified author discusses extreme variability of adverse effects to the anti-COVID injection when evaluated by lot number. This indicates "adulterated product" which should not be administered to anyone, and particularly not children.

Wayne Espy

Everett, WA

cell: 206-276-2743

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

From: Wayne Espy <espyw@aol.com <mailto:espyw@aol.com> >
To: kelie.kahler@sboh.wa.gov <mailto:kelie.kahler@sboh.wa.gov>
<kelie.kahler@sboh.wa.gov <mailto:kelie.kahler@sboh.wa.gov> >
Sent: Mon, Jan 10, 2022 9:05 am
Subject: Jan 12 meeting comment - VAERS analysis

VAERS analysis of COVID vaccines by lot show EXPONENTIAL variability of event counts compared to flu vaccine history.

Primary discussion of this starts at 40 minutes into the video linked below. Particularly see discussion and graphs starting at the 45 minute to one hour time-period.

Couple this with indications that medical facilities are increasingly directing personnel to not report incidents to VAERS, which would reduce counts for more recent batches.

Presenter is Dr. Mike Yeadon, former vice-president of respiratory research for Pfizer.

<https://www.brighteon.com/f879d865-e078-4dab-9f88-e8d1f348b14f>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2Ff879d865-e078-4dab-9f88-e8d1f348b14f&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce48b91eb79744c8f116708d9e66259c5>

From: Sarah Burke
Sent: 1/28/2022 10:42:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

Sent from my iPhone

From: Hugo Mertens
Sent: 2/1/2022 1:48:54 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Douglas Brew
Sent: 1/27/2022 4:40:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Haag, Hannah R (SBOH)
Sent: 1/31/2022 9:28:50 PM
To: DOH WSBOH, Kahler, Kelie (SBOH)
Cc:
Subject: Fwd: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –



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attachments\94E058CA02AE4BF3_article.jpg



attachments\48280E847F5C4EB8_fraud response3.jpg



attachments\36E9E43B015642F6_fraud response1.jpg

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From: Jennifer Fang <fang.zhouzi@gmail.com>
Sent: Monday, January 31, 2022 8:14 PM
To: Haag, Hannah R (SBOH)
Subject: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –

External Email

Dear Ms. Haag,

Thanks for holding a great Technical Advisory Group meeting on 1/12/2022.

After the meeting, I notice SBOH put out a survey at:

[https://forms.office.com/Pages/ResponsePage.aspx?id=F-](https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u)

[LQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u](https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQEU4mCkCLOffcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>>

in an effort to continue collecting public comments, which is also great.

However, it has come to my attention that a Chinese anti-vaxxer has been organizing a flooding of fake data against the survey in an effort to mislead the health opinions of the general public to try to influence the public policy maker.

This person's online Telegram name is: □□□□, and he is agitating all his 12.2k followers all around the world to storm this survey with anti-vaxxing responses in order to cause WA BOH to make ill-formed decisions.

According to the published public comments, I notice this person also sent several emails

From: rudolphwest17
Sent: 12/28/2021 11:39:43 PM
Subject: Attention: Please do not add Covid19 vaccine to "required" list of child vaccination

You can find his incentivizing article at:
<https://t.me/s/ruldophwest17>
<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2Fs%2Fruldophwest17&data=04&source=security¢er=security&referrer=mailto:Rudolph.West@qcc02.com>

[illegible]

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQE4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQE4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQVRQUDIEVzJFVkfKNkM4NUJYQ1UyV1dCMi4u&data=04>

1/21 In the evil state of Washington, last week, the Board of Health failed to include "Use law enforcement to detain the unvaccinated" and "vaccination mandate in school" in their

agenda. But they would not accept their failure. They know there are all kinds of left-wing White, Black, Yellow, Spanish here, so they put out an online survey, in an effort to support their "adding COVID-19 vaccine as a requirement for school entry" proposal.

NO MATTER WHERE YOU ARE, I want you to help me fill this out which can be done in just 1 minute. Your small effort will help me bring debacle to these evil fake health officials' attempt to harm my children. Join us, let your voice be your weapon.

As far as the first question is concerned, just use "Washington School District".

Obviously, he is encouraging 12k people, many of whom are not even living in the US, let alone WA state residents, to flood the survey with faked WA residents data, which obviously pose a serious threat to the public health of the community and commit a crime. In the screenshot, you can also see he is openly asking people (including non-US citizens) to submit the survey more than once and in vulgar languages.

In particular, his agitation scheme to sway health official opinions could result in tremendous health risk consequences to the millions of children in Washington state.

Please ask the appropriate department to step in, investigate and defeat this egregious cyber attack! At the minimum, denounce such fraud in your next public meeting with this evidence.

Thanks to you for keeping the Washington state communities and children healthy!

Jennifer

From: Gerald Steel
Sent: 2/2/2022 5:52:50 PM
To: DOH WSBOH,Bill Osmunson
Cc:
Subject: Re: HB 1684 Fluoridation

External Email

Great letter, Bill.

Gerald Steel RCE PE
Retired Attorney
7303 Young Rd. NW

Olympia WA 98502
Tel/Fax (360) 867-1166

On Wednesday, February 2, 2022, 09:56:54 AM PST, Bill Osmunson
<bill@teachingsmiles.com> wrote:

Dear Washington State Board of Health, Keith Grellener, Tom Pendergrass, Elisabeth Crawford, Temple Lentz, Vazaskia Crockerell, Fran Bessermin, Bob Lutz, and Umair Shah,

The Legislature has asked the Board of Health for advice on HB 1684 Fluoridation to be provided within 10 days. Ten days is not enough time for the smartest person in the world to carefully review all streams of evidence on all sides. Tradition supports fluoridation. Please consider science rather than endorsements.

The US Food and Drug Administration and the Washington State Board of Pharmacy, all Pharmacopeias and most developed countries have determined fluoride when marketed for ingestion with the intent to prevent dental caries is a legend (prescription) drug.

The research is clearly showing too many (70%) of children have dental fluorosis, a biomarker of excess fluoride exposure.

The research is clearly showing mothers on fluoridated water and infants ingesting fluoridated water used to make their formula result in developmental neurotoxicity (lower IQ). In the last 4 years, 22 human studies report lower IQ. Grandjean et al 2021 reported 5 IQ loss with mother's urinary fluoride concentration at 0.7 ppm. Urine fluoride concentration mirrors the fluoride concentration of water the mothers and infants are ingesting and a Benchmark Dose for only 1 IQ loss is 0.2 ppm.

HB 1684 is built on historic tradition without looking at the current science. Dental caries are not highly contagious or lethal like COVID and fluoride ingestion should not be mandated when so many are showing signs of excess fluoride. Makes no sense to give those with too much fluoride even more.

Fluoride is now considered as lethal to the developing brain as lead. Although HB 1684 does not mandate fluoridation, it pressures more water purveyors to fluoridate their water.

Proponents have never answered the most fundamental question of how the fluoride gets from the blood in the tooth to the surface of the tooth where caries start or have started.

No known mechanism for fluoride transfer through the tooth is known. Researchers are now reporting swallowing fluoride has little chance of reducing dental caries. No metabolic function requires fluoride. Fluoride is not a nutrient.

Proponents rely on endorsements, tradition and one side of the science. Please review the attached for more evidence. The Board has a great deal of historical evidence from previous submissions.

Please advise the Legislature to not pass HB 1684 until a more thorough and careful review of the science can be achieved.

Sincerely,

Bill Osmunson DDS MPH

From: Heather Stratz

Sent: 1/25/2022 2:30:00 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: TAG



attachments\6295B8F8AC614D18_C19V PK Summary.docx

External Email

Please review the document. Do the right thing.

From: Gayle Baker

Sent: 1/22/2022 7:20:07 PM

To:

aunthank@co.clallam.wa.us,bmeyer@cityofpa.us,clallam@nomandate.us,cmccaugh@cityofpa.us,investigato

Peach,Mark Ozias

Subject: COVID Declaration backed by 17,000 Doctors and Medical Scientists from
Around the World.



attachments\62F8EFDF48154AC7_image.png



attachments\92AFD60D31414593_image.png

External Email

Dear WA State BOH TAG, Dr. Allison Berry and Clallam County Commissioners:

I am fairly certain that Olympia is not sharing this information with you, but I thought it might be of interest to your group(s).

[https://rwmalonemd.substack.com/p/press-release-on-the-eve-of-](https://rwmalonemd.substack.com/p/press-release-on-the-eve-of-washington?r=ta0o1&utm_campaign=post&utm_medium=web)

[washington?r=ta0o1&utm_campaign=post&utm_medium=web](https://rwmalonemd.substack.com/p/press-release-on-the-eve-of-washington?r=ta0o1&utm_campaign=post&utm_medium=web)

[<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%2Fpress-release-on-the-eve-of-washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws)

[release-on-the-eve-of-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%2Fpress-release-on-the-eve-of-washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws)

[washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frwmalonemd.substack.com%2Fp%2Fpress-release-on-the-eve-of-washington%3Fr%3Dta0o1%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=04%7C01%7Cws)

Quote from the Declaration:

Sincerely,

Gayle Baker

Sequim, WA

From: Jeff Hancock
Sent: 2/7/2022 10:18:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

CDC released data demonstrated natural immunity was 2.8 times as effective in preventing hospitalization and 3.3 to 4.7 times as effective in preventing COVID infection compared with vaccination.

COVID survivors should not be required to be vaccinated. Their previous infection provides significant protection for themselves and the community.

Children are not a threat to other people and the infection is rarely dangerous for kids. Children should not be required to be vaccinated against COVID. The risk of vaccination outweighs the benefits.

--

Jeff Hancock

From: Humbal1
Sent: 2/5/2022 4:57:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To The Washington State Board of Health and the Public It Serves::

We the free and united people of America and the world are writing in regards to the unlawful and corrupt actions taken by the healthcare industry, bureaucrats, and media regarding COVID-19. The actions taken for nearly two years now have stripped people of their rights, decimated the US Constitution, violated the principles of international law embodied in the Nuremburg Code, and ignored basic and inalienable human rights. The people behind this have leveraged their privileged positions to make billions of dollars at the expense of humanity and we are unwilling to allow this to continue.

For decades, the field of public health has researched the use of fear as a tool to manipulate people into action. The use of that tool has now been perfected and implemented against the people of the world with COVID-19. Evidence of this knowledge can be found in a CDC presentation, other DHHS materials, and in numerous academic journals. The intentional use of fear to sow hate, division, and discord is unethical, unacceptable, and must stop immediately. The reality is that COVID-19 has a 99%+ recovery rate in most of the population and approximately a 94% recovery rate in the most vulnerable. Compare this to the original SARS which had approximately a 9% case fatality rate and the original MERS which had over a 30% case fatality rate. We did not lockdown, mask, or even widely acknowledge these diseases when they were prevalent despite the fact that they had similar rates of spread to COVID-19. This fear has been used as a marketing tool to attempt to justify previously unthinkable actions by bureaucrats and public health figures around the world; the most egregious of which is the forced injection of gene therapy drugs into healthy people. Gene therapy literally alters the 1 genetic makeup of a human being and simply cannot legally, morally, or ethically be forced on anyone, ever. If the decision to alter one's own genetic makeup does not rest with the individual then there can be no argument that freedom is lost. Not only are the COVID "vaccines" admittedly a gene therapy, they are inarguably unsafe.

The swine flu vaccine was pulled from the market after just over 20 deaths, the Chevy Volt was recently recalled over the potential for battery fires, but the Pfizer shot was given expanded authorization despite the high recovery rate from COVID-19 and the fact that Pfizer's own documents, submitted to the DHHS show that over 1200 people died in less than the first 3 months of authorization. This is nothing more than corruption. The COVID shots are also ineffective. A recent Department of Defense document stated that 71% of new cases of COVID-19 in the Medicare population are in fully vaccinated individuals and 60% of hospitalizations are in the fully vaccinated. This same document also stated that the injections are even less effective in North American Natives, Hispanics, and "Blacks" (the document apparently was unconcerned with political correctness).

If the 1 Moderna acknowledged in SEC filings that mRNA technology is a gene therapy. This has also been acknowledged in documents from Pfizer and by numerous scientists. "vaccines" do not stop the spread, do not stop hospitalization, alter our genes, and have not even existed long enough for long term testing, why are we attempting to violate people's inalienable rights by forcing them? The fact is that we are now moving ahead as quickly as possible with these COVID shots. We are even authorizing them in children despite the fact that people under 30 are at ZERO statistical risk of death from COVID-19

and the shots appear far more dangerous to children than the disease. Further, we are doing this with no transparency. The DHHS has done everything possible to cover up the side effects and dangers of these injections, even going so far as to request 55 years to release the documents they relied upon to authorize/approve these deadly injections.

How can informed consent be given without a true understanding of the risk? This situation is untenable and we demand that it be remedied. We the free people of this nation and world will no longer comply with mandates that fail to consider our inalienable rights. In the spirit of Martin Luther King, Gandhi, and Jesus Christ we will spread our message through peace and we will resist peacefully, but make no mistake, we WILL resist.

The accompanying presentation found at www.renz-law.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.renz-law.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb076036d6c184754389008d9e90b5155%7C>>
supplies you with additional data to demonstrate everything stated here. We now demand the following from our elected leaders, and vow to remember your actions or inaction when it comes time to vote and donate:

1. The resignation/termination of Anthony Fauci and civil/criminal investigation of his actions by a truly INDEPENDENT prosecutor;
2. The criminal and civil investigation of those involved with any gain of function research that may have been responsible for the creation of SARs-COV2;
3. Investigations – criminal and civil – into the deceptive and misleading push for the gene therapy injections that have been falsely labeled as vaccines (only after the definition of “vaccine” was changed); a. This should include RICO and fraud claims (as is appropriate) involving the “Trusted News Initiative”, the drug companies, hospital systems, and some government actors;
4. Transparency legislation that gives the public immediate access to the raw data and submitted documents related to the shots and COVID “pandemic” – If there is nothing to hide NO ONE should oppose transparency; a. This should be passed on the state level as well;
5. Liability for injury from vaccines under the same rules as any other product – if they are safe there should be no opposition to liability to help those that have been injured;
6. Legislation that recognizes the absolute right to reject medical treatment or vaccination of any type for ANY reason;
7. NO funding or state/federal contracts with ANY organization that discriminates based on vaccination or health status;
8. Funding for the hundreds of thousands of individuals injured by job loss and “vaccine” injury;
9. NO on vaccination status tracking legislation; and
10. Our local law enforcement to uphold their oaths to uphold the Constitution and refuse to enforce unconstitutional mandates and rules.

Submitted by: _____YOUR NAME HERE_____ The preceding is submitted on behalf of the free people of the world and with the support of: Thomas Renz, Esq Renz Law Renz-law.com

Joey Gilbert, Esq Joey Gilbert Law joeygilbertlaw.com

Pam Popper Make Americans Free Again makeamericansfreeagain.com

American Frontline Doctors americasfrontlinedoctors.org

Truth for Health Foundation www.truthforhealth.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.truthforhealth.org%2F&data=>

Christian Revolution christianrevolution.net

Kevin Jenkins

Susan Sweetin Urban Global Health www.urbanglobalhealthalliance.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.urbanglobalhealthalliance.com>

Jeff Witzeman President Health Freedom for Humanity

www.healthfreedomforhumanity.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.healthfreedomforhumanity.org>

Leslie Manookian President, Health Freedom Defense Fund HealthFreedomDefense.org

Christiane Northrup, MD MaineStandsup.org New Mexico Stands Up Nmstandsup.org

Leigh Dundas, Esq President, Advocates for Citizens Rights www.citizens-rights.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.citizens-rights.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb076036d6c184754389008d9e90b51557>

Michael A. Hamilton Cornerstone Law, PSC www.cornerstoneattorney.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cornerstoneattorney.com%2F>

Ron Jenkins, Esq Meridian 361 International Law meridian361.com

Robert J. Gargasz, Esq Jonathan Diener, Esq N. Ana Garner. Esq

Garner Law Firm Patricia Finn, Esq

Reiner Fuellmich, Esq

Dr. David Martin www.davidmartin.world

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Mary Holland President, Children's Health Defense

Peter Glidden ND 2ND Opinion Health Solutions Inc

RiseUpIntoHealth.com Jane Ruby, PhD, EdD, MS Medical Professional and former

Pharmaceutical Drug Development Expert t.me/drjaneruby

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drjaneruby.com

Peter A McCullough, MD CJ Wheeler-CEO Book It CJ BookItCJ.com

Dr. Bryan Ardis www.theardisshow.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.theardisshow.com%2F&data=>

Mary Fanning Alan Jones The American Report TheAmericanReport.org

General Thomas McInerney

General Paul Vallely

Col Lawrence Sellin The Fortnight Intelligence Briefing

John B Wells Ark to Midnight on Salem radio caravantomidnight.com

Mike Adams, Founder of Brighteon Brighteon.com Brighteontv.com

Naturalnews.com

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7D>

Secure Email.

From: Russ Vanos
Sent: 1/29/2022 10:06:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: about Redbud Phenology Project
Sent: 2/8/2022 9:24:20 PM
To: REDBUDLIST@LISTS.PSU.EDU
Cc:
Subject: Request help in two research projects

External Email

Dear all:

This email is to promote two research projects.

Project # 1. From a colleague who is studying how prior music learning experience relates to learning with multimedia resources in non-music disciplines.

"The purpose of this study is to investigate how prior music learning experience relates to learning with multimedia resources in non-music disciplines. It will investigate whether cognitive strategies trained via music learning transfer to a non-music discipline by uncovering the association, or the lack thereof, that varying degrees of prior music learning, types of the music learning experience, and multimedia learning resource types associate with student learning performance. To be a participant, the individual should be 18 years old or older, with or without prior musical training experience.

Please use the link to participate and share the recruitment letter (attached) with your colleagues and/or students.

https://duq.az1.qualtrics.com/jfe/form/SV_aazmtz0OqqIfzBc
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fduq.az1.qualtrics.com%2Fjfe%2F>
"

I took me 10-15 minutes to complete the survey. Thanks for helping this colleague.

* * *

Project # 2: Eastern redbuds are iconic spring bloomers, but mystery remains about the timing of their flowering

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fsearch%3Fq%3Dmg%3A1600108931931%26source%3Dlnms%26tbm%3Disch%26sa%3DX%26ved%3D2ahUKewiIh_Wjpu
and fruiting

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fsearch%3Fq%3CcCegQIABAA%26oq%3D%2522cercis%2Bcanadensis%2522%2Bseed%2Bpods%26gs_lcp%3DCgNpbWcQA
. The Redbud Phenology Project

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usanpn.org%2Fnn%2Fredbud>
seeks to answer questions such as:

1. Does the timing of redbud flowering vary by location or elevation?
2. Is there a cycle to abundant years of redbud fruiting?
3. Are redbuds flowering and fruiting earlier in the year?

By signing up as a Nature's Notebook observer and tracking the seasonal activity of an eastern redbud tree where you live, you will collect important information to help scientists answer these questions!

Want to find out what's involved? Watch a recording of our virtual info session and training where we explain the significance of this project, walk you through the steps of creating a Nature's Notebook account and registering a redbud tree, and describe how to make observations and submit them online. Watch the video

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F0SEmNS_tgOo&data=
.

Stay up to date on the Redbud Phenology Project - sign up

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fip.constantcontactpages.com%2F>
for emails with news, resources, results, and more!

Questions? Contact Erin Posthumus, USA National Phenology Network, at erin@usanpn.org <<mailto:erin@usanpn.org>> or Dr. Jorge Santiago-Blay, National Museum of Natural History, at blayj@si.edu <<mailto:blayj@si.edu>> and Penn State York, blayj@psu.edu <<mailto:blayj@psu.edu>> .

Sincerely,

Jorge

Jorge A. Santiago-Blay, PhD

Pronouns (pronombres): English (inglés), singular: he/his/him; español (Spanish), singular: él/lo

Adjunct Lecturer in Biology

The Pennsylvania State University - York Campus

<https://naturalhistory.si.edu/staff/jorge-santiago-blay>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fsantiago-blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fsantiago-blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e>

Editor-in-Chief: Life: The Excitement of Biology

<https://blaypublishers.com>

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e)

1. Positive experiences for authors of papers published in LEB:

<http://blaypublishers.com/testimonials/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Ftestimonials/>

2. Free examples of papers published in LEB:

<http://blaypublishers.com/category/previous-issues/>

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Fcategory%2F](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Fcategory%2Fprevious-issues%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e)

issues%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e

.

3. Guidelines for Authors and page charges of LEB: <http://blaypublishers.com/archives/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Farchives%2F>

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Research Associate, Department of Paleobiology

National Museum of Natural History, Smithsonian Institution

<https://naturalhistory.si.edu/staff/jorge-santiago-blay>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2F](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fjorge-santiago-blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e)

santiago-

blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e

Adjunct Lecturer

Department of Environmental Sciences and Policy

The Johns Hopkins University

<https://advanced.jhu.edu/directory/jorge-a-santiago-blay/>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadvanced.jhu.edu%2Fdirectory%2F](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadvanced.jhu.edu%2Fdirectory%2Fjorge-a-santiago-blay%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e)

a-santiago-

blay%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C299fd241d2c24f50160808d9eb8c6978%7C11d0e

Moderator of Entomo-L: To subscribe, send an email to: listserv@lists.psu.edu . For further questions, please, email me.

From: Kathryn Steele
Sent: 1/28/2022 9:17:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mary Jane Ven
Sent: 2/7/2022 3:20:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH Information
Sent: 2/2/2022 10:40:36 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\660D9C33FF1048D6_image001.png

Hello,

Below is a public comment on your January 12th meeting.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Thursday, January 27, 2022 7:45 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

In response to the Washington State Board of Health's decision to convene a Technical Advisory Group for the purpose of considering Covid-19 immunization in Washington's immunization rule: <https://sboh.wa.gov/News/Articles/ID/3059/Technical-Advisory-Group-TAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles%2FID%2F3059%2FTAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf617b82e14064d04aa5f08d9e67b7ff8%7C11d0e>>
For personal, philosophical, and religious reasons my wife and I are adamantly opposed to any authoritative decision that does not support one's personal decision to abstain from the Covid-19 vaccination. If the State moves forward with this requirement and does not allow for an exemption including a reasonable accommodation for our children, they will be withdrawn from the Cascade School District in Leavenworth, the public school that they are currently enrolled in. Thank you for your consideration, David and Molli Ragsdale Leavenworth, WA

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
<https://sboh.wa.gov/News/Articles/ID/3059/Technical-Advisory-Group-TAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles%2FID%2F3059%2FTAG-to-Consider-COVID-19-for-Inclusion-in-Washingtons-Immunization-Rule&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf617b82e14064d04aa5f08d9e67b7ff8%7C11d0e>>

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

DAVID RAGSDALE

Email:

dwrags@gmail.com <mailto:dwrags@gmail.com>

Telephone:

(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

dwrags@gmail.com <mailto:dwrags@gmail.com>

From: DOH Information
Sent: 1/31/2022 12:02:51 PM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\E10ABD3056B04CBE_image001.png

Hello,

Below is an inquiry regarding vaccine mandate for children.

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Saturday, January 29, 2022 8:48 AM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Comment on the web

2.

Please enter your comments or questions in the space provided below:

I want to express my concern regarding a vaccine mandate for children. Both my husband I are vaccinated and we believe in vaccines. My child is fully up to date on her vaccines. We are not "anti-vaxers" but this vaccine is not at all necessary for young children. They are not at high risk for any serious complications with Covid. I'm much more worried about the long term and unknown effects of the vaccine on children which we couldn't possibly know about yet. Forcing children to get this vaccine is completely wrong and goes against our rights as parents and citizens of the United States. So many people feel this way. It is completely ridiculous to mandate this. You must think very seriously and weigh the implications of such a dangerous decision.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:
Marly Dreis
Email:
(no answer)
Telephone:
206-245-9246

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

marlyeiford@yahoo.com <mailto:marlyeiford@yahoo.com>

From: theresalane@comcast.net

Sent: 2/3/2022 12:26:49 AM

To: DOH WSBOH

Cc:

Subject: Attn: TAG for Covid K-12 mandates - We will kill 117 kids to save one child from dying from COVID in the 5 to 11 age range

External Email

Hello TAG,

Here are some articles supporting the subject line. You won't hear this on the legacy news and this is not misinformation. Please read and contemplate.

<https://stevekirsch.substack.com/p/we-will-kill-117-kids-to-save-one>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fwe-will-kill-117-kids-to-save-one&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc82cb43ef45a47beb09d08d9e6eeeb25%7C11d0e217>

<https://tobyrogers.substack.com/p/what-is-the-number-needed-to-vaccinate>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftobyrogers.substack.com%2Fp%2Fwhat-is-the-number-needed-to-vaccinate&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc82cb43ef45a47beb09d08d9e6eeeb25%7C11d0e217>

Sincerely,

Theresa Lane

Very Concerned WA parent

From: Ronelle Caskey
Sent: 1/27/2022 6:06:20 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ann Turner
Sent: 1/27/2022 8:57:30 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Barbara Eneberg
Sent: 1/31/2022 7:11:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: JJ Farmin
Sent: 1/29/2022 9:21:19 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Regarding the WA DOH parent survey extended for the purpose of evaluating parent response to COVID 19 vaccination requirements for school attendance in WA state - initially, the survey would not allow submission of response. I would like to submit a more indepth response to this invitation, regardless.

Please take a few minutes to carefully consider the following information prior to voting to require children to receive this vaccination in mass numbers across our state. The information referenced, is completely aside from 'the right to choose' element, equally important and warranting consideration.

Risks:

There are numerous published medical or scientific studies on the Journal of the American Heart Association's website (to name just one), which outline cases of myocarditis and other medical heart issues post COVID-19 vaccination. To note a few (bold emphasis mine) -

1. In-Depth Evaluation of a Case of Presumed Myocarditis After the Second Dose of COVID-19 mRNA Vaccine, concludes with, "Additional surveillance of such adverse events after COVID-19 vaccination will help to identify whether there are subgroups who are at higher risk for this vaccine-related effect" (Vol 144, No 6) -

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056038>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCULATIONAHA.121.056038>>

2. Another published study: Clinically Suspected Myocarditis Temporally Related to COVID-19 Vaccination in Adolescents and Young Adults, concludes with, "Future studies should evaluate risk factors, mechanisms, and long-term outcomes" -

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056583>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCULATIONAHA.121.056583>>

3. Abstract 11847 Acute Myocarditis Following COVID-19 mRNA Vaccination, concludes with, "...warrants further description and investigation." -

https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.11847

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/circ.144.suppl_1.11847>

4. Myocarditis After BNT162b2 and mRNA-1273 Vaccination, concludes with, "providers should be vigilant for myocarditis after COVID-19 mRNA vaccination, and further research is required to understand the long-term cardiovascular risks." -

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.055913>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCULATIONAHA.121.055913>>

5. Initial publication Abstract 10712 Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning, stated, "We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination" before wording of the publication appeared to be carefully modified as documented.

The CDC itself recently published, "By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone." -

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F71%2Fwr%2Fmm7104e1.htm>

CDC also states: What is already known about this topic? An elevated risk for myocarditis among mRNA COVID-19 vaccines has been observed, particularly in males aged 12–29 years." - <https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7027e2.htm>

, concluding with, "CDC and FDA will continue to closely monitor reports of myocarditis after receipt of the mRNA COVID-19 vaccines and will bring any additional data to ACIP for consideration. The benefit-risk analysis can be updated as needed to reflect changes in the COVID-19 pandemic and additional information on the risk for and outcomes of myocarditis after COVID-19 vaccination. The ACIP recommendation for use of mRNA COVID-19 vaccines under an EUA is interim and will be updated as additional information becomes available."

From a Google search results page: Transmission of SARS-CoV-2 in K-12 Schools - CDC

https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fscience%2Fscience-briefs%2Ftransmission_k_12_schools.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb6d8ad96af60

Children are less likely to develop severe illness or die from COVID-19. ...

(although it appears this statement has since been removed from the page itself, even though Google picked it up as part of the page on search,).

If nothing else, all of this data clearly magnifies the fact that these vaccinations are still in trial and error mode, and still being studied for effectiveness and injuries. Given this, to require our children to be recipients of this, without any government or vaccine manufacturer liability, is negligent and should be considered criminal.

I am hopeful you will leave this decision to individuals and the parents of the children.

Thank you for your time and consideration,
Jennifer Farmin, concerned citizen and parent

From: Sandra yazdi
Sent: 1/27/2022 4:56:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Brian Webb
Sent: 2/7/2022 7:30:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Andrew Weiss
Sent: 2/8/2022 9:26:07 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Connie Kellahe
Sent: 2/3/2022 8:37:48 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Deb Dillard
Sent: 1/28/2022 9:47:03 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 1/31/2022 11:46:35 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: gina-kevin
Sent: 2/8/2022 11:21:55 AM
To: DOH WSBOH
Cc:
Subject: NO VACCINE MANDATES FOR OUR KIDS

External Email

Hello- I'm not sure what you are going to decide for OUR kids concerning the experimental Covid vaccine, BUT OVER MY DEAD BODY WILL MY HEALTHY TEENAGE SON EVER GET ANOTHER COVID SHOT AGAIN.

DO NOT PUSH THIS EXPERIMENTAL VACCINE ON OUR KIDS. THEY DO NOT NEED A VACCINE THAT HAS AN ALMOST 100% RECOVERY RATE.

GINA

From: Robert Holte
Sent: 1/31/2022 11:44:52 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: CINDY MILLIRON
Sent: 2/8/2022 6:35:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Cathy Schlieman
Sent: 2/9/2022 9:18:09 AM
To: DOH WSBOH
Cc:
Subject: Vaxx requirements

External Email

Please do NOT add Covid 19 vaxx to chapter 246-105 WAC.
As we all are finding out, this Covid 19 vaxx is NOT preventing the spread of Covid and it has risks. It is NOT necessary.
Also, please UNMASK our children!
Sincerely
Catherine and Jeffrey Schlieman

Sent from my iPhone

From: Brenda St John
Sent: 2/7/2022 3:30:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: No Censor
Sent: 1/22/2022 8:13:53 PM
To: DOH WSBOH,Denny Heck (Lt Governor)
Cc:
Subject: Genocide and Crimes Against Humanity



attachments\2A8A125D777146EB_VaksTruth8.mp4

attachments\44B0A528514B4046_VaksTruth6.MP4

External Email

Hello All,
This communication is to be forwarded to Jay Inslee by the Lieutenant Governor. This is because Inslee refuses to have an email address. Thanks in advance.

As you all may be aware, the world is now fully aware of what you are doing. Why is not VAERS numbers part of your agenda and daily narrative? Currently VAERS is reporting over 22,000 deaths and over 1 million injuries from the needle poison that you people are still pushing. Seriously ... how many people must die before you stop your campaign of murder and genocide. Yes ... murder. Are you all living under a rock? The world is full of doctors, nurses, experts and now politicians who are using the term "murder" their word not mine.

Not one of you can prove that an emergency is valid. Not one of you can prove the covid virus exists or any of the variants. You are acting criminally by using a fraudulent PCR test that the CDC has admitted cannot decipher between the flu and covid.

You all need to cease and desist your genocidal campaign of poking people with needle poison, that you incorrectly label a vaccine. Your campaign needs to stop NOW until the VAERS numbers have been investigated and verified.

The world is now aware of what you are doing. Please watch the attached videos. And please stop with your lies and propaganda. It is disgusting! Oh and please stop using the "cases" narrative ... the gig is up.

From: Theresa Melendez
Sent: 1/28/2022 11:32:34 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Debbie Cole
Sent: 2/5/2022 4:24:14 PM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate for school children

External Email

We are watching your department consider the mandate for all children to attend school.

This is extremely reckless, does not include the science and is very premature considering the effects of the vaccines have not been concluded.

To act on this before results and effects are in amounts to experiments on children.

What's wrong with you?

NO MANDATES FOR CHILDREN!

Wait until the study is finished and results are in and published. There are too many bad side effects showing up!

Debbie & Terry Cole
Longview, WA.

From: Marilyn Bennett
Sent: 1/28/2022 11:25:44 AM
To: DOH WSBOH
Cc:
Subject: Inventor of MRna for Vaxx will be here.

External Email

Dr. Robert Malone will be in Gig Harbor Feb 20, 2022 . He is the inventor of the MRNA technology used in the vaccine. PleSe come and hear the information so you can make a medically informed decision.

<https://ticketbud.com/events/8497e8f4-7f07-11ec-8144-42010a717017>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fticketbud.com%2Fevents%2F8497e8f4-7f07-11ec-8144-42010a717017&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf1a2e8b9775e45a7883508d9e2936c2f%7>>

If you can't get a ticket I will be pleased to give you mine.

Sincerely,
Marilyn Bennett

From: staci Whitsitt
Sent: 2/9/2022 9:22:51 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I am writing to you today in opposition to the Covid vaccine for children.

There is not nearly enough data to show its safety....in fact there is more data and proof coming out daily of its deadly side effects.

I will not ever give permission for my children to receive the vaccine. I pulled my kids already from public school....and my guess is you will see a mass exodus from Thousands more if you make it a requirement for attendance.

We do not coparent with the State or You! My child, my choice.

Staci Whitsitt
Concerned PARENT

From: Sarah Bakker
Sent: 2/9/2022 8:29:57 AM
To: DOH WSBOH
Cc:
Subject: Mother concerned about covid vac -children

External Email

Dear board of health ,

I am asking and begging u to leave our children out of this concerning covid vaccine requirements for schools. This is going way to far and this needs to be a choice from a parent and not government ! You people need to wake up! This is evil and completely out of order. I am begging u to stop ☐ please take an inventory of your own soul ... is this really about money ???!!! Wake up

Sarah Bakker

Sent from my iPhone

From: Rochelle Cornett
Sent: 1/28/2022 5:25:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Flegel
Sent: 1/31/2022 6:37:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dennis Tjoelker
Sent: 1/28/2022 4:12:26 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kala M
Sent: 2/8/2022 1:48:42 PM
To: DOH WSBOH
Cc:
Subject: Adding covid vaccine

External Email

To whom it may concern,

It is deeply disturbing that you would consider adding the covid injection to the k-12 schedule. As you are aware this is an experimental injection, not an approved vaccine. The long term and short term effects are unknown. The fact that it is experimental, not approved, and with no long term or controlled studies should negate the call to implement this as required for anyone, especially school children. The data has shown that kids are mildly if affected at all, there is no reason to make a blanket approach for a non problem.

Parents are already questioning vaccines themselves, and especially the necessity for one for covid. Many parents are questioning allowing their children to go to or remain in the public school system. Trying to require additional, experimental injection will have a negative impact on enrollment and students. No parent should be forced to injection their child against their beliefs or wishes.

It is negligent on your part to not include persons whom would make a balanced panel or group to discuss this issue. When you have no one representing a dissenting voice you are merely prepertrating a scam of a hearing. If enrollment is an issue now, keep pushing parents to make ethical, moral, or spiritual medical decisions for their child to attend school, and it will only get worse.

Thank you,
Kala McGlashan

From: Laurie Hatakeda
Sent: 2/8/2022 9:23:57 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please, please do not mandate Covid vaccines for children. Children are at a very low risk of serious disease from Covid. There have been no long term studies on the safety of the vaccine for children. The risk of possible adverse effects from the Covid vaccine far outweighs any benefit.

Sincerely, Laurie Hatakeda

Sent from my iPhone

From: Jodie Paine
Sent: 1/29/2022 8:21:31 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 1/31/2022 11:16:03 AM
To: DOH WSBOH
Cc:
Subject: FW: Concerned taxpayer

From: Ensy <ensy@comcast.net>
Sent: Wednesday, January 12, 2022 1:55 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Concerned taxpayer

External Email

Hi Kaitlyn,

I am writing this email regarding the potential Washington state vaccine mandate for schools. Without going into great scientific debate, there is no discernment between vaccinated and unvaccinated people regarding contracting Covid or transmitting Covid. The Covid vaccines are not effective. The vaccines are actually not true vaccines by definition.

The second fact is that mandating experimental drugs on the general public is a violation of our constitutional rights living in the United States. Now our state is looking to mandate this on children in whom these drugs are not studied or approved. Comirnaty as a brand name is actually not being dispensed in the US at this time. We continue to use emergency stock piles of Pfizer's drug as well as Moderna which is not FDA approved, yet "counts" if you want to be considered vaccinated! No approval and not enough evidence for approval. The practice of distributing drugs not approved is illegal by so many laws we don't have time to discuss. No other vaccine to date has performed like this.

I am adamantly opposed any mandate for the Covid vaccine regardless of which one. We have a right to chose what goes in our bodies and how we manage the health of our children. This mandate for vaccinations for kids to be in school will cause parents to remove their children from this school system as well as physically moving from this state. Highly educated well paid taxpayers are leaving the state of Washington in droves because of Jay Inslees mandates and rules. This will be the final straw for thousands of people because we are NOT willing to be the experiment for Inslees political agenda.

I am happy to expand on the scientific data and information if you would like more information.

Thank you for you time.

Rachel Enselman

Life long Washington State resident

From: Aleksandr Zhelez
Sent: 2/3/2022 12:39:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tiffany Hetrick
Sent: 1/30/2022 9:26:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/8/2022 10:48:10 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Gala Lindvall
Sent: 2/8/2022 9:26:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Courtney Dethlefs
Sent: 2/8/2022 8:32:59 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members -- 2/10 TAG meeting

External Email

Dear TAG members,

Please refer to your own materials stating that is no published literature on the covid vaccine efficacy in the school setting. How can you attempt to even consider adding this injection to the school-entry immunization schedule?

I think suicide and mental health issues should be much higher of concern to you. Our state government has literally killed more teenagers through suicide because of covid mandates than they have through any flaw in covid precautions.

End your deliberation and listen to the parents.

Respectfully, Courtney

From: Glasoe, Stuart D (SBOH)
Sent: 2/4/2022 2:10:27 PM
To: DOH WSBOH
Cc:
Subject: FW: Oath

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Me Zee <mzee636@gmail.com>
Sent: Friday, February 4, 2022 10:51 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Oath

External Email

The Right to Informed Consent is Meaningless Without the Right to Refuse Any Medical Intervention, Including Mandated Vaccination. Government Agents and those Acting Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Vaccination. Furthermore, this includes mask mandates and PCR testing. Children under the age of eighteen years of age need a parent's signature on any and all documents that deal with medical testing and this includes PCR testing in school.

On Tue, Jan 25, 2022 at 9:34 AM Me Zee <mzee636@gmail.com> <mailto:mzee636@gmail.com> > wrote:

The oath you took to uphold the laws includes these laws.

Requirements for vaccinations should never include an experimental gene altering injection.

We now know that these COVID injections do a great deal of harm to children.
Can you live with that on your conscience?

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: Beverly Cremeen
Sent: 1/28/2022 10:00:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donna Long
Sent: 1/28/2022 10:32:08 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Travis Pittman
Sent: 2/7/2022 3:06:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lory Clark
Sent: 1/31/2022 10:21:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: denty68
Sent: 1/29/2022 7:00:25 AM
To: DOH WSBOH
Cc:
Subject: Advisory Group - School Covid Vaccination

External Email

RE: Covid Immunization for School Students

I am writing to express my dismay that the State of Washington would even consider implementing a new vaccine requirement for school age children. As a parent, I would remove my child from the public school system before subjecting them to an experimental medication . I understand that clinical observations indicate that the vaccines reduce the severity of Covid 19 symptoms. However, long term studies have not been completed regarding the risks associated with the vaccines. In ten years, we could see a wide variety of complications arising from mass immunization with unproven drugs.

Additionally, the language regarding implementation of mandatory vaccines indicate that they must stop the spread of the disease before they can be required for school attendance. The current vaccines do not stop the spread of disease. They are not for protection of the public. They are only effective to reduce severity of symptoms for the person taking the injection. This exceeds the authority of the WA Department of Health's authority. I urge you to stop the government overreach into our personal medical treatment and choices which are not supported by the science. Reject this proposal.

Christina Williams
71 Patrick Lane
Washougal, WA 98671
(360)936-9999
denty68@gmail.com

From: Tim Roth
Sent: 1/28/2022 9:28:32 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/1/2022 1:44:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Roberta Wolf
Sent: 2/9/2022 1:12:13 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 shots for school entry meeting



attachments\6379EA7EB144479B_image0.jpeg

External Email

Attn: ☐ Technical Advisory Group
Please consider the following when making your recommendation.

We've seen, and the CDC has admitted:

- The vaccine does not prevent infection or transmission
- Children are not vectors of transmission for this virus
- Children have a statistically 0% chance of death

According to the CDC, children are at a statistically 0% risk of serious illness or death from COVID-19. The CDC also acknowledges, the vaccines do not prevent infection or transmission of the virus. Vaccine efficacy against Omicron is down to 27%, far below the 50% threshold required for FDA approval. Therefore, there is no need to vaccinate children against Covid.

On the other hand, there have been 41 reported deaths after COVID-19 vaccine among children aged 0 to 17. There have also been 602 reports of myocarditis and pericarditis among and 51 reported cases of blood clotting disorders among children. It is evident that these vaccines carry serious risks for children.

Vaccine developers have no risk on the table thus we cannot take this chance as parents and grandparents. Something then is not entirely proper about these vaccines needing to be given to our children. Where is the safety data? If children are at such low risk, then it shouldn't be a problem for these officials and vaccine developers to remove their protection.

With such low Covid-19 risk in children, no opportunity for benefit and just costs in terms of possible harms, these EUA Covid injections should not be mandated for our children to attend school.

Thank you for your consideration,
Roberta wolf

Sent from my iPad

From: NancyEllen Elster
Sent: 1/28/2022 11:17:49 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Angela Nicola
Sent: 1/27/2022 5:05:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lue Mencke
Sent: 2/8/2022 3:38:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Katie Kofmehl Smith
Sent: 2/8/2022 8:09:56 PM
To: DOH WSBOH
Subject: TAG Meeting 2/10/22

External Email

To whom it may concern,

The fact that this conversation is even still viable with respect to children feels wrong. You are sitting as a gatekeeper right now to protect our children. As of January 7, 2022 in the CDC press conference 84% of parents of kids 5-11 had NOT taken steps to give this shot to their children. It is federal law that everyone must have the right to refuse treatments that are under emergency use authorization. Covid Tests, Covid shots are all still under this Emergency use Authorization. Which means that as soon as the 'emergency' is over then what? Has there truly been an emergency for our children? The American Academy of Pediatrics reports that there has been no increase in mortality for children 0-18, over the two years. It has maintained at .1%. We can no longer make children responsible for the 'safety' of adults when adults can take precautions for themselves.

Look at the states that have not put masks on kids, they have not fared any differently. They are still healthy. They are in school full time.

Please stop this conversation until such time that there is long term health and safety data for this shot in children. This shouldn't even be a conversation till such time. You will clog up doctors offices with parents trying to seek exemption forms, this will clog up time for school nurses and staff to process these forms for kids.

You have a job to protect children. Do not expose them to be part of this experiment.

Thank you for your time,
Katie Smith

--

Best Regards,

Katie Kofmehl Smith

From: Dennis M. King
Sent: 2/7/2022 3:31:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stacy Willis
Sent: 2/7/2022 3:08:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Angela Pifer
Sent: 2/9/2022 9:04:38 AM
To: DOH WSBOH
Subject: Feb. 10 TAG Meeting Information



attachments\C4E4F48B76754A8E_image003.png

External Email

Regarding the Feb. 10 TAG Meeting: Public Comment

Good Morning,

I have been a licensed health care provider for the past 17 years. I have a 12 year old in LWSD. PLEASE do not recommend mandating COVID-19 vaccination for our school children.

I feel motivated to state that I am not anti-vaccine. I have been vaccinated with all schedules, as has my daughter (except for this one, as I have grave concerns with the need and safety of this vaccine in her age group).

- * The vaccine was made for 5 variants ago.
- * Studies have noted continuing decline in protection against Omicron, as well as declining protection over 90 days.
- * Omicron is declining. We have no idea if this will remain the variant, or, if a new variant will pop up and we have no idea if the wild type vaccine will be effective against the new variant.
- * The age group has a near nil risk of anything related to COVID.
- * These shots do not stop infection, nor transmission.
- * Pfizer states that they will need 5 years to study the safety data for this age group.
- * There are very concerning trends with adverse events and these must be investigated to the fullest.

Because of these points above, pushing this as a mandate is optics only; creating a false sense of protection to the parents who want this.

The flu is more deadly to our children than COVID. We do not mask, isolate, mandate, close contact trace, nor do we mandate an annual shot (because at times these are only 14% effective) to our children. PLEASE stop this insanity.

I respectfully submit that I will remove my 12 year old from public school if this mandate

is approved.

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: Sherman Pierce
Sent: 2/7/2022 4:39:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mary Conley
Sent: 1/30/2022 9:43:00 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: nancy parks
Sent: 2/8/2022 10:23:47 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

to TAG members,

It seems incomprehensible that you are even contemplating this step of requiring a still "Emergency Use Only" as a safe and effective medication. The original Covid shot is not effective on the mutated Covid virus. Children have been statistically shown to be the least affected by the virus. This particular shot has not been vetted in the usual manner as the other required vaccinations. There is no long term information on the necessity for this shot to be required, nor are there any studies of the effects, long term on any group of children who have been inoculated with the Covid shot.

If it is already not apparent to you that parents don't want this for their children, along with the comprehensive sex ed and crt programs, how many more students do you think will exercise their GOD-given rights of personal autonomy, particularly when it comes to medication?

The bottom line in this case, as in any requirement for "Emergency Use Only" medications or medical procedures, is that the Nuremberg Code, with international agreement, prohibits any coercion, etc. I have been so puzzled that there have not been more lawsuits against our federal and state governments for their blatant violation of this code.

Please make the well-informed decision that the Covid shot is not a reasonable, necessary nor legal choice.

Sincerely,
nancy parks
Everett

From: Victoria
Sent: 1/20/2022 7:13:48 AM
To: DOH WSBOH
Cc:
Subject: Third request for information

External Email

FW: To: Mr. Keith Grellner, Mr Stephen Kutz, Dr. Thomas Pendergrass

January 13, 2022

Mr. Stephen Kutz

Dr. Thomas Pendergrass

Mr. Keith Grellner

RE: BOH meeting of January 12, 2022

I would like some clarification on a couple of items that were discussed at the Jan 12, 2022. I did not register to make a public comment, I just watched and listened to the meeting online.

At about the 4:42 minutes mark on the meeting live video there was an attempt to clarify the public's concern over quarantine camps. Mr. Kutz stated that "to his knowledge there were no enforced quarantine camps that existed and none were being set up or built". Mr. Grellner stated, regarding quarantine camps, " they don't exist", he was "not aware of any mandatory isolation camps" and "the accusations are not true".

Then why did the state of Washington have this job posting that closed November 2, 2021?

<https://www.governmentjobs.com/careers/washington/doh/jobs/3233390/isolation-quarantine-strike-team-consultants-ps2-non-permanent-doh5814?keywords=DOH5814&pagetype=jobOpportunitiesJobs>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.governmentjobs.com%2Fcareer%2Fjobs%2F3233390%2Fisolation-quarantine-strike-team-consultants-ps2-non-permanent-doh5814%3Fkeywords%3DDOH5814%26pagetype%3DjobOpportunitiesJobs&data=04%7C01%7Cwsboh%40%40%40>>

Isolation & Quarantine Team Consultants (PS2) – Non-Permanent – DOH5814

Salary

\$3,294.00 - \$4,286.00 Monthly

Location

Lewis County – Centralia, WA

Job Type

Full Time - Non-Permanent

Department

Dept. of Health

Job Number

DOH5814

Closing

11/2/2021 9:54 AM Pacific

Earlier in the meeting a BOH member (I do not know who) wanted to discuss and clarify the public's concern over "isolation and quarantine camps". That person said that per WAC 246-100-040 an individual would not be mandatorily quarantined and that every individual would go before a Superior Court judge so the health official and the individual could present their case to the judge, i.e. no one would be mandatorily quarantined.

That is not what the language in WAC 246-100-040 states.

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-100-040>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault.aspx?cite=246-100-040>

040&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a59a90f35b440d1e18d08d9dc270598%7C11d0e211

(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine...

(2) (2) A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW 43.20.050

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=43.20.050>

(4) and 70.05.120

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.05.120>

.

(3) (3) If a local health officer orders the immediate involuntary detention of a person...

Yes it does state: NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC 246-100-055

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault%2F100-055&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a59a90f35b440d1e18d08d9dc270598%7C11d0e211>

. You have a right to legal counsel.

But this is after an individual has been detained.

There is obviously so much more to WAC 246-100-040 but I hope you can see why the language of this is so concerning to citizens. Can you not understand this concern? This WAC is quite extensive and alarming as to the potential overreach of government power. I would appreciate your response.

Thank you,

Victoria Dyer

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient%26utm_term%3Dicon&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a59a90f35b440d1e18d08d9dc270598%7C11d0e211

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a59a90f35b440d1e18d08d9dc270598%7C11d0e211

From: bill Abrigo
Sent: 2/9/2022 12:12:14 AM
To: DOH WSBOH
Subject: COVID-19 Vaccine requirements for schools

External Email

As a father of 6 with 3 school age children, I must voice my opinion against the ridiculous notion that you want to require children to get these shots that #1 don't prevent you from catching COVID and #2 don't prevent you from spreading it.

Is it really worth the risk to the future health of our children to mandate shots that provide little benefit and carry many known risks and who knows what long-term risks? Studies show that increased doses of vitamin D can have the same affect of reduced symptoms without the risks.

It's also well documented that children are in the least risk of all age groups anyway. So what purpose will this serve?

One of my daughters is fully vaccinated and works in daycare. She recently contracted COVID along with 7 of her vaccinated coworkers! What proof do you have that number 6 on your agenda holds any truth? I can tell you from experience that it doesn't! I know more vaccinated people who have contracted Covid than unvaccinated. In fact in our household of 7, my vaccinated daughter who quarantined at home, was the only one in our household to catch it while all others in the household were unvaccinated and didn't catch it!

"#6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting"

Can you say with certainty that there will be no adverse effects 5-10 years down the road from administering these drugs to children? You cannot! Therefore you cannot insist on requiring these drugs to be administered to children.

Bill Abrigo
Sent from my iPhone

From: Karli Reed
Sent: 2/8/2022 1:16:15 PM
To: DOH WSBOH
Cc:
Subject: TAG mtg.

External Email

I just read the items #5 and 6.

I'm disappointed at the complete ignorance of the evidence that the vaccine does not prevent Covid nor prevent the transmission of the virus between people or in any setting. It does not do that. The principles of virology and immunology as well as epidemiology is being ignored and /or trashed.

There had been no consideration so far in natural immunity among those who have acquired Covid regardless of vaccination status. The decision you make will have irrepressible ramifications on anyone of all ages. I implore you not to recommend this vaccine at all. It has not been time-tested and the evidence of adverse reactions and death due to the vax is being ignored or covered up. I know people who have been affected or died due to this vaccine. STOP!!!

Sent from my iPhone

From: Rodney Thompson
Sent: 1/31/2022 12:21:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Wells
Sent: 1/30/2022 6:14:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathy Vickerman
Sent: 2/8/2022 7:15:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karen Van Klinken
Sent: 2/9/2022 7:04:55 AM
To: DOH WSBOH
Cc:
Subject: Covid shot for children

External Email

I'm definitely opposed to such a movement as there is no peer reviewed data on the effectiveness of this gene enhancement therapy shot. It's not an approved vaccine and Covid 19 is far down the list of causes of death of children in WA state. I watched the round table that Senator Ron Johnson chaired. The actual peer reviewed data presented there is enough to convince me that this shot is not ready to be used on our children.

Sincerely,
Karen VanKlinken
Prosser, WA

From: Stephen Moore
Sent: 1/29/2022 3:42:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julia Watto
Sent: 1/28/2022 3:19:15 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ashley Voag
Sent: 2/8/2022 7:31:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/4/2022 12:18:27 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2.

Agenda Item or Issue:

3.

Your Name:

Valerie Hines

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1111 144th Street E

7.

Email:

our4tons@gmail.com

8.

Phone Number (Include Area Code):

2534686467

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

From: Tim
Sent: 2/1/2022 9:36:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Regarding vaccinations for students.

External Email

It's simple, VACCINATED ATTEND SCHOOL, UNVACCINATED GO VIRTUAL!!!

From: John Springer
Sent: 2/7/2022 9:08:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Corina Watt

Sent: 2/3/2022 6:28:40 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: 58,149 Constituents of WA State



attachments\1CD782F6AFC04322_HALT Immunization Criteria for Ch_PRDTool_NAME_TOO_LONG.xlsx

External Email

We the people of WA State are standing with one voice. Action: We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

We will continue to collect and share as our collective voice grows.

Respectfully,

Corina Watt

From: Barbara Symons
Sent: 2/7/2022 3:41:35 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 1/31/2022 8:18:07 PM
To: DOH WSBOH
Cc:
Subject: FW: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –



attachments\547F62A64FD14F98_fraud response1.jpg



attachments\254139A5E64A4EB3_article.jpg



attachments\9C61692AE5A84F01_fraud response2.jpg



attachments\C6C2DFFCB86E4456_fraud response3.jpg

From: Jennifer Fang <fang.zhouzi@gmail.com>
Sent: Monday, January 31, 2022 8:14 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –

External Email

Dear Ms. Kahler,

Thanks for holding a great Technical Advisory Group meeting on 1/12/2022.

After the meeting, I notice SBOH put out a survey at:

<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FResponsePage.aspx?id=F-LQEU4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>>

in an effort to continue collecting public comments, which is also great.

However, it has come to my attention that a Chinese anti-vaxxer has been organizing a flooding of fake data against the survey in an effort to mislead the health opinions of the general public to try to influence the public policy maker.

This person's online Telegram name is: □□□□, and he is agitating all his 12.2k followers all around the world to storm this survey with anti-vaxxing responses in order to cause WA BOH to make ill-formed decisions.

According to the published public comments, I notice this person also sent several emails to you before the 1/12 meeting:

From: rudolphwest17

Subject: Attention: Please do not add Covid19 vaccine to "required" list of child vaccination

Please note: Rudolph West is not his real name.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2Fs%2FruIdophwest17&data-source=forbiddenreason>

1

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQE4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQVRQUDIEVzJFVkfKNkM4NUJYQ1UyV1dCMi4u&data=04>

1/21 In the evil state of Washington, last week, the Board of Health failed to include "Use law enforcement to detain the unvaccinated" and "vaccination mandate in school" in their agenda. But they would not accept their failure. They know there are all kinds of left-wing White, Black, Yellow, Spanish here, so they put out an online survey, in an effort to support their "adding COVID-19 vaccine as a requirement for school entry" proposal.

NO MATTER WHERE YOU ARE, I want you to help me fill this out which can be done in just 1 minute. Your small effort will help me bring debacle to these evil fake health officials' attempt to harm my children. Join us, let your voice be your weapon.

As far as the first question is concerned, just use "Washington School District".

Obviously, he is encouraging 12k people, many of whom are not even living in the US, let alone WA state residents, to flood the survey with faked WA residents data, which obviously pose a serious threat to the public health of the community and commit a crime. In the screenshot, you can also see he is openly asking people (including non-US citizens) to submit the survey more than once and in vulgar languages.

In particular, his agitation scheme to sway health official opinions could result in tremendous health risk consequences to the millions of children in Washington state.

Please ask the appropriate department to step in, investigate and defeat this egregious cyber attack! At the minimum, denounce such fraud in your next public meeting with this evidence.

Thanks to you for keeping the Washington state communities and children healthy!

Jennifer

From: Andrea Isaacson
Sent: 2/3/2022 9:10:03 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 for Inclusion in Washington's Immunization Rule

External Email

Hello—

I missed the deadline for the survey regarding including the COVID 19 vaccine as a required immunization to attend school.

Please, please, please keep this an optional vaccine. For a plethora of reasons parents will chose not to vaccinate their child against COVID-19. Please don't let this prevent children from going to school. Please allow Washington families to decide what is best for their children with the guidance of their pediatricians. Washington citizens are smart and capable of making this decision without a mandate. The mRNA technology is to new to require it to be given to our smallest citizens.

I appreciate you taking the time to read my note.

I will pray for this committee at this critical time.

Sincerely,

Andrea Isaacson RN-BSN
andreajs10@gmail.com <<mailto:andreajs10@gmail.com>>

From: Josh Daugherty
Sent: 1/31/2022 6:41:06 PM
To: School Communication,DOH WSBOH,Alan Spicciati,Anne Gayman,Greg Brown,DOH Information,DOH Secretary's Office
Cc:
Subject: Fwd: Enough is Enough! #DoNotComply



attachments\FF6B24BCA580441F_smime.p7m

External Email

Message was attached to: Fwd: Enough is Enough! #DoNotComply

From: Josh Daugherty
Sent: 1/31/2022 6:41:03 PM
To: School Communication,DOH WSBOH,Alan Spicciati,Anne Gayman,Greg Brown,DOH Information,DOH Secretary's Office
Cc:
Subject: Fwd: Enough is Enough! #DoNotComply

Corrupted in WA,

I think we've all had enough of this "Rules for Thee, but not for me..."

When are you going to be giving up on this never-ending covid nonsense? Let our children breathe, get sick, get better/healthier, move on with their lives?

Are you also sick of the hypocrites at ALL levels? I am seriously glad that we will be pulling our children out of WA schools, moving to a free state and will letting them breathe. Very soon, expect to see our withdrawal letters being handed to the schools as they do not fight with us against this tyranny.

I want to send my kids to school but they don't want to wear the 'school/medical masks'. I say, if they give you one, put it in your pocket, have them call me. I'm awaiting a call. No more!

Josh Daugherty

Begin forwarded message:

From: The Unity Project <info@unityprojectonline.com
<mailto:info@unityprojectonline.com> >

Subject: Enough is Enough! #DoNotComply

Date: January 31, 2022 at 3:27:02 PM PST

To: doughboy74@gmail.com <mailto:doughboy74@gmail.com>

Reply-To: info@unityprojectonline.com <mailto:info@unityprojectonline.com>

<<https://files.constantcontact.com/d20bb52e801/262954a3-4a2f-456c-ad06-8984aa540eb7.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/sys/S.gif>>
Enough is enough! Rules for thee, but not for me.....
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>
<<https://files.constantcontact.com/d20bb52e801/5f0b3708-9514-4030-b478-0714d94a8060.jpg?rdr=true>>

<<https://files.constantcontact.com/d20bb52e801/14f9eecf-44c7-443a-a0c7-4748d95d587d.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

While the Unity Project has been laser focused on stopping the vaccine mandate for K-12 students bringing forth scientific experts and resources, we must widen our fight to include these tyrannical and illogical mask mandates.

There are groups across California and other states that have done amazing work fighting these mask mandates and we are with you when we say Enough is Enough!

Our children are wearing masks for 6-8 hours a day while Governor Newsom, other public officials and celebrities parade around maskless in a California venue that requires them. A venue with 70,000 people, in a state that is still "under emergency". This is not only hypocrisy in the highest degree, it's a blatant slap in the face and, in our opinion, the green light to stop sending your kids to school in masks if you haven't already.

Despite Newsom's poor attempt at an explanation for not wearing a mask, it's time to email and call your schools, principals, teachers and school board members letting them know you will no longer comply.

- * Send your kids to school without a mask, tell them they are heroes for standing up
- * Talk to other parents and get a group together, show power in numbers
- * Reach out to school leaders, let them know your child won't be wearing a mask
- * You can use the verbiage and links below that point to empirical evidence of the efficacy and harm that come from masks
- * Share your success stories, you will be an inspiration to others!

Please see the links below illustrating, with empirical evidence, that masks are not only ineffective (as stated by Fauci in the attached video), they are dangerous. It is time we take action. Stop sending your kids to school with masks on. Do not comply. The only way we end this mask mandate is by uniting and fighting these mandates together. Find your group of parents at your schools, look on our strategic partner page for groups near you and join with them. Protest the mask mandates together. Email and call your principals and school board members.

There is NO LAW that requires the masking of our children. There is not even a mask mandate. There is only a "guidance" from the CDPH which is linked herein.

Those of us that want/need them gone are in the vast majority. They only serve to prevent the infected person from transmitting their illness (with an N95 only) but such people/children should be kept home anyway. Our kids are suffering needlessly.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHW9N-1OSILOLPVEYRXC7PeCgn65iH6T3xF3n4SWF9qivCoOx_eWBoSkFwQ6QmSScxglBVDJEEMR6xwIeR0FiuJEW7TtCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>>

<https://youtu.be/Ji5nYvLziYo>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHW9N-1OSILOLPVEYRXC7PeCgn65iH6T3xF3n4SWF9qivCoOx_eWBoSkFwQ6QmSScxglBVDJEEMR6xwIeR0FiuJEW7TtCp0B6oHfaquc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>>

vWHZdvTCOkz11LpzAY0xafK5MJPJfch_17C22rqJVpkg==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

From Dr. Paul Alexander, Chief Scientific Officer for The Unity Project

*

<https://palexander.substack.com/p/masks-for-children-the-evidence-indicates>
<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH1XnVp3QEo4k5xk67QYC96Adz5wU0oOrqkWjvzgr0ZMPHAAfCgVGFW4XR6IspCOzjoKBlp7yA==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

*

<https://palexander.substack.com/p/over-150-studies-and-pieces-of-evidence>
<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH1TCJln07XWjNEuNTR_FxVFHg4r06cDK6kDTcQa9V52VtwI4_Mn7SX-qLLL4Dx-qQYCX0YDheoDJPknGaANWK1ydKGnfA2_9sw==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

*

<https://palexander.substack.com/p/421-studies-and-pieces-of-high-quality>
<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH11BRNPDcFrBaVDnWq_SBsyx10IB4r6ttzFISIXB__xJMdPSzwMe5kqclRc6RPdpB6wzNzePdhikCr03d1eiEOUmYYtCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

Thank you,
The Unity Project Team

<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

Without the support and help of our community we would not

☐ be able to continue to keep fighting the mandates.

Thank you for your support.

Donate Today

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Telegram Page

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The Unity Project | 4590 MacArthur Blvd. Ste 500, Newport Beach, CA 92660

Unsubscribe doughboy74@gmail.com

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Sent by info@unityprojectonline.com <<mailto:info@unityprojectonline.com>>

From: Corina Watt

Sent: 2/9/2022 6:00:18 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: 58,384 Constituents of WA STATE



attachments\02ABF34D11F843D3_HALT Immunization Criteria for Ch_PRDTool_NAMETOOLONG.xlsx

External Email

Dear members of WA State Board of Health,

58,384 constituents of WA State and growing respectfully ask that you the BOH recognize and honor through your actions and decision making parents right to choose. We ask you REFUSE to include the COVID-19 vaccine in 245-105 WAC this Thursday February 10th during the virtual meeting.

Action: We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

Please see the link below or attached excel form for signatures gathered by Rochester Community Alliance, Rochester WA.

Halt inclusion of COVID-19 vaccine in WAC Petition, constituent signatures

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fexcel%2F22>

Respectfully,
Corina Watt,
Rochester Community Alliance

From: Suzanne Monteiro
Sent: 2/8/2022 2:13:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: hollypuga1234@gmail.com
Sent: 2/1/2022 6:32:28 PM
To: DOH WSBOH
Cc:
Subject: Vaccine in schools

External Email

I'm trying to figure out if this is where I give my input for MANDATORY Covid vaccine in the schools.

I am AGAINST it being added as a mandatory vaccine !

Thank you in advance

Holly Puga

Sent from my iPhone

From: angelsherbert@gmail.com
Sent: 2/8/2022 3:40:08 PM
To: DOH WSBOH
Cc:
Subject: NO to mandatory injections for Covid -19 for admission to school.

External Email

I am writing to urge you to say no to mandating vaccinations for Covid-19 for the admission to public school.

The choice to use a vaccine that has not gone through major time testing is a personal decision between a parent/guardian and the private counsel of their trusted doctor(s). It is not the place of the government or the BOH to dictate what is right for that individual and their families. Parents must be the ones to decide if this is right for them and their family. Some have great religious deeply held beliefs that these mandates would be going against. These tax payers are being excluded and discriminated for these beliefs and wouldn't be allowed to use the services of public education that they are paying for.

Mandating this would cause an obstacle that would create hardships within our state. People pulling their children from the public education system would cause disruption and loss of jobs in income for those employed with the Educational system. Our children in Washington are going through the most difficult times in our recent history and segregating them by not allowing them to participate with peers in basic public education would be cruel and ill willed.

In addition, we have no idea what the long term effects are of this vaccine and there are clearly possible risky short term outcomes. In your own words there is "Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting." So why in the world would anyone think that mandating an injection that hasn't been time tested would be a positive thing for the Public School system to do. We have also seen where there is no difference between vaccinated individuals and unvaccinated. Both individuals can be infected with the virus as well as spread the virus to others and according to Evergreen Hospital in Kirkland WA both can be taking up hospital beds. For some the vaccination doesn't even lessen the symptoms.

Do not mandate vaccines and allow Washingtonians to make a free choice what is best for them and their family.

Respectfully,

Angela Sherbert

Lake Stevens, WA

From: DOH Information
Sent: 1/31/2022 11:59:34 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\D64A806845264D63_image001.png

Hello,

Can someone please respond to the customer inquiry below?

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 3:53 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I have tried to fill out the survey regarding a potential COVID vaccine requirement for schools. Unfortunately, the survey would not submit and said too many people have replied to the form? This is very upsetting as I know many parents who have not had a chance to complete the survey! I am an MD, pediatrician and anesthesiologist and I am extremely OPPOSED to a vaccine requirement for schools. If this were a vaccine that had remained >90% effective (such as measles and polio vaccines) I would consider supporting this as a requirement. However, this vaccine, while safe, is VERY poorly effective at preventing breakthrough infections and transmission. Many vaccinated kids have recently been infected and passed the virus to others during this current omicron surge. If this were required for school it would alienate many children as many parents would refuse to vaccinate their children. It would especially alienate poor children, children of color, and those with poorly educated parents. These children need a stable school situation the most! Please please be reasonable and offer the covid vaccine but do NOT require it for school.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Alison Hartvigson

Email:

alison.hartvigson@gmail.com <mailto:alison.hartvigson@gmail.com>

Telephone:

2066838247

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

alison.hartvigson@gmail.com <mailto:alison.hartvigson@gmail.com>

From: Cosmin Micle
Sent: 2/7/2022 3:35:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Megale
Sent: 2/9/2022 5:44:42 AM
To: DOH WSBOH
Cc:
Subject: Shots for stun

External Email

Over my dead body but you ever put that damn needle in my child's arm with that poison. Until that crap has been around for years and years to properly study the outcomes you will never put that crap in my child's body. Do you understand me? It will never happen. I will fight you to the death. So Mark my words never will it happen. You wanna have people physically fighting you , go for it because that's what's going to happen. Covid is going away. We're moving on. We don't need to go backwards and start giving our kids a poison in their bodies that we don't know what it's going to do to them years down the road. Stop it already!

Not to mention, kids are not dying from this crap it is not a pandemic for the children it never has been. We don't need to do something that is it happening. So stop it stop it stop it! You guys are making matters worse and worse instead of getting better. There are thousands and thousands of kids who are now permanently disabled or dead from the vaccine stop forcing the shit on our kids.

Julie

From: Ann M
Sent: 2/7/2022 6:22:35 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Board Members,
Coronaviruses have existed for a long time, and we can expect more varieties and mutations of these types of viruses.
To insist that everyone submit to an injection of some therapy for evolving and mutating viruses makes no sense.
COVID-19 has become like other flu and cold viruses: anyone can become infected with it, and almost everyone will recover. There will always be some people who succumb, just as there are those who die every year from the dominant flu virus of the year.
Life includes risk. Please respect the inalienable right to choose whether or not to receive an injection that carries the risk of adverse effects greater than the risk of a virus.
Discriminating against people based on whether they've received a Covid mRNA "vaccine" is to be "vaxist," like being bigoted, sexist, racist, anti-Catholic, or anti-Semitic.
Some people insist that the "unvaxxed" must be denied basic human rights. We've been down this road before. Don't make Washington continue to be a laughingstock.
Thank you for your service.
Ann Makar
Vancouver

From: Rick & Lisa Todd
Sent: 2/8/2022 10:34:27 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am writing to ask that you NOT consider requiring the Covid vaccine for school children for these reasons:

1. Children have an incredibly low risk of getting sick from Covid. Most have very mild symptoms. According to data published by the CDC the survival rate of children is 99.99815%. They are not the "at risk" sub-set of the population at risk for serious illness or death.
2. There have been no long term safety studies for children.
3. There have been 36,167 adverse events reported to VAERS for children under 18. These numbers are being ignored and this is posing a safety threat to our children.

Requiring this vaccine for a population that is not at risk and when due diligence has not been taken to ensure their safety is wrong and irresponsible.

Please do what is right for our children and allow parents to make the decision that they feel is best for their children.

Thank you,
Lisa Todd

From: Kathy St-Hilaire
Sent: 1/27/2022 4:12:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Elizabeth Kafchinski
Sent: 2/1/2022 7:15:25 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Vaccine



attachments\D169BA249C1B456F_Opposition to Vaccination of Children.docx

External Email

Hi there,

Attached is our letter. Please read and let us know.

Thank you,
Elizabeth

Sent from my iPhone

From: Janell Knauff
Sent: 2/8/2022 7:39:59 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 shot

External Email

I encourage a vote to Not require the shot. There have been too many injuries to healthy people. Too little is still known about the shot. Its putting children in danger.

From: Robert Holte
Sent: 1/28/2022 9:53:08 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Venita Benitez
Sent: 2/8/2022 5:37:06 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandate

External Email

I oppose the vaccine mandate period, especially for the children, they are not actually vaccines and they are doing more harm than good. Forcing people to take an experimental drug is illegal, have you heard of the nuremberg code? If not, please research it. We are not a communist country that forces people to do things they don't want. We have laws for a reason and we the people will not be bullied and pushed by you commies on your lofty seats. Oh and once again... if you insist on playing communist games with my children we will be moving out of washington state.

Venita Davis

From: Christy Prest
Sent: 2/9/2022 9:26:23 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirements for Schools

External Email

Hello,

I am a parent and business owner within Puyallup School District. I am writing regarding the discussion of requiring the COVID vaccine for our children.

I will start with the fact that I am not anti-vaccine. My children are up to date on every required vaccine. I AM, however, anti- COVID Vaccine for my children. There has not been enough research or time for this "vaccine" to be considered safe with no long-term effects. I am not willing to allow my children to become guinea pigs for this state. This is our line-in-the-sand. We have put up with a lot in this State affecting our home and Income. As upsetting as it has been, we have been dealing with it.

When it comes to my kids' health, there is NO concession to be made.

This state has proven over and over again that they can not be trusted to provide all of the actual data. This distrust for "science" is a monster of the States' own making. Taxpayers need to be given ALL of the facts (pros and con) so we can make our own informed decisions. Until this happens, we will continue to research on our own. Every time we see how data is being misrepresented to further manipulate the States agenda, it will only further separate the people from this local Government.

My kids and I love the schools and teachers that we have experienced. However, if this becomes a mandate, I will be pulling my kids from the public school system and looking at alternative education for them. I will deny any and every levy/vote for the schools districts and/or county if this becomes a reality.

My stance regarding the vaccine for my children may change based on future studies and data - provided that all of the information is being openly shared. My decision is not a political one, but one out of concern for my children's future. Regardless, I will never support a FORCED vaccination of a product that is nothing more than a Virus shot, similar to the Flu shot with its many strands and Booster shots.

Thank you for your time,

Christy Prest
Puyallup, WA
360-259-9211

From: Alice Orrell
Sent: 1/28/2022 3:49:11 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccination survey

External Email

Hello,

I tried to complete the survey (<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQE4mCkCL0FfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQE4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>
) but I got the message that The maximum number of people have already responded to this form.

I would like to say that I am in favor of a school covid-19 vaccine mandate because for divorced parents who do not agree on vaccinating their children, the mandate would remove that issue.

Also, lots of vaccines are already required for school. I don't see why the covid-19 one cannot be added as well.

Thank you,
Alice Orrell

From: Christine Lambert
Sent: 2/8/2022 5:42:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Davina Ward Pink
Sent: 1/27/2022 8:33:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jessica Stober
Sent: 2/9/2022 8:04:06 AM
To: DOH WSBOH
Cc:
Subject: BOH meeting 2/12 comments

External Email

I strongly oppose adding the covid shot to the school schedule. Here are a few reasons why:

-Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting

-Covid-19 is far down the list of causes of death for Washington children. Yet, suicide is the 3rd leading cause of death for our teenagers ages 15-19.

-No proven risk/benefit to under 18

-No long-term studies on a rushed vaxx

-Natural immunity has not been considered and should be

-Flu was never required but poses as much if not more death risk to children

From: Heather Bowman
Sent: 2/7/2022 3:04:01 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Reetz
Sent: 2/1/2022 5:34:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: martin hubbard
Sent: 1/28/2022 9:02:24 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/7/2022 10:31:47 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/2/2022 2:03:18 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Duane Dormaier
Sent: 1/27/2022 9:29:39 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nadene Vincent
Sent: 1/28/2022 6:53:05 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/3/2022 2:29:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Scott Comfort
Sent: 1/28/2022 2:29:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Denise Young
Sent: 1/29/2022 10:18:07 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dianne Salyer
Sent: 2/8/2022 6:24:40 PM
To: DOH WSBOH
Cc:
Subject: Dr. Berry/Sequim/adversarial complaints

External Email

I would like to send a big vote of approval for Dr. Berry's actions during Covid. She has done an outstanding job in our area with her actions, despite pushback from the non-vaxxers who approve of little to rid us of Covid. So please, recognize all that Dr. Berry has done for our communities and safety, despite threats being hurled against her so much of the time. She put in a mandate for proof of shots at restaurants and bars, most of which are following that mandate, and all of us, who are vaccinated, feel so thankful for that. The unvaccinated people are the ones making life difficult for those who are vaccinated, as they don't seem to care if they infect someone or whom they infect.

Thank you.

Dianne Salyer.

663 Brigadoon Blvd.

Sequim, WA 98382

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F)
for Windows

To: Thomas, Jamila (GOV), Jay Inslee, Thompson, Maddy (GOV), Palmer, Amber (DOHi), Reykdal, Chris, Peterson, Jami, Jennifer Stevens, Matt Schultz, Miller, Micheala, Rachael Wagoner, Jeffries-Simmons, Tennille (OSPI), DOH WSBOH, DOH Secretary's Office, Perez, Elizabeth (DOH), Todorovich, Jessica L (DOH), Peterson, Kristin I (DOH), Weed, Nathan (DOH), DOH Secretary's Office, Kwan-Gett, Tao (DOH)
Subject: An Open Call to Restore Normalcy for U.S. Children

Our state leadership continues to say their mandates are based on the experts and the science. That couldn't be further from the truth at this point! PLEASE...read this open letter, penned about a week ago by a group of scientists and pediatric, infectious disease, emergency and ICU doctors who are concerned about what covid mitigation measures are doing to our children. The group calls themselves "The Urgency of Normal" and is an "all-volunteer effort, with no funding received from any source". Additionally, their letter has already been signed by over 1000 other medical professionals.

https://www.urgencyofnormal.com/our-statement?fbclid=IwAR2T4QTSDQER-GafAMnWVItQD7YOSWZsCmnAdf53k0Wbchepzk27ALZeDWY
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.urgencyofnormal.com%2Fou
statement%3Ffbclid%3DIwAR2T4QTSDQER-GafAMnWVItQD7YOSWZsCmnAdf53k0Wbchepzk27ALZeDWY&data=04%7C01%7Cwsboh%40sboh.wa.gov%

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstatic1.squarespace.com%2Fstatic>

Dena Petersen

From: Andrea Jones
Sent: 1/28/2022 12:48:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ekandek@comcast.net
Sent: 1/28/2022 3:52:05 PM
To: DOH WSBOH
Cc:
Subject: Kids K-12 Vaccine Mandate

External Email

To the board of health--

Follow the science! The latest science.

Entire countries, several States, several medical journals, doctors, and other health care professionals are doing the exact opposite of what your board is proposing for our children.

Why is Washington State so far behind the rest of the USA, England, Israel, and other countries in realizing that we owe it to our most vulnerable populations to protect them from this virus? The elderly and infirm.

Why is it that most countries and several states have never stopped educating the youth in the classroom? Why is it that these successful schools have never mandated vaccinations or masks for the least vulnerable?

Our grandchildren used to love school. They did well and excelled in their studies. Most of their classmates did, too. That was before this pandemic and the fear that was pushed by the media and woke officials.

First, your board (plus the Teacher's Union and our Governor) closed down the public schools. Two weeks is what it would take to "flatten the curve." That was a lie promoted by Herr Fauci.

Nothing happened in the classroom for the last four months of 2020. Nothing! The kids, if they were fortunate, had parents to coach them during that time. Most of the students had no educational progress. Parents had to quit work to stay home with their children. It was a disaster!

Then, you authorized, with the blessings of the Teacher's Union and the Governor, a poor replacement for empty classrooms; distant learning. Chromebooks were handed out but education didn't happen. The kids didn't like it. The teachers didn't like it. Yet the

students were advanced to the next grade level. Our young population, the ones that will be doing your dentistry, your surgery, your therapy, your plumbing in twenty years, did not get the education the taxpayers and parents expected.

Most schools started to resume classroom activities in September 2021. Not all. And the kids are BEHIND where they should be. Most students are very unhappy about how their schools are run now. But it seems some boards, some politicians, are not happy that kids are in school and parents can resume working to pay the bills. You are proposing that all children must take this EXPERIMENTAL medicine that MAY protect the least vulnerable population. Balderdash.

Myocarditis and pericarditis cases are showing up in too many young people after taking the injections. Some children (and adults) have died after taking the shot. Too many to ignore. And you propose to gamble with the lives of our young people? You are surely aware that the survivability rate for people that catch the virus is close to 99%, right? I had it in the fall of 2019 at age 72. A Z-Pak eliminated the pneumonia in a week. I felt ill for 3-4 days. My cough lingered but I self-quarantined.

A neighbor just moved here from Meridian, Idaho. He worked for that county's government. He told us that 30% of all move-in families to Meridian Idaho come from King County, WA. People are fleeing and will flee to states that are NOT mandating vaccinations. Is that what you want, a brain drain from WA?

My son and his family are looking for work in Idaho or Montana. They pay a lot of taxes. They have three boys in public schools. They are 100% against these stupid vaccine mandates for K-12 children. If they leave, we will also leave. Washington has been our home since January 1980. We appreciate the amenities and opportunities here. We have thousands of friends and clients in WA. We don't want to abandon them. But we will if you keep pushing this outdated and unnecessary vaccine mandate.

If "it's for the children" as the woke people are known to chant, give the kids a break. Let them attend school without this questionable vaccination AND without masks. The masks do nothing to protect anyone. I drop off my boys at school a couple of days each week. I see how the kids treat their masks – rubbing their faces, pulling them down so they can be understood. Most kids reuse masks for days and weeks without laundering them or washing them.

We will be tuning in to the next board meeting.

Richard and Barbara Ek

Everett, WA 98208

From: Chantel Stecher
Sent: 2/9/2022 7:02:49 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Good morning,

I wanted to address the Covid vaccine issue being discussed of kids k-12 being forced to get it.

This should not be forced upon parents and students. It has been proven that the covid vaccine is not effective to young healthy kids. There has been no long term studies about side effects as they get older. There are facts that the covid virus is not deadly to kids. And that even with a vaccine the virus still spreads.

If this goes into effect more parents will take their kids out of school leaving less kids and money in the school systems. I being one of them. I will not force my daughter to get a vaccine that hasn't been around long and for a virus that is not deadly to her.

Thank you,

Chantel Stecher

From: Kerry Johnson
Sent: 2/8/2022 7:52:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: D. Petersen

Sent: 2/4/2022 4:20:55 PM

To: Thomas, Jamila (GOV), Jay Inslee, Thompson, Maddy (GOV), Palmer, Amber (DOH), Reykdal, Chris, Peterson, Jami, Jennifer Stevens, Matt Schultz, Miller, Micheala, Rachael Wagoner, Jeffries-Simmons, Tennille (OSPI), DOH WSBOH, DOH Secretary's Office, Perez, Elizabeth (DOH), Todorovich, Jessica L (DOH), Peterson, Kristin I (DOH), Weed, Nathan (DOH), DOH Secretary's Office, Kwan-Gett, Tao (DOH)
Subject: Governor Inslee...end the mandates now!

External Email

Good afternoon,

I am writing to implore our state leadership to stand up for what is moral and honorable regarding our kids (and hoping our local leadership will put pressure on you as well)!

The Covid "state of emergency" here in Washington has gone on for over 700 days! Half of our states have dropped their states of emergency already. Washington State is now one of only NINE states that mandate masks (<https://www.newsweek.com/how-many-states-still-have-mask-mandates-place-1675939>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Fhow-many-states-still-have-mask-mandates-place-1675939&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce200e0b30ee64191e79208d9e83d5e9d%7C11d> dated 2/3/22). Several countries (Britain, France, Ireland, the Netherlands and several Nordic countries, to name a few) have eased or dropped their covid restrictions in the last few weeks as well. Knowing this, and knowing that these states and countries are no worse off than Washington in regards to covid, why are you still promoting this farse of a public health emergency?

Why are you demanding our kids mask up at school (where they are required to sit 3' apart) when you know full well that they have been hanging out with each other socially, playing sports together, attending large events together, without masking and have suffered NO dire consequences. It is time to DROP THE MASK MANDATE and allow people to decide for themselves if they feel at risk and want to continue masking.

Please take a moment to read this Op-Ed from the Washington Post, written by three infectious disease physicians/professors of medicine

([https://www.washingtonpost.com/opinions/2022/01/25/schools-safely-make-masks-optional-new-cdc-guidelines/?fbclid=IwAR0eARV-](https://www.washingtonpost.com/opinions/2022/01/25/schools-safely-make-masks-optional-new-cdc-guidelines/?fbclid=IwAR0eARV-5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow)

5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpost.com%2Fopinion%2F2022-01-25%2Fsafely-make-masks-optional-new-cdc-guidelines%2F%3Ffbclid%3DIwAR0eARV-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpost.com%2Fopinion%2F2022-01-25%2Fsafely-make-masks-optional-new-cdc-guidelines%2F%3Ffbclid%3DIwAR0eARV-5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce200e0b30ee64191e79208d9e83d5e9d%7C11d)

5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce200e0b30ee64191e79208d9e83d5e9d%7C11d

). It lays out some very good arguments to make masks optional at school, based on the CDC's new mask guidelines from late January 2022.

The ramifications of these mandates on our kids' mental, emotional and physical health are not yet fully understood, but what has surfaced so far should scare all of us more than a virus with a 99.97% survival rate. So far, several anecdotal consequences are being reported in my area and I suspect it's just a matter of time before studies back up all of them. Among them...

- * Kids are being bullied in school for not "properly" wearing a mask, including by some teachers who tell them they are going to "kill grandma"

- * Kids are increasingly reporting anxiety and depression over not being able to interact normally with others (seeing facial cues, emotions, etc)

- * Kids with learning disabilities are falling farther behind because of mask wearing
- * Kids are being sent home from school for not wearing their mask, in violation of their basic, constitutional right to an education in this state
- * Kids are being discriminated against over disabilities that affect their ability to wear a mask (remote learning is NOT equal opportunity education)
- * Kids' friends and family are turning against each other over difference of opinions
- * There have been a substantial number of teen/preteen suicides in our area over the last two years, some directly attributable to our state's covid restrictions

We are destroying an entire generation of children with these archaic mandates! I respectfully ask our state leadership to make changes to the mask mandates immediately! Our children have suffered needlessly for almost two years and you know it!

And, to our local leadership, I ask for your support and advocacy for our children. It is obvious that without a multitude of voices, our pleas are going unheard. Please get involved and come together so that we can fight for what's right. I am counting on you to be a voice for us and the youth of Washington.

Sincerely,

Dena Petersen

From: Mont Schroeder
Sent: 2/7/2022 3:56:03 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Beverly Cremeen
Sent: 1/28/2022 10:00:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donna Long
Sent: 1/28/2022 10:32:08 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Travis Pittman
Sent: 2/7/2022 3:06:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lory Clark
Sent: 1/31/2022 10:21:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: denty68
Sent: 1/29/2022 7:00:25 AM
To: DOH WSBOH
Cc:
Subject: Advisory Group - School Covid Vaccination

External Email

RE: Covid Immunization for School Students

I am writing to express my dismay that the State of Washington would even consider implementing a new vaccine requirement for school age children. As a parent, I would remove my child from the public school system before subjecting them to an experimental medication . I understand that clinical observations indicate that the vaccines reduce the severity of Covid 19 symptoms. However, long term studies have not been completed regarding the risks associated with the vaccines. In ten years, we could see a wide variety of complications arising from mass immunization with unproven drugs.

Additionally, the language regarding implementation of mandatory vaccines indicate that they must stop the spread of the disease before they can be required for school attendance. The current vaccines do not stop the spread of disease. They are not for protection of the public. They are only effective to reduce severity of symptoms for the person taking the injection. This exceeds the authority of the WA Department of Health's authority. I urge you to stop the government overreach into our personal medical treatment and choices which are not supported by the science. Reject this proposal.

Christina Williams
71 Patrick Lane
Washougal, WA 98671
(360)936-9999
denty68@gmail.com

From: Tim Roth
Sent: 1/28/2022 9:28:32 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/1/2022 1:44:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Roberta Wolf
Sent: 2/9/2022 1:12:13 AM
To: DOH WSBOH
Cc:
Subject: COVID-19 shots for school entry meeting



attachments\6379EA7EB144479B_image0.jpeg

External Email

Attn: ☐Technical Advisory Group
Please consider the following when making your recommendation.

We've seen, and the CDC has admitted:

- The vaccine does not prevent infection or transmission
- Children are not vectors of transmission for this virus
- Children have a statistically 0% chance of death

According to the CDC, children are at a statistically 0% risk of serious illness or death from COVID-19. The CDC also acknowledges, the vaccines do not prevent infection or transmission of the virus. Vaccine efficacy against Omicron is down to 27%, far below the 50% threshold required for FDA approval. Therefore, there is no need to vaccinate children against Covid.

On the other hand, there have been 41 reported deaths after COVID-19 vaccine among children aged 0 to 17. There have also been 602 reports of myocarditis and pericarditis among and 51 reported cases of blood clotting disorders among children. It is evident that these vaccines carry serious risks for children.

Vaccine developers have no risk on the table thus we cannot take this chance as parents and grandparents. Something then is not entirely proper about these vaccines needing to be given to our children. Where is the safety data? If children are at such low risk, then it shouldn't be a problem for these officials and vaccine developers to remove their protection.

With such low Covid-19 risk in children, no opportunity for benefit and just costs in terms of possible harms, these EUA Covid injections should not be mandated for our children to attend school.

Thank you for your consideration,
Roberta wolf

Sent from my iPad

From: NancyEllen Elster
Sent: 1/28/2022 11:17:49 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Angela Nicola
Sent: 1/27/2022 5:05:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lue Mencke
Sent: 2/8/2022 3:38:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Katie Kofmehl Smith
Sent: 2/8/2022 8:09:56 PM
To: DOH WSBOH
Subject: TAG Meeting 2/10/22

External Email

To whom it may concern,

The fact that this conversation is even still viable with respect to children feels wrong. You are sitting as a gatekeeper right now to protect our children. As of January 7, 2022 in the CDC press conference 84% of parents of kids 5-11 had NOT taken steps to give this shot to their children. It is federal law that everyone must have the right to refuse treatments that are under emergency use authorization. Covid Tests, Covid shots are all still under this Emergency use Authorization. Which means that as soon as the 'emergency' is over then what? Has there truly been an emergency for our children? The American Academy of Pediatrics reports that there has been no increase in mortality for children 0-18, over the two years. It has maintained at .1%. We can no longer make children responsible for the 'safety' of adults when adults can take precautions for themselves.

Look at the states that have not put masks on kids, they have not fared any differently. They are still healthy. They are in school full time.

Please stop this conversation until such time that there is long term health and safety data for this shot in children. This shouldn't even be a conversation till such time. You will clog up doctors offices with parents trying to seek exemption forms, this will clog up time for school nurses and staff to process these forms for kids.

You have a job to protect children. Do not expose them to be part of this experiment.

Thank you for your time,
Katie Smith

--

Best Regards,

Katie Kofmehl Smith

From: Dennis M. King
Sent: 2/7/2022 3:31:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Stacy Willis
Sent: 2/7/2022 3:08:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Angela Pifer
Sent: 2/9/2022 9:04:38 AM
To: DOH WSBOH
Subject: Feb. 10 TAG Meeting Information



attachments\C4E4F48B76754A8E_image003.png

External Email

Regarding the Feb. 10 TAG Meeting: Public Comment

Good Morning,

I have been a licensed health care provider for the past 17 years. I have a 12 year old in LWSD. PLEASE do not recommend mandating COVID-19 vaccination for our school children.

I feel motivated to state that I am not anti-vaccine. I have been vaccinated with all schedules, as has my daughter (except for this one, as I have grave concerns with the need and safety of this vaccine in her age group).

- * The vaccine was made for 5 variants ago.
- * Studies have noted continuing decline in protection against Omicron, as well as declining protection over 90 days.
- * Omicron is declining. We have no idea if this will remain the variant, or, if a new variant will pop up and we have no idea if the wild type vaccine will be effective against the new variant.
- * The age group has a near nil risk of anything related to COVID.
- * These shots do not stop infection, nor transmission.
- * Pfizer states that they will need 5 years to study the safety data for this age group.
- * There are very concerning trends with adverse events and these must be investigated to the fullest.

Because of these points above, pushing this as a mandate is optics only; creating a false sense of protection to the parents who want this.

The flu is more deadly to our children than COVID. We do not mask, isolate, mandate, close contact trace, nor do we mandate an annual shot (because at times these are only 14% effective) to our children. PLEASE stop this insanity.

I respectfully submit that I will remove my 12 year old from public school if this mandate

is approved.

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: Sherman Pierce
Sent: 2/7/2022 4:39:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mary Conley
Sent: 1/30/2022 9:43:00 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: nancy parks
Sent: 2/8/2022 10:23:47 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

to TAG members,

It seems incomprehensible that you are even contemplating this step of requiring a still "Emergency Use Only" as a safe and effective medication. The original Covid shot is not effective on the mutated Covid virus. Children have been statistically shown to be the least affected by the virus. This particular shot has not been vetted in the usual manner as the other required vaccinations. There is no long term information on the necessity for this shot to be required, nor are there any studies of the effects, long term on any group of children who have been inoculated with the Covid shot.

If it is already not apparent to you that parents don't want this for their children, along with the comprehensive sex ed and crt programs, how many more students do you think will exercise their GOD-given rights of personal autonomy, particularly when it comes to medication?

The bottom line in this case, as in any requirement for "Emergency Use Only" medications or medical procedures, is that the Nuremberg Code, with international agreement, prohibits any coercion, etc. I have been so puzzled that there have not been more lawsuits against our federal and state governments for their blatant violation of this code.

Please make the well-informed decision that the Covid shot is not a reasonable, necessary nor legal choice.

Sincerely,
nancy parks
Everett

From: Victoria
Sent: 1/20/2022 7:13:48 AM
To: DOH WSBOH
Cc:
Subject: Third request for information

External Email

FW: To: Mr. Keith Grellner, Mr Stephen Kutz, Dr. Thomas Pendergrass

January 13, 2022

Mr. Stephen Kutz

Dr. Thomas Pendergrass

Mr. Keith Grellner

RE: BOH meeting of January 12, 2022

I would like some clarification on a couple of items that were discussed at the Jan 12, 2022. I did not register to make a public comment, I just watched and listened to the meeting online.

At about the 4:42 minutes mark on the meeting live video there was an attempt to clarify the public's concern over quarantine camps. Mr. Kutz stated that "to his knowledge there were no enforced quarantine camps that existed and none were being set up or built". Mr. Grellner stated, regarding quarantine camps, " they don't exist", he was "not aware of any mandatory isolation camps" and "the accusations are not true".

Then why did the state of Washington have this job posting that closed November 2, 2021?

<https://www.governmentjobs.com/careers/washington/doh/jobs/3233390/isolation-quarantine-strike-team-consultants-ps2-non-permanent-doh5814?keywords=DOH5814&pagetype=jobOpportunitiesJobs>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.governmentjobs.com%2Fcareer%2Fjobs%2F3233390%2Fisolation-quarantine-strike-team-consultants-ps2-non-permanent-doh5814%3Fkeywords=DOH5814&pagetype=jobOpportunitiesJobs&data=04%7C01%7Cwsboh%40%2F%2Fwww.governmentjobs.com%2Fcareer%2Fjobs%2F3233390%2Fisolation-quarantine-strike-team-consultants-ps2-non-permanent-doh5814%3Fkeywords=DOH5814&pagetype=jobOpportunitiesJobs](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.governmentjobs.com%2Fcareer%2Fjobs%2F3233390%2Fisolation-quarantine-strike-team-consultants-ps2-non-permanent-doh5814%3Fkeywords%3DDOH5814%26pagetype%3DjobOpportunitiesJobs&data=04%7C01%7Cwsboh%40%2F%2Fwww.governmentjobs.com%2Fcareer%2Fjobs%2F3233390%2Fisolation-quarantine-strike-team-consultants-ps2-non-permanent-doh5814%3Fkeywords=DOH5814&pagetype=jobOpportunitiesJobs)>

Isolation & Quarantine Team Consultants (PS2) – Non-Permanent – DOH5814

Salary

\$3,294.00 - \$4,286.00 Monthly

Location

Lewis County – Centralia, WA

Job Type

Full Time - Non-Permanent

Department

Dept. of Health

Job Number

DOH5814

Closing

11/2/2021 9:54 AM Pacific

Earlier in the meeting a BOH member (I do not know who) wanted to discuss and clarify the public's concern over "isolation and quarantine camps". That person said that per WAC 246-100-040 an individual would not be mandatorily quarantined and that every individual would go before a Superior Court judge so the health official and the individual could present their case to the judge, i.e. no one would be mandatorily quarantined.

That is not what the language in WAC 246-100-040 states.

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-100-040>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault.aspx?cite=246-100-040>

040&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a59a90f35b440d1e18d08d9dc270598%7C11d0e211

(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine...

(2) (2) A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW 43.20.050

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=43.20.050>

(4) and 70.05.120

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.05.120>

.

(3) (3) If a local health officer orders the immediate involuntary detention of a person...

Yes it does state: NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC 246-100-055

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault%2F100-055&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0a59a90f35b440d1e18d08d9dc270598%7C11d0e211>

. You have a right to legal counsel.

But this is after an individual has been detained.

There is obviously so much more to WAC 246-100-040 but I hope you can see why the language of this is so concerning to citizens. Can you not understand this concern? This WAC is quite extensive and alarming as to the potential overreach of government power. I would appreciate your response.

Thank you,

Victoria Dyer

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient%26utm_term%3Dicon&data=04%7C01%7Cwsboh%40sboh.wa.gov

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov

From: bill Abrigo
Sent: 2/9/2022 12:12:14 AM
To: DOH WSBOH
Subject: COVID-19 Vaccine requirements for schools

External Email

As a father of 6 with 3 school age children, I must voice my opinion against the ridiculous notion that you want to require children to get these shots that #1 don't prevent you from catching COVID and #2 don't prevent you from spreading it.

Is it really worth the risk to the future health of our children to mandate shots that provide little benefit and carry many known risks and who knows what long-term risks? Studies show that increased doses of vitamin D can have the same affect of reduced symptoms without the risks.

It's also well documented that children are in the least risk of all age groups anyway. So what purpose will this serve?

One of my daughters is fully vaccinated and works in daycare. She recently contracted COVID along with 7 of her vaccinated coworkers! What proof do you have that number 6 on your agenda holds any truth? I can tell you from experience that it doesn't! I know more vaccinated people who have contracted Covid than unvaccinated. In fact in our household of 7, my vaccinated daughter who quarantined at home, was the only one in our household to catch it while all others in the household were unvaccinated and didn't catch it!

"#6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting"

Can you say with certainty that there will be no adverse effects 5-10 years down the road from administering these drugs to children? You cannot! Therefore you cannot insist on requiring these drugs to be administered to children.

Bill Abrigo
Sent from my iPhone

From: Karli Reed
Sent: 2/8/2022 1:16:15 PM
To: DOH WSBOH
Cc:
Subject: TAG mtg.

External Email

I just read the items #5 and 6.

I'm disappointed at the complete ignorance of the evidence that the vaccine does not prevent Covid nor prevent the transmission of the virus between people or in any setting. It does not do that. The principles of virology and immunology as well as epidemiology is being ignored and /or trashed.

There had been no consideration so far in natural immunity among those who have acquired Covid regardless of vaccination status. The decision you make will have irrepressible ramifications on anyone of all ages. I implore you not to recommend this vaccine at all. It has not been time-tested and the evidence of adverse reactions and death due to the vax is being ignored or covered up. I know people who have been affected or died due to this vaccine. STOP!!!

Sent from my iPhone

From: Rodney Thompson
Sent: 1/31/2022 12:21:34 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Susan Wells
Sent: 1/30/2022 6:14:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathy Vickerman
Sent: 2/8/2022 7:15:39 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Karen Van Klinken
Sent: 2/9/2022 7:04:55 AM
To: DOH WSBOH
Cc:
Subject: Covid shot for children

External Email

I'm definitely opposed to such a movement as there is no peer reviewed data on the effectiveness of this gene enhancement therapy shot. It's not an approved vaccine and Covid 19 is far down the list of causes of death of children in WA state. I watched the round table that Senator Ron Johnson chaired. The actual peer reviewed data presented there is enough to convince me that this shot is not ready to be used on our children.

Sincerely,
Karen VanKlinken
Prosser, WA

From: Stephen Moore
Sent: 1/29/2022 3:42:44 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julia Warto
Sent: 1/28/2022 3:19:15 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Ashley Voag
Sent: 2/8/2022 7:31:18 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/4/2022 12:18:27 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2.

Agenda Item or Issue:

3.

Your Name:

Valerie Hines

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1111 144th Street E

7.

Email:

our4tons@gmail.com

8.

Phone Number (Include Area Code):

2534686467

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

From: Tim
Sent: 2/1/2022 9:36:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Regarding vaccinations for students.

External Email

It's simple, VACCINATED ATTEND SCHOOL, UNVACCINATED GO VIRTUAL!!!

From: John Springer
Sent: 2/7/2022 9:08:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Corina Watt

Sent: 2/3/2022 6:28:40 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: 58,149 Constituents of WA State



attachments\1CD782F6AFC04322_HALT Immunization Criteria for Ch_PRDTool_NAME_TOO_LONG.xlsx

External Email

We the people of WA State are standing with one voice. Action: We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

We will continue to collect and share as our collective voice grows.

Respectfully,

Corina Watt

From: Barbara Symons
Sent: 2/7/2022 3:41:35 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 1/31/2022 8:18:07 PM
To: DOH WSBOH
Cc:
Subject: FW: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –



attachments\547F62A64FD14F98_fraud response1.jpg



attachments\254139A5E64A4EB3_article.jpg



attachments\9C61692AE5A84F01_fraud response2.jpg



attachments\C6C2DFFCB86E4456_fraud response3.jpg

From: Jennifer Fang <fang.zhouzi@gmail.com>
Sent: Monday, January 31, 2022 8:14 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: – Some anti-vaxxer is organizing a cyber-attack on the WA BOH Caregivers & Parents Survey to influence public opinion –

External Email

Dear Ms. Kahler,

Thanks for holding a great Technical Advisory Group meeting on 1/12/2022.

After the meeting, I notice SBOH put out a survey at:

<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQEU4mCkCLOffcWsfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FResponsePage.aspx?id=F-LQEU4mCkCLOffcWsfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>>

in an effort to continue collecting public comments, which is also great.

However, it has come to my attention that a Chinese anti-vaxxer has been organizing a flooding of fake data against the survey in an effort to mislead the health opinions of the general public to try to influence the public policy maker.

This person's online Telegram name is: □□□□, and he is agitating all his 12.2k followers all around the world to storm this survey with anti-vaxxing responses in order to cause WA BOH to make ill-formed decisions.

According to the published public comments, I notice this person also sent several emails to you before the 1/12 meeting:

From: rudolphwest17

Subject: Attention: Please do not add Covid19 vaccine to "required" list of child vaccination

Please note: Rudolph West is not his real name.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2Fs%2FruIdophwest17&data-source=forbiddenreason>

1

1/21 In the evil state of Washington, last week, the Board of Health failed to include "Use law enforcement to detain the unvaccinated" and "vaccination mandate in school" in their agenda. But they would not accept their failure. They know there are all kinds of left-wing White, Black, Yellow, Spanish here, so they put out an online survey, in an effort to support their "adding COVID-19 vaccine as a requirement for school entry" proposal.

NO MATTER WHERE YOU ARE, I want you to help me fill this out which can be done in just 1 minute. Your small effort will help me bring debacle to these evil fake health officials' attempt to harm my children. Join us, let your voice be your weapon.

As far as the first question is concerned, just use "Washington School District".

Obviously, he is encouraging 12k people, many of whom are not even living in the US, let alone WA state residents, to flood the survey with faked WA residents data, which obviously pose a serious threat to the public health of the community and commit a crime. In the screenshot, you can also see he is openly asking people (including non-US citizens) to submit the survey more than once and in vulgar languages.

In particular, his agitation scheme to sway health official opinions could result in tremendous health risk consequences to the millions of children in Washington state.

Please ask the appropriate department to step in, investigate and defeat this egregious cyber attack! At the minimum, denounce such fraud in your next public meeting with this evidence.

Thanks to you for keeping the Washington state communities and children healthy!

Jennifer

From: Andrea Isaacson
Sent: 2/3/2022 9:10:03 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 for Inclusion in Washington's Immunization Rule

External Email

Hello—

I missed the deadline for the survey regarding including the COVID 19 vaccine as a required immunization to attend school.

Please, please, please keep this an optional vaccine. For a plethora of reasons parents will chose not to vaccinate their child against COVID-19. Please don't let this prevent children from going to school. Please allow Washington families to decide what is best for their children with the guidance of their pediatricians. Washington citizens are smart and capable of making this decision without a mandate. The mRNA technology is to new to require it to be given to our smallest citizens.

I appreciate you taking the time to read my note.

I will pray for this committee at this critical time.

Sincerely,

Andrea Isaacson RN-BSN
andreajs10@gmail.com <<mailto:andreajs10@gmail.com>>

From: Josh Daugherty
Sent: 1/31/2022 6:41:06 PM
To: School Communication,DOH WSBOH,Alan Spicciati,Anne Gayman,Greg Brown,DOH Information,DOH Secretary's Office
Cc:
Subject: Fwd: Enough is Enough! #DoNotComply



attachments\FF6B24BCA580441F_smime.p7m

External Email

Message was attached to: Fwd: Enough is Enough! #DoNotComply

From: Josh Daugherty
Sent: 1/31/2022 6:41:03 PM
To: School Communication,DOH WSBOH,Alan Spicciati,Anne Gayman,Greg Brown,DOH Information,DOH Secretary's Office
Cc:
Subject: Fwd: Enough is Enough! #DoNotComply

Corrupted in WA,

I think we've all had enough of this "Rules for Thee, but not for me..."

When are you going to be giving up on this never-ending covid nonsense? Let our children breathe, get sick, get better/healthier, move on with their lives?

Are you also sick of the hypocrites at ALL levels? I am seriously glad that we will be pulling our children out of WA schools, moving to a free state and will letting them breathe. Very soon, expect to see our withdrawal letters being handed to the schools as they do not fight with us against this tyranny.

I want to send my kids to school but they don't want to wear the 'school/medical masks'. I say, if they give you one, put it in your pocket, have them call me. I'm awaiting a call. No more!

Josh Daugherty

Begin forwarded message:

From: The Unity Project <info@unityprojectonline.com
<mailto:info@unityprojectonline.com> >

Subject: Enough is Enough! #DoNotComply

Date: January 31, 2022 at 3:27:02 PM PST

To: doughboy74@gmail.com <mailto:doughboy74@gmail.com>

Reply-To: info@unityprojectonline.com <mailto:info@unityprojectonline.com>

<<https://files.constantcontact.com/d20bb52e801/262954a3-4a2f-456c-ad06-8984aa540eb7.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/sys/S.gif>>
Enough is enough! Rules for thee, but not for me.....
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>
<<https://files.constantcontact.com/d20bb52e801/5f0b3708-9514-4030-b478-0714d94a8060.jpg?rdr=true>>

<<https://files.constantcontact.com/d20bb52e801/14f9eecf-44c7-443a-a0c7-4748d95d587d.jpg?rdr=true>>
<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

While the Unity Project has been laser focused on stopping the vaccine mandate for K-12 students bringing forth scientific experts and resources, we must widen our fight to include these tyrannical and illogical mask mandates.

There are groups across California and other states that have done amazing work fighting these mask mandates and we are with you when we say Enough is Enough!

Our children are wearing masks for 6-8 hours a day while Governor Newsom, other public officials and celebrities parade around maskless in a California venue that requires them. A venue with 70,000 people, in a state that is still "under emergency". This is not only hypocrisy in the highest degree, it's a blatant slap in the face and, in our opinion, the green light to stop sending your kids to school in masks if you haven't already.

Despite Newsom's poor attempt at an explanation for not wearing a mask, it's time to email and call your schools, principals, teachers and school board members letting them know you will no longer comply.

- * Send your kids to school without a mask, tell them they are heroes for standing up
- * Talk to other parents and get a group together, show power in numbers
- * Reach out to school leaders, let them know your child won't be wearing a mask
- * You can use the verbiage and links below that point to empirical evidence of the efficacy and harm that come from masks
- * Share your success stories, you will be an inspiration to others!

Please see the links below illustrating, with empirical evidence, that masks are not only ineffective (as stated by Fauci in the attached video), they are dangerous. It is time we take action. Stop sending your kids to school with masks on. Do not comply. The only way we end this mask mandate is by uniting and fighting these mandates together. Find your group of parents at your schools, look on our strategic partner page for groups near you and join with them. Protest the mask mandates together. Email and call your principals and school board members.

There is NO LAW that requires the masking of our children. There is not even a mask mandate. There is only a "guidance" from the CDPH which is linked herein.

Those of us that want/need them gone are in the vast majority. They only serve to prevent the infected person from transmitting their illness (with an N95 only) but such people/children should be kept home anyway. Our kids are suffering needlessly.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHW9N-1OSILOLPVEYRXC7PeCgn65iH6T3xF3n4SWF9qivCoOx_eWBoSkFwQ6QmSScxglBVDJEEMR6xwIeR0FiuJEW7TtCp0B6oHfauc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>>

<https://youtu.be/Ji5nYvLziYo>

<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VHW9N-1OSILOLPVEYRXC7PeCgn65iH6T3xF3n4SWF9qivCoOx_eWBoSkFwQ6QmSScxglBVDJEEMR6xwIeR0FiuJEW7TtCp0B6oHfauc_eVsid-3p4L6l9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39lsb09o1g==>>

vWHZdvTCOkz11LpzAY0xafK5MJPJfch_17C22rqJVpkg==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

From Dr. Paul Alexander, Chief Scientific Officer for The Unity Project

*

<https://palexander.substack.com/p/masks-for-children-the-evidence-indicates>
<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH1XnVp3QEo4k5xk67QYC96Adz5wU0oOrqkWjvzgr0ZMPHAAfCgVGFw4XR6IspCOzjoKBlp7yA==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

*

<https://palexander.substack.com/p/over-150-studies-and-pieces-of-evidence>
<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH1TCJln07XWjNEuNTR_FxVFHgz4r06cDK6kDTcQa9V52VtwI4_Mn7SX-qLLL4Dx-qQYCX0YDheoDJPknGaANWK1ydKGnfA2_9sw==&c=oJ-tCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

*

<https://palexander.substack.com/p/421-studies-and-pieces-of-high-quality>
<https://r20.rs6.net/tn.jsp?f=001gljPoP8c0epyPf_L5tZnk5xzvmLaqWnohV1AuhDSlh1L5GIKQZ1FFbi6O5VH11BRNPDcFrBaVDnWq_SBsyx10IB4r6ttzFISIXB__xJMdPSzwMe5kqclRc6RPdpB6wzNzePdhikCr03d1eiEOUmYYtCp0B6oHfaquc_eVsid-3p4L6I9dGQ9KmdkH7UM8hLWKtJ-j7EA==&ch=i0dJm8b6r_ud_qHiM4W7QCsoa5gh20h1_2Sej9TNnnA39IsbO9o1g==>

Thank you,
The Unity Project Team

<<https://imgssl.constantcontact.com/letters/images/1101116784221/S.gif>>

Without the support and help of our community we would not

☐ be able to continue to keep fighting the mandates.

Thank you for your support.

Donate Today

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We WE ARE HIRING!

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Currently looking for Administration Assistant, Social Media, Project Manager.

☐ Positions are remote, and occasionally will meet in the Irvine area.

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Telegram Page

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The Unity Project | 4590 MacArthur Blvd. Ste 500, Newport Beach, CA 92660

Unsubscribe doughboy74@gmail.com

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Sent by info@unityprojectonline.com <<mailto:info@unityprojectonline.com>>

From: Corina Watt

Sent: 2/9/2022 6:00:18 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: 58,384 Constituents of WA STATE



attachments\02ABF34D11F843D3_HALT Immunization Criteria for Ch_PRDTool_NAMETOOLONG.xlsx

External Email

Dear members of WA State Board of Health,

58,384 constituents of WA State and growing respectfully ask that you the BOH recognize and honor through your actions and decision making parents right to choose. We ask you REFUSE to include the COVID-19 vaccine in 245-105 WAC this Thursday February 10th during the virtual meeting.

Action: We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

Please see the link below or attached excel form for signatures gathered by Rochester Community Alliance, Rochester WA.

Halt inclusion of COVID-19 vaccine in WAC Petition, constituent signatures

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fexcel%2F22>

Respectfully,
Corina Watt,
Rochester Community Alliance

From: Suzanne Monteiro
Sent: 2/8/2022 2:13:10 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: holypuga1234@gmail.com
Sent: 2/1/2022 6:32:28 PM
To: DOH WSBOH
Cc:
Subject: Vaccine in schools

External Email

I'm trying to figure out if this is where I give my input for MANDATORY Covid vaccine in the schools.

I am AGAINST it being added as a mandatory vaccine !

Thank you in advance

Holly Puga

Sent from my iPhone

From: angelsherbert@gmail.com
Sent: 2/8/2022 3:40:08 PM
To: DOH WSBOH
Cc:
Subject: NO to mandatory injections for Covid -19 for admission to school.

External Email

I am writing to urge you to say no to mandating vaccinations for Covid-19 for the admission to public school.

The choice to use a vaccine that has not gone through major time testing is a personal decision between a parent/guardian and the private counsel of their trusted doctor(s). It is not the place of the government or the BOH to dictate what is right for that individual and their families. Parents must be the ones to decide if this is right for them and their family. Some have great religious deeply held beliefs that these mandates would be going against. These tax payers are being excluded and discriminated for these beliefs and wouldn't be allowed to use the services of public education that they are paying for.

Mandating this would cause an obstacle that would create hardships within our state. People pulling their children from the public education system would cause disruption and loss of jobs in income for those employed with the Educational system. Our children in Washington are going through the most difficult times in our recent history and segregating them by not allowing them to participate with peers in basic public education would be cruel and ill willed.

In addition, we have no idea what the long term effects are of this vaccine and there are clearly possible risky short term outcomes. In your own words there is "Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting." So why in the world would anyone think that mandating an injection that hasn't been time tested would be a positive thing for the Public School system to do. We have also seen where there is no difference between vaccinated individuals and unvaccinated. Both individuals can be infected with the virus as well as spread the virus to others and according to Evergreen Hospital in Kirkland WA both can be taking up hospital beds. For some the vaccination doesn't even lessen the symptoms.

Do not mandate vaccines and allow Washingtonians to make a free choice what is best for them and their family.

Respectfully,

Angela Sherbert

Lake Stevens, WA

From: DOH Information
Sent: 1/31/2022 11:59:34 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\D64A806845264D63_image001.png

Hello,

Can someone please respond to the customer inquiry below?

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Friday, January 28, 2022 3:53 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I have tried to fill out the survey regarding a potential COVID vaccine requirement for schools. Unfortunately, the survey would not submit and said too many people have replied to the form? This is very upsetting as I know many parents who have not had a chance to complete the survey! I am an MD, pediatrician and anesthesiologist and I am extremely OPPOSED to a vaccine requirement for schools. If this were a vaccine that had remained >90% effective (such as measles and polio vaccines) I would consider supporting this as a requirement. However, this vaccine, while safe, is VERY poorly effective at preventing breakthrough infections and transmission. Many vaccinated kids have recently been infected and passed the virus to others during this current omicron surge. If this were required for school it would alienate many children as many parents would refuse to vaccinate their children. It would especially alienate poor children, children of color, and those with poorly educated parents. These children need a stable school situation the most! Please please be reasonable and offer the covid vaccine but do NOT require it for school.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Alison Hartvigson

Email:

alison.hartvigson@gmail.com <mailto:alison.hartvigson@gmail.com>

Telephone:

2066838247

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

alison.hartvigson@gmail.com <mailto:alison.hartvigson@gmail.com>

From: Cosmin Micle
Sent: 2/7/2022 3:35:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Megale
Sent: 2/9/2022 5:44:42 AM
To: DOH WSBOH
Cc:
Subject: Shots for stun

External Email

Over my dead body but you ever put that damn needle in my child's arm with that poison. Until that crap has been around for years and years to properly study the outcomes you will never put that crap in my child's body. Do you understand me? It will never happen. I will fight you to the death. So Mark my words never will it happen. You wanna have people physically fighting you , go for it because that's what's going to happen. Covid is going away. We're moving on. We don't need to go backwards and start giving our kids a poison in their bodies that we don't know what it's going to do to them years down the road. Stop it already!

Not to mention, kids are not dying from this crap it is not a pandemic for the children it never has been. We don't need to do something that is it happening. So stop it stop it stop it! You guys are making matters worse and worse instead of getting better. There are thousands and thousands of kids who are now permanently disabled or dead from the vaccine stop forcing the shit on our kids.

Julie

From: Ann M
Sent: 2/7/2022 6:22:35 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Board Members,
Coronaviruses have existed for a long time, and we can expect more varieties and mutations of these types of viruses.
To insist that everyone submit to an injection of some therapy for evolving and mutating viruses makes no sense.
COVID-19 has become like other flu and cold viruses: anyone can become infected with it, and almost everyone will recover. There will always be some people who succumb, just as there are those who die every year from the dominant flu virus of the year.
Life includes risk. Please respect the inalienable right to choose whether or not to receive an injection that carries the risk of adverse effects greater than the risk of a virus.
Discriminating against people based on whether they've received a Covid mRNA "vaccine" is to be "vaxist," like being bigoted, sexist, racist, anti-Catholic, or anti-Semitic.
Some people insist that the "unvaxxed" must be denied basic human rights. We've been down this road before. Don't make Washington continue to be a laughingstock.
Thank you for your service.
Ann Makar
Vancouver

From: Rick & Lisa Todd
Sent: 2/8/2022 10:34:27 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am writing to ask that you NOT consider requiring the Covid vaccine for school children for these reasons:

1. Children have an incredibly low risk of getting sick from Covid. Most have very mild symptoms. According to data published by the CDC the survival rate of children is 99.99815%. They are not the "at risk" sub-set of the population at risk for serious illness or death.
2. There have been no long term safety studies for children.
3. There have been 36,167 adverse events reported to VAERS for children under 18. These numbers are being ignored and this is posing a safety threat to our children.

Requiring this vaccine for a population that is not at risk and when due diligence has not been taken to ensure their safety is wrong and irresponsible.
Please do what is right for our children and allow parents to make the decision that they feel is best for their children.

Thank you,
Lisa Todd

From: Kathy St-Hilaire
Sent: 1/27/2022 4:12:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Elizabeth Kafchinski
Sent: 2/1/2022 7:15:25 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Vaccine



attachments\D169BA249C1B456F_Opposition to Vaccination of Children.docx

External Email

Hi there,

Attached is our letter. Please read and let us know.

Thank you,
Elizabeth

Sent from my iPhone

From: Janell Knauff
Sent: 2/8/2022 7:39:59 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 shot

External Email

I encourage a vote to Not require the shot. There have been too many injuries to healthy people. Too little is still known about the shot. Its putting children in danger.

From: Robert Holte
Sent: 1/28/2022 9:53:08 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Venita Benitez
Sent: 2/8/2022 5:37:06 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandate

External Email

I oppose the vaccine mandate period, especially for the children, they are not actually vaccines and they are doing more harm than good. Forcing people to take an experimental drug is illegal, have you heard of the nuremberg code? If not, please research it. We are not a communist country that forces people to do things they don't want. We have laws for a reason and we the people will not be bullied and pushed by you commies on your lofty seats. Oh and once again... if you insist on playing communist games with my children we will be moving out of washington state.

Venita Davis

From: Christy Prest
Sent: 2/9/2022 9:26:23 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirements for Schools

External Email

Hello,

I am a parent and business owner within Puyallup School District. I am writing regarding the discussion of requiring the COVID vaccine for our children.

I will start with the fact that I am not anti-vaccine. My children are up to date on every required vaccine. I AM, however, anti- COVID Vaccine for my children. There has not been enough research or time for this "vaccine" to be considered safe with no long-term effects. I am not willing to allow my children to become guinea pigs for this state. This is our line-in-the-sand. We have put up with a lot in this State affecting our home and Income. As upsetting as it has been, we have been dealing with it.

When it comes to my kids' health, there is NO concession to be made.

This state has proven over and over again that they can not be trusted to provide all of the actual data. This distrust for "science" is a monster of the States' own making. Taxpayers need to be given ALL of the facts (pros and con) so we can make our own informed decisions. Until this happens, we will continue to research on our own. Every time we see how data is being misrepresented to further manipulate the States agenda, it will only further separate the people from this local Government.

My kids and I love the schools and teachers that we have experienced. However, if this becomes a mandate, I will be pulling my kids from the public school system and looking at alternative education for them. I will deny any and every levy/vote for the schools districts and/or county if this becomes a reality.

My stance regarding the vaccine for my children may change based on future studies and data - provided that all of the information is being openly shared. My decision is not a political one, but one out of concern for my children's future. Regardless, I will never support a FORCED vaccination of a product that is nothing more than a Virus shot, similar to the Flu shot with its many strands and Booster shots.

Thank you for your time,

Christy Prest
Puyallup, WA
360-259-9211

From: Alice Orrell
Sent: 1/28/2022 3:49:11 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccination survey

External Email

Hello,

I tried to complete the survey (<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQE4mCkCL0FfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fforms.office.com%2FPages%2FReLQE4mCkCLoFfcwSfXLT2Pur8KuHhPgr4pnygk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u&data=04>
) but I got the message that The maximum number of people have already responded to this form.

I would like to say that I am in favor of a school covid-19 vaccine mandate because for divorced parents who do not agree on vaccinating their children, the mandate would remove that issue.

Also, lots of vaccines are already required for school. I don't see why the covid-19 one cannot be added as well.

Thank you,
Alice Orrell

From: Christine Lambert
Sent: 2/8/2022 5:42:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Davina Ward Pink
Sent: 1/27/2022 8:33:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jessica Stober
Sent: 2/9/2022 8:04:06 AM
To: DOH WSBOH
Cc:
Subject: BOH meeting 2/12 comments

External Email

I strongly oppose adding the covid shot to the school schedule. Here are a few reasons why:

-Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting

-Covid-19 is far down the list of causes of death for Washington children. Yet, suicide is the 3rd leading cause of death for our teenagers ages 15-19.

-No proven risk/benefit to under 18

-No long-term studies on a rushed vaxx

-Natural immunity has not been considered and should be

-Flu was never required but poses as much if not more death risk to children

From: Heather Bowman
Sent: 2/7/2022 3:04:01 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Reetz
Sent: 2/1/2022 5:34:43 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: martin hubbard
Sent: 1/28/2022 9:02:24 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/7/2022 10:31:47 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/2/2022 2:03:18 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Duane Dormaier
Sent: 1/27/2022 9:29:39 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Nadene Vincent
Sent: 1/28/2022 6:53:05 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Robert Holte
Sent: 2/3/2022 2:29:28 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Scott Comfort
Sent: 1/28/2022 2:29:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Denise Young
Sent: 1/29/2022 10:18:07 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

To: Thomas, Jamila (GOV), Jay Inslee, Thompson, Maddy (GOV), Palmer, Amber (DOHi), Reykdal, Chris, Peterson, Jami, Jennifer Stevens, Matt Schultz, Miller, Micheala, Rachael Wagoner, Jeffries-Simmons, Tennille (OSPI), DOH WSBOH, DOH Secretary's Office, Perez, Elizabeth (DOH), Todorovich, Jessica L (DOH), Peterson, Kristin I (DOH), Weed, Nathan (DOH), DOH Secretary's Office, Kwan-Gett, Tao (DOH)
Subject: An Open Call to Restore Normalcy for U.S. Children

Our state leadership continues to say their mandates are based on the experts and the science. That couldn't be further from the truth at this point! PLEASE...read this open letter, penned about a week ago by a group of scientists and pediatric, infectious disease, emergency and ICU doctors who are concerned about what covid mitigation measures are doing to our children. The group calls themselves "The Urgency of Normal" and is an "all-volunteer effort, with no funding received from any source". Additionally, their letter has already been signed by over 1000 other medical professionals.

https://www.urgencyofnormal.com/our-statement?fbclid=IwAR2T4QTSDQER-GafAMnWVItQD7YOSWZsCmnAdf53k0Wbchepzk27ALZeDWY
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.urgencyofnormal.com%2Fou
statement%3Ffbclid%3DIwAR2T4QTSDQER-GafAMnWVItQD7YOSWZsCmnAdf53k0Wbchepzk27ALZeDWY&data=04%7C01%7Cwsboh%40sboh.wa.gov%

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstatic1.squarespace.com%2Fstatic>

Dena Petersen

From: Andrea Jones
Sent: 1/28/2022 12:48:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ekandek@comcast.net
Sent: 1/28/2022 3:52:05 PM
To: DOH WSBOH
Cc:
Subject: Kids K-12 Vaccine Mandate

External Email

To the board of health--

Follow the science! The latest science.

Entire countries, several States, several medical journals, doctors, and other health care professionals are doing the exact opposite of what your board is proposing for our children.

Why is Washington State so far behind the rest of the USA, England, Israel, and other countries in realizing that we owe it to our most vulnerable populations to protect them from this virus? The elderly and infirm.

Why is it that most countries and several states have never stopped educating the youth in the classroom? Why is it that these successful schools have never mandated vaccinations or masks for the least vulnerable?

Our grandchildren used to love school. They did well and excelled in their studies. Most of their classmates did, too. That was before this pandemic and the fear that was pushed by the media and woke officials.

First, your board (plus the Teacher's Union and our Governor) closed down the public schools. Two weeks is what it would take to "flatten the curve." That was a lie promoted by Herr Fauci.

Nothing happened in the classroom for the last four months of 2020. Nothing! The kids, if they were fortunate, had parents to coach them during that time. Most of the students had no educational progress. Parents had to quit work to stay home with their children. It was a disaster!

Then, you authorized, with the blessings of the Teacher's Union and the Governor, a poor replacement for empty classrooms; distant learning. Chromebooks were handed out but education didn't happen. The kids didn't like it. The teachers didn't like it. Yet the

students were advanced to the next grade level. Our young population, the ones that will be doing your dentistry, your surgery, your therapy, your plumbing in twenty years, did not get the education the taxpayers and parents expected.

Most schools started to resume classroom activities in September 2021. Not all. And the kids are BEHIND where they should be. Most students are very unhappy about how their schools are run now. But it seems some boards, some politicians, are not happy that kids are in school and parents can resume working to pay the bills. You are proposing that all children must take this EXPERIMENTAL medicine that MAY protect the least vulnerable population. Balderdash.

Myocarditis and pericarditis cases are showing up in too many young people after taking the injections. Some children (and adults) have died after taking the shot. Too many to ignore. And you propose to gamble with the lives of our young people? You are surely aware that the survivability rate for people that catch the virus is close to 99%, right? I had it in the fall of 2019 at age 72. A Z-Pak eliminated the pneumonia in a week. I felt ill for 3-4 days. My cough lingered but I self-quarantined.

A neighbor just moved here from Meridian, Idaho. He worked for that county's government. He told us that 30% of all move-in families to Meridian Idaho come from King County, WA. People are fleeing and will flee to states that are NOT mandating vaccinations. Is that what you want, a brain drain from WA?

My son and his family are looking for work in Idaho or Montana. They pay a lot of taxes. They have three boys in public schools. They are 100% against these stupid vaccine mandates for K-12 children. If they leave, we will also leave. Washington has been our home since January 1980. We appreciate the amenities and opportunities here. We have thousands of friends and clients in WA. We don't want to abandon them. But we will if you keep pushing this outdated and unnecessary vaccine mandate.

If "it's for the children" as the woke people are known to chant, give the kids a break. Let them attend school without this questionable vaccination AND without masks. The masks do nothing to protect anyone. I drop off my boys at school a couple of days each week. I see how the kids treat their masks – rubbing their faces, pulling them down so they can be understood. Most kids reuse masks for days and weeks without laundering them or washing them.

We will be tuning in to the next board meeting.

Richard and Barbara Ek

Everett, WA 98208

From: Chantel Stecher
Sent: 2/9/2022 7:02:49 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Good morning,

I wanted to address the Covid vaccine issue being discussed of kids k-12 being forced to get it.

This should not be forced upon parents and students. It has been proven that the covid vaccine is not effective to young healthy kids. There has been no long term studies about side effects as they get older. There are facts that the covid virus is not deadly to kids. And that even with a vaccine the virus still spreads.

If this goes into effect more parents will take their kids out of school leaving less kids and money in the school systems. I being one of them. I will not force my daughter to get a vaccine that hasn't been around long and for a virus that is not deadly to her.

Thank you,

Chantel Stecher

From: Kerry Johnson
Sent: 2/8/2022 7:52:53 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: D. Petersen

Sent: 2/4/2022 4:20:55 PM

To: Thomas, Jamila (GOV), Jay Inslee, Thompson, Maddy (GOV), Palmer, Amber (DOH), Reykdal, Chris, Peterson, Jami, Jennifer Stevens, Matt Schultz, Miller, Micheala, Rachael Wagoner, Jeffries-Simmons, Tennille (OSPI), DOH WSBOH, DOH Secretary's Office, Perez, Elizabeth (DOH), Todorovich, Jessica L (DOH), Peterson, Kristin I (DOH), Weed, Nathan (DOH), DOH Secretary's Office, Kwan-Gett, Tao (DOH)
Subject: Governor Inslee...end the mandates now!

External Email

Good afternoon,

I am writing to implore our state leadership to stand up for what is moral and honorable regarding our kids (and hoping our local leadership will put pressure on you as well)!

The Covid "state of emergency" here in Washington has gone on for over 700 days! Half of our states have dropped their states of emergency already. Washington State is now one of only NINE states that mandate masks (<https://www.newsweek.com/how-many-states-still-have-mask-mandates-place-1675939>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Fhow-many-states-still-have-mask-mandates-place-1675939&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce200e0b30ee64191e79208d9e83d5e9d%7C11d> dated 2/3/22). Several countries (Britain, France, Ireland, the Netherlands and several Nordic countries, to name a few) have eased or dropped their covid restrictions in the last few weeks as well. Knowing this, and knowing that these states and countries are no worse off than Washington in regards to covid, why are you still promoting this farse of a public health emergency?

Why are you demanding our kids mask up at school (where they are required to sit 3' apart) when you know full well that they have been hanging out with each other socially, playing sports together, attending large events together, without masking and have suffered NO dire consequences. It is time to DROP THE MASK MANDATE and allow people to decide for themselves if they feel at risk and want to continue masking.

Please take a moment to read this Op-Ed from the Washington Post, written by three infectious disease physicians/professors of medicine

([https://www.washingtonpost.com/opinions/2022/01/25/schools-safely-make-masks-optional-new-cdc-guidelines/?fbclid=IwAR0eARV-](https://www.washingtonpost.com/opinions/2022/01/25/schools-safely-make-masks-optional-new-cdc-guidelines/?fbclid=IwAR0eARV-5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow)

5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpost.com%2Fopinion%2F2022-01-25%2Fsafely-make-masks-optional-new-cdc-guidelines%2F%3Ffbclid%3DIwAR0eARV-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpost.com%2Fopinion%2F2022-01-25%2Fsafely-make-masks-optional-new-cdc-guidelines%2F%3Ffbclid%3DIwAR0eARV-5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce200e0b30ee64191e79208d9e83d5e9d%7C11d)

5UvM5Eoq0MCDfIMafxQPKVLvs_M70XqPWmwCBkgtkxJwTOVQ7ow&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce200e0b30ee64191e79208d9e83d5e9d%7C11d

). It lays out some very good arguments to make masks optional at school, based on the CDC's new mask guidelines from late January 2022.

The ramifications of these mandates on our kids' mental, emotional and physical health are not yet fully understood, but what has surfaced so far should scare all of us more than a virus with a 99.97% survival rate. So far, several anecdotal consequences are being reported in my area and I suspect it's just a matter of time before studies back up all of them. Among them...

- * Kids are being bullied in school for not "properly" wearing a mask, including by some teachers who tell them they are going to "kill grandma"

- * Kids are increasingly reporting anxiety and depression over not being able to interact normally with others (seeing facial cues, emotions, etc)

- * Kids with learning disabilities are falling farther behind because of mask wearing
- * Kids are being sent home from school for not wearing their mask, in violation of their basic, constitutional right to an education in this state
- * Kids are being discriminated against over disabilities that affect their ability to wear a mask (remote learning is NOT equal opportunity education)
- * Kids' friends and family are turning against each other over difference of opinions
- * There have been a substantial number of teen/preteen suicides in our area over the last two years, some directly attributable to our state's covid restrictions

We are destroying an entire generation of children with these archaic mandates! I respectfully ask our state leadership to make changes to the mask mandates immediately! Our children have suffered needlessly for almost two years and you know it!

And, to our local leadership, I ask for your support and advocacy for our children. It is obvious that without a multitude of voices, our pleas are going unheard. Please get involved and come together so that we can fight for what's right. I am counting on you to be a voice for us and the youth of Washington.

Sincerely,

Dena Petersen

From: Mont Schroeder
Sent: 2/7/2022 3:56:03 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jotform
Sent: 2/10/2022 5:49:10 PM
To: DOH WSBOH
Cc:
Subject: Re: Stop The Child Vaccine Mandate Petition - Denise Crawford

External Email

<<https://cdn.jotform.ms/assets/img/logo2021/jotform-logo.png>>

Stop The Child Vaccine Mandate Petition

Name

Denise Crawford

Email

denicraw@gmail.com

Zip

, , , , 98682

You can edit this submission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fedit%2F520>

and view all your submissions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Ftables%2F2>

easily.

From: Jamie Keiter
Sent: 2/8/2022 8:25:51 PM
To: DOH WSBOH
Cc:
Subject: Upcoming meeting

External Email

Good evening,
I want to express my concerns regarding the COVID-19 vaccine for children. Do not add it to the schedule or as a requirement for school. Children are not at risk and do not need the COVID-19 vaccine, especially since it doesn't stop transmission or infection.

Respectfully,

Jamie Keiter

Sent from my iPhone

From: Comcast
Sent: 2/9/2022 2:20:40 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

□Hello

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following reasons:

1. There is no medical justification for making the shot mandatory.
2. There are dozens of studies worldwide showing the near zero mortality rate for children associated with COVID-19.
3. The shot does not prevent transmission nor infection and as such, cannot be used as a justification to "slow the spread" as it does not do so.
4. The shot does not have a single commercially available or distributed dose in the United States that has passed FDA approval.
5. There has been zero release as to the actual ingredients in the vaccine.
6. There are no long-term efficacy studies to determine risk.
7. Parents and legal guardians retain the legal rights to all medical decisions for their children.
8. There are several therapeutic and reasonable options for early treatment, including for children, that would be more effective than a shot that does not reduce transmission or infection.

Thank you,
Carrie Swanson

Sent from my iPhone

From: katmic70
Sent: 2/10/2022 11:26:42 AM
To: DOH WSBOH
Cc:
Subject: No covid shot requirements for kids!

External Email

<https://www.forbes.com/sites/roberthart/2020/10/20/researchers-warn-some-covid-19-vaccines-could-increase-risk-of-hiv-infection/?sh=7e936eb3740e>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.forbes.com%2Fsites%2Froberthart%2F2020%2F10%2F20%2Fresearchers-warn-some-covid-19-vaccines-could-increase-risk-of-hiv-infection%2F%3Fsh%3D7e936eb3740e&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7d7d57ed76794e>>

Sent from ProtonMail mobile

From: Dani Kessler
Sent: 2/15/2022 8:44:48 AM
To:
Cc:
Subject: St. Patrick Catholic School - Parent Feedback



attachments\F79488F148EB41E3_masks.pdf

External Email

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the Baltimore Archdiocese is doing
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.baltimoresun.com%2Feducation%2Fmd-school-masking-20220211-20220211-w62eycynu5fybgztpujemsuwga-story.html%3Ffbclid%3DIwAR1xe8ncPOmITYxyAOfAkx7IDyI7ycxmek4TocY5sUR2ia9XBBVvkKTY8u4&data=1>>
!

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shutdown. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolum>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fniosh%2Fnpptl%2F508.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8d93815229f4e9dc45b08d9f0a220d6%7C11d0e>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acgih.org%2F covid-19-fact-sheet-worker-resp%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8d93815229f4e9dc45b08d9f0a220d6%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acgih.org%2F covid-19-fact-sheet-worker-resp%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8d93815229f4e9dc45b08d9f0a220d6%3A)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsmile.amazon.com%2FHDFK-Disposable-Protective-Breathable-Non-Woven%2Fdp%2FB088YJCQ7Z%2Fref%3Dsr_1_2_sspa%3Fcrd%3DX903K75VJ277%26keywords%3Dsurg2-spons%26psc%3D1%26spLa%3DZW5jcnlwdGVkUXVhbGlmaWVyPUEyUUFFNTVISFRGQVBGJmVuY3J5cHRIZ
) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals – when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I'm sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation.

In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! Stephen Petty - On PPE and Aerosols

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful.

150+ Comparative Studies and Articles on Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fmore-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8d93815229f4e9dc45b08d9f0a220d6%7C11>

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn't exist.

Here's where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state's elderly and high-risk population safe and we simply cannot do without it, how is it there isn't overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn't mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and the subsequent enforcement of masking is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. The Educational Consequences of Masking Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nationalreview.com%2F2022/02/22/educational-consequences-of-masking-children%2F%3Ffbclid%3DIwAR0E9-jL4yoUssHhJesfGpD1rYOWYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8d93815229f4e9dc45b08d9f0a220d6%7C11>

However, I don't think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher's mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child's frown and respond with kindness. Or how they see another child's smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks? The data says they are. JAMA Pediatrics – Mental Health & Wellbeing

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>

4bc0-45d3-b2bb-

b9c227e1313f%26utm_source%3DFor_The_Media%26utm_medium%3Dreferral%26utm_campaign%3Dfr

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

I'm a Public School Teacher. The Kids Aren't Alright.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca8d93815229f4e9dc45b08d9f0a220d6%7C11d0e217>

Masked Schoolchildren

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d>

Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile.

The Strength of Weak Ties

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cse.wustl.edu%2F~m.neuma>

The residents of this state, and specifically the parents of school age students, have been understanding of restrictions, and, more recently, patient in waiting for policies to be adjusted in response to the data. But as the data continues to build against mask mandates with no changes to policy, we are asking you to push back on behalf of the health and education of our children.

We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above.
It's worth all 26 minutes.

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the [Baltimore Archdiocese is doing!](#)

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. [CDC - Mask Effectiveness Indoors](#)

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” [CDC – Masks vs. Respirators](#)

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks *correctly*, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? [COVID-19 Worker Safety - Masks](#)

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for “surgical masks” and right in the description it says are non-medical. [Amazon Surgical Mask](#)) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals – when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I’m sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! [Stephen Petty - On PPE and Aerosols](#)

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful. [150+ Comparative Studies and Articles on Masks](#)

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn’t exist.

Here’s where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state’s elderly and high-risk population safe and we simply cannot do without it, how is it there isn’t overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn’t mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and *the subsequent enforcement of masking* is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. [The Educational Consequences of Masking Children](#)

However, I don’t think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher’s mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child’s frown and respond with kindness. Or how they see another child’s smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word

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[Masked Schoolchildren](#)

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Thank you for your time and thoughtful consideration,
Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above. It's worth all 26 minutes.

From: Testify Online Survey
Sent: 2/13/2022 7:05:42 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

3/9/2022

2.

Agenda Item or Issue:

Vaccine mandate

3.

Your Name:

Joanna Thomson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

11107 28th Street Ct NW

7.

Email:

Joandmarkthomson@yahoo.com

8.

Phone Number (Include Area Code):

2535493263

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

11.

Are you Pro or Con on the proposal?

2. Con

I have children and grandchildren who are impacted by this vaccine mandate proposal.

From: WellingtonArtWorX
Sent: 2/14/2022 4:53:16 PM
To: DOH WSOBH
Cc:
Subject: Re: Reminder: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC starts in 1 hour



attachments\0630097AD80945F3_VRBPAAC-Premeeeting-Letter_2022_02_11.pdf

External Email

Good Morning Annette and all members on the DOH Technical Advisory Group to Consider COVI-19 for inclusion in chapter 246-105 WAC.

Please find attached a letter from the Members of Vaccines and Related Biological Products Advisory Committee Food and Drug Administration stating that there is no emergency regarding COVID-19 in Children ages 6 mo to 4 years of age.

There is no need to rush. ;-)

Respectfully,

Shelly S. Brewer, PMP

(206) 905-1435

<https://www.wellingtonartworx.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wellingtonartworx.com%2F&>

If we put Equality before Liberty then what will happen is "A"&"B" will decide what "C" shall do for "D" and "A" & "B" & "C" will take a little off the top, leaving "D" holding an empty bag. History Proven!

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>
Secure Email.

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

On Thursday, February 10th, 2022 at 7:55 AM, Zoom <no-reply@zoom.us> wrote:

<<http://us02web.zoom.us/j/89036106373/c4b5a376-c6e3-4f73-98d4-0a8b1a2e453e.png>>

Hi Shelly,

This is a reminder that "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC" will begin in 1 hour on:

Date Time: Feb 10, 2022 09:00 AM Pacific Time (US and Canada)

Join from a PC, Mac, iPad, iPhone or Android device:

Click Here to Join

<<https://us02web.zoom.us/j/84038243635?tk=KtR7mSDWUvxqQYquWNncgKsjPxIyHm9xDeRGEFECKJo.DTQ>>

Note: This link should not be shared with others; it is unique to you.

Passcode: 390357

Add to Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/ics?user_id=TxpbiUhRTvGV>

Add to Google Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/calendar/google/add?user_id=TxpbiUhRTvGV>

Add to Yahoo Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/ics?user_id=TxpbiUhRTvGV>

Or join by phone:

US: +1 669 900 9128 or +1 253 215 8782 or +1 301 715 8592 or +1 312 626 6799 or
+1 346 248 7799 or +1 646 558 8656

Webinar ID: 840 3824 3635

Passcode: 390357

International numbers available: <https://us02web.zoom.us/j/kchZi1TdJz>

<<https://us02web.zoom.us/j/kchZi1TdJz>>

You can cancel

<<https://us02web.zoom.us/webinar/register/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/success?act=cancel>>
your registration at any time.

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:23:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine for children

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 2:11 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Covid-19 vaccine for children

External Email

Good day,

I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis? Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I reccomend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8002b8432a944f4709a108d9efef8397%7C11d0e21](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8002b8432a944f4709a108d9efef8397%7C11d0e21)

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in it's entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Audra Puccini
Sent: 2/10/2022 1:12:02 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Why is there not any of the fired nurses, doctors or teachers on the panel to speak on why not to get the shot? Why isn't there any parents on this panel?

Sent from my iPhone

From: Catherine Mangis
Sent: 2/14/2022 12:04:26 PM
To: DOH WSBOH
Cc:
Subject: OPPOSE Inclusion of Covid Shot in Childhood Vaccine Schedule

External Email

No matter what information you have or think you have, you do not have enough to risk children's lives:

"The Swine Flu vaccine was fast tracked as safe and effective"...until the science said otherwise.

"Smoking is a good stress reliever for pregnant women"...until the science said otherwise.

"Vaping is safer for teens than cigarettes"...until the science said otherwise.

"Chemicals in plastic are safe for consumption and the environment"...until the science said otherwise.

"Taking regular antibiotics is safe and effective"...until the science said otherwise.

"Estrogen supplementation is safe and effective for all"...until the science said otherwise.

"We should quarantine and isolate all gay people so they don't give us AIDS"...until the science said otherwise.

The list goes on and on.

OPPOSE this recommendation on the vaccine schedule.

<https://www.ronjohnson.senate.gov/services/files/FB6DDD42-4755-4FDC-BEE9-50E402911E02>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ronjohnson.senate.gov%2Ffiles%2FBB6DDD42-4755-4FDC-BEE9-50E402911E02&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cafaa0180f8e14a6f8f1708d9eff5100f%7C1>>

Catherine Mangis

--

Sent with <https://mailfence.com>
Secure and private email

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 6:58:09 AM
To: DOH WSOH
Cc:
Subject: FW: Unconstitutional vaccine mandates

From: Amanda Smith <a.derschon18@gmail.com>
Sent: Sunday, February 13, 2022 11:37 AM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; wa@sboh.wa.gov
Subject: Unconstitutional vaccine mandates

External Email

To whom it may concern,

As a parent of a high school child, I am writing to inform you that if these unconstitutional vaccine mandates are passed, I will immediately removed my child from public school. I will then spend every moment of my free time reaching out to other parents to help inform them of way we can join together to avoid using the public school system and its agenda. The masks were already too far. This is absolutely despicable.

Amanda Derschon

541-993-1310

From: KATRINA HARRIS

Sent: 2/15/2022 10:00:31 AM

To:

bbeggs@spokanecity.org,jbingle@spokanecity.org,mcathcart@spokanecity.org,bwilkerson@spokanecity.org

Secretary's Office,Kwan-Gett, Tao (DOH),Todorovich, Jessica L (DOH),DOH Secretary's

Office,Weed, Nathan (DOH),DOH WSOH,Davis, Michelle (SBOH),Hisaw, Melanie

(SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L

(SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay

(SBOH),Schreiber, Tracy N (SBOH),Kahler, Kelie (SBOH)

Cc:

Subject: Research on COVID and the effects on children



attachments\CA75164CD1484C2E_Screenshot 2022-02-15 092519.png

External Email

From: KATRINA HARRIS

Sent: Tuesday, February 15, 2022 9:46 AM

To: maddy.thompson@gov.wa.gov <maddy.thompson@gov.wa.gov>

Subject: Research on COVID and the effects on children

Hi,

I saw a recent email response from you to a fellow parent regarding suicide and the lack of research on the topic. It's absolutely shameful that you are arguing that you can't find research about the effects on children during this pandemic yet the Governor declared a mental health crisis in children and youth in March of LAST YEAR. I have heard and read numerous accounts from teachers across the state about issues with speech delays, kids NOT EATING during lunch for fear of taking off their masks, children being forced to eat outside in the cold to "social distance", parents coming and picking up their children for lunch so they can sit and breath and take a break from the mask, kids being accustomed to not showing their own faces, misunderstanding social cues and the list goes on. But why would you ever take the word of the "front line heroes" or the parents that are actually CHILD FACING every single day?

Bottom line is, you know this is wrong. You absolutely know that children are at the LOWEST RISK for serious harm/illness with COVID. Yet, somehow you are still applying the harshest restrictions on them.

My son attended public kindergarten for 3 months this fall before I removed him due to masking. You are requiring children to wear masks while exercising during PE. Do you remember running around playing dodge ball during school? Or shooting basketballs around? Remember how you were breathing heavy and tired after class? Now imagine being muffled like an animal during that activity. The music teacher was requiring students to CHANGE THEIR MASK in his classroom for fear of "singing germs". I enrolled my son in public school because I thought it would be a good environment for him like it was when I attended but I was obviously wrong. And the fact that school enrollment numbers have plummeted and the state is trying to request MORE money to make up for those lost students is ridiculous.

Declaration of Mental Health Crisis:

<https://www.governor.wa.gov/node/1405540>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.governor.wa.gov%2Fnode%2F24a6e5a7d7a6&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172>

About that emergency proclamation LAST YEAR:

<https://medium.com/wagovernor/inslee-signs-emergency-proclamation-requiring-in-person-education-opportunities-for-k-12-schools-24a6e5a7d7a6>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fwagovernor%2Finslee-signs-emergency-proclamation-requiring-in-person-education-opportunities-for-k-12-schools-24a6e5a7d7a6&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172>

&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172

NPR:

<https://www.npr.org/sections/health-shots/2021/02/02/962060105/child-psychiatrists-warn-that-the-pandemic-may-be-driving-up-kids-suicide-risk>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fhealth-shots%2F2021%2F02%2F02%2F962060105%2Fchild-psychiatrists-warn-that-the-pandemic-may-be-driving-up-kids-suicide-risk&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172>

risk&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172

Dr. Lucy McBride is a very respected doctor in this country. She has written numerous publications about COVID and the need for an off-ramp. "Health is more than the absence of disease"

<https://www.lucymcbride.com/newsletter/take-it-from-a-pediatrician>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lucymcbride.com%2Fnewsletter%2Ftake-it-from-a-pediatrician&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172>

pediatrician&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172

Here is her group from the Urgency of Normal:

<https://www.urgencyofnormal.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.urgencyofnormal.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc863c5ee4b413198f608d9f0ad0097%7C11d0e2172>

This is a large group of doctors across the country urging for normalcy for children.
Please READ THIS.

Thank you.

From: Nancy and Bill Thompson
Sent: 2/9/2022 12:39:17 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

The science is clear--Covid does not present high risk to any young people. They are in far more danger from the vaccine adverse events. The information tide is turning and those who ignore the truth may soon find themselves facing consequences. I would hate for that to happen to my local health department folks or school officials who carry out any kind of vaccine mandate for Covid. Please do not "require" this.

Thank you,

Nancy Thompson

From: Glasoe, Stuart D (SBOH)
Sent: 2/14/2022 10:15:51 AM
To: DOH WSBOH
Cc:
Subject: FW: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'



attachments\9B5690C9B6F44189_IMG_5200.jpeg

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Morna Gilbert <morna11@comcast.net>
Sent: Saturday, February 12, 2022 12:40 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

External Email

THANK YOU TO ALL OF YOU FOR YOUR PARTICIPATION ON THE TAG TEAM -

I listened to the 2/10 meeting and appreciated the need for more evidence to be presented. This decision to vx our children is extremely important because they are our future.

Please look at these two resources -

Here is a very insightful interview with data from DOD - a very accurate reporting system. https://x22report.com/aiovg_videos/thomas-renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-fauci

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fx22report.com%2Faiovg_videos%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fx22report.com%2Faiovg_videos%2F)

renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-
fauci&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca247d0e9c7d4e1a148d08d9efe607e4%7C11d0

Also, here is a graph disproving the misinformation that deaths are due to c19 when in reality deaths are due to vaccines:

From: Heather Clerget
Sent: 2/10/2022 9:28:19 PM
To:
Cc:
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/10/2022 9:36:30 AM
To: DOH WSOH
Cc:
Subject: FW: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

From: Kristan Ashbridge <ashbridgekristan@gmail.com>
Sent: Thursday, February 10, 2022 9:31 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

External Email

STOP! ENOUGH is ENOUGH! This must end NOW. There is zero danger to children and I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. Please do the right thing and do not require these vaccinations and do not require masks for school age children.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

You are teaching children to live in fear and it must end. They have a greater chance of dying driving to school. You are focused on the wrong issues. You are not in touch with their current needs. Suicide is on the rise. Please do the right thing!

From: Deb Billing
Sent: 2/10/2022 6:31:11 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please consider that our children are at a very low risk of mortality from Covid-19. The chance of an adverse reaction is a higher risk. These Covid-19 vaccines have not undergone long-term phase 3 clinical trials and should not be required for any school age child. Myocarditis is a risk reported by the CDC. This is not a mild disease at best. Young people who previously had no comorbidities now cannot exercise for minimally six months and are put on several heart medications. The known outcome for myocarditis is not good. No one should be required or be coerced to get a vaccine that could do this harm and possibly do it long-term. Please bring in other doctors that can give the other side to this story. It is not wise to listen to only one side when it comes to scientific consensus. I urge you all to recommend a NO when it comes to school covid-19 vaccine requirements. Deborah Billing

Sent from my iPad

From: Jerry Buccola
Sent: 2/11/2022 2:55:19 PM
To: DOH WSBOH
Subject: Public Comment for WSBOH: for the March EH Committee Special Meeting

External Email

Most parents should remove their precious children from government schools. And many are doing just that. Have you noticed? However, for those who feel they must continue public education, it is tyrannical to demand that these precious children risk their bodies because of your edicts. Please let me know where you have published your bibliography of actual quality studies proving that these shots stop infection, transmission and cause NO HARM to anyone.

You will not be able to produce such data. The astronomical number of adverse event reports is staggering. Has your committee read the FDA VAERS report?

Vaccine manufacturers and the US government have no liability for vaccine injuries. YOU will be liable.

I look forward to seeing all of you at the Feb 24 presentations by Dr Robert Malone and Dr Ryan Cole in Gig Harbor to which you all have been invited. The private sector has procured these world-renowned experts. It is incumbent upon you, as our public servants, to avail yourself of this opportunity.

Show yourselves to be true truth seekers.

--

Kind Regards,

Jerry

<https://docs.google.com/uc?export=download&id=1ppM1CKnKPsD89g5qpFf3VXtBdXwqUowS&revid=0B_

Since 1993 Serving Clients With Expertise And Diligence

From: Jennifer Burnett
Sent: 2/9/2022 11:57:32 AM
To: DOH WSBOH
Cc:
Subject: Unmasking kids in schools

External Email

Good morning,

I am writing to you today as a parent of a 3rd grader (1st grader when the pandemic began).

I know discussions on removing the mask mandate in schools are starting and I am imploring you to please read my email in it's entirety and sincerely hear what I have to say.

Children all over, my son included, are showing VERY REAL and VERY concerning symptoms of anxiety and stress that were not present before, as this mask mandate continues on.

The psychological impacts are VERY REAL and VERY damaging and to a parent, VERY scary.

The loss of joy in school due to having to wear a mask all day is REAL and psychologically damaging.

The anxiety and depression are VERY REAL and psychologically damaging.

The simple inability to see joy and smiles on friends faces is psychologically damaging and REAL.

It has been proven that vaccines in kids work to decrease the spread of the virus.

It is proven, in the current DOH numbers that the spread is decreasing.

It is proven that children are not in any increased danger of death or severe illness than they ever were from the flu. Those numbers are there, both on the CDC website and in numerous other scientific journals, PLEASE acknowledge these numbers and studies too.

The masks for children in schools was started as a way to protect the adults they were around and we can no longer accept this. Most adults here in Whatcom county and WA are vaccinated. We need to stop suffering our childrens psychological health for the benefit of adults, adults who are capable of stepping up and carrying this burden, stepping up and taking care of their own physical and mental health. To continue in the way we are, along this path, is a tragic mistake to our children.

It is well known that children have been disproportionately affected by these restrictions. They have suffered the most and will continue to suffer more if this is allowed to continue. They have had NO champions, only adults worried about their own mortality instead of stopping to think about the PSYCHOLOGICALLY DAMAGING effects of the pressures put on children with mask wearing.

Children have been abandoned and left to be "resilient". They have shown amazing

resiliency but it is now to the point of damage being done and it is time to stop.

They have done everything society has asked of them, they have had no choice, and they are mentally and emotionally exhausted and worn out with the burden that has been placed on them.

It is NOT FAIR, it is NOT RIGHT and it is NOT OKAY.

The negative risks to children's mental health with a continued mask mandate are greater than their physical risk of COVID. The numbers are there, please acknowledge them.

Please give the choice, based on science and real world numbers, back to the parents. Give us back the ability to make these educated decisions for our children. If a parent feels their child will benefit more from staying masked, LET THEM. If a parent, like myself, feels they are losing a part of their child to this mandate and looks at the science and professional recommendations and chooses NOT to mask them, LET THEM.

For what it is worth, I am educated with a degree in medical science in the pediatric field. I know what I am talking about and I have been very concerned about children's mental health since the start of this pandemic. My concerns are real and they are coming to fruition with the increased numbers of adolescent suicides, as well as an increased number in depression and anxiety diagnoses in children and adolescents. This is SCARY and this is REAL.

I sincerely hope you have read this all the way through and take into account the very serious and very real consequences of continued mandatory masking.

Thank you for your time.

Sincerely,
Jennifer Burnett
Bellingham, WA

From: Kahler, Kelie (SBOH)
Sent: 2/15/2022 8:51:17 AM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\EB9DA5AB22274F32_masks.pdf

From: Dani Kessler <dani_kessler@hotmail.com>
Sent: Tuesday, February 15, 2022 8:42 AM
Subject: St. Patrick Catholic School - Parent Feedback

External Email

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the Baltimore Archdiocese is doing
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.baltimoresun.com%2Feducation/md-school-masking-20220211-20220211-w62eycynu5fybgztpujemsuwga-story.html%3Ffbclid%3DIwAR1xe8ncPOmITYxyAOFAkx7IDyI7ycxmek4TocY5sUR2ia9XBBVvkKTY8u4&data=>!>

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, inn March of 2020, there was quite literally nothing known about this new

illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. CDC - Mask Effectiveness Indoors

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolu>

Another CDC resource clearly states that the filtration of masks "Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection." CDC – Masks vs. Respirators

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fniosh%2Fnpptl%508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C11>

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks correctly, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? COVID-19 Worker Safety - Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acgih.org%2Fcovid-19-fact-sheet-worker-resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C11>

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for "surgical masks" and right in the description it says are non-medical. Amazon Surgical Mask

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsmile.amazon.com%2FHDFK-Disposable-Protective-Breathable-Non-Woven%2Fd%2FB088YJCQ7Z%2Fref%3Dsr_1_2_sspa%3Fcrd%3DX903K75VJ277%26keywords%3Dsurg2-spons%26psc%3D1%26spLa%3DZW5jcnlwdGVkUXVhbGlmaWVyPUEyUUFFNTVISFRGQVBGJmVuY3J5cHRIZ

) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals - when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I'm sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! Stephen Petty - On PPE and Aerosols

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=jL4yoUssHhJesfGpD1rYOwYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C>

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful.

150+ Comparative Studies and Articles on Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fmore-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C>

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn't exist.

Here's where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state's elderly and high-risk population safe and we simply cannot do without it, how is it there isn't overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn't mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and the subsequent enforcement of masking is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. The Educational Consequences of Masking Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nationalreview.com%2F2022/02/22/educational-consequences-of-masking-children%2F%3Ffbclid%3DIwAR0E9-jL4yoUssHhJesfGpD1rYOwYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C>

However, I don't think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher's mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child's frown and respond with kindness. Or how they see another child's smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that

impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks?

The data says they are. JAMA Pediatrics – Mental Health & Wellbeing

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F4bc0-45d3-b2bb->

[b9c227e1313f%26utm_source%3DFor_The_Media%26utm_medium%3Dreferral%26utm_campaign%3Dfor-the-media](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F4bc0-45d3-b2bb-b9c227e1313f%26utm_source%3DFor_The_Media%26utm_medium%3Dreferral%26utm_campaign%3Dfor-the-media)

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

I'm a Public School Teacher. The Kids Aren't Alright.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C11d0e2)

[kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C11d0e2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C49052b0fbd314f39fbc008d9f0a36190%7C11d0e2)

Masked Schoolchildren

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d)

[schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d)

Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile.

The Strength of Weak Ties

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cse.wustl.edu%2F~m.neuma>

The residents of this state, and specifically the parents of school age students, have been understanding of restrictions, and, more recently, patient in waiting for policies to be adjusted in response to the data. But as the data continues to build against mask mandates with no changes to policy, we are asking you to push back on behalf of the health and education of our children.

We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above.
It's worth all 26 minutes.

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the [Baltimore Archdiocese is doing!](#)

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. [CDC - Mask Effectiveness Indoors](#)

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” [CDC – Masks vs. Respirators](#)

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks *correctly*, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? [COVID-19 Worker Safety - Masks](#)

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for “surgical masks” and right in the description it says are non-medical. [Amazon Surgical Mask](#)) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals – when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I’m sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! [Stephen Petty - On PPE and Aerosols](#)

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful. [150+ Comparative Studies and Articles on Masks](#)

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn’t exist.

Here’s where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state’s elderly and high-risk population safe and we simply cannot do without it, how is it there isn’t overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn’t mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and *the subsequent enforcement of masking* is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. [The Educational Consequences of Masking Children](#)

However, I don’t think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher’s mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child’s frown and respond with kindness. Or how they see another child’s smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word

they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks? The data says they are. [JAMA Pediatrics – Mental Health & Wellbeing](#)

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

[I'm a Public School Teacher. The Kids Aren't Alright.](#)

[Masked Schoolchildren](#)

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Thank you for your time and thoughtful consideration,
Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above. It's worth all 26 minutes.

From: tblack5621@aol.com
Sent: 2/11/2022 7:04:23 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

The agenda pushing vaccine (Covid) mandates for children is wildly irresponsible and I will expect those pushing it to be held responsible for the health issues that follow for children.

I do not know how sane and humane leaders could suggest such a path, there is clearly more risk to children in the shot than with the virus.

When the 'Science' evolves to a point where dissenting data, research, doctors trials and opinions can be heard, and I think you see the writing in the wall that it is in fact coming very soon, the idea of forcing this on parents will be clearly seen as irresponsible. If so much as one 10 year old suffers a heart attack because of the vaccine, with no real risk for them in the virus, you have that on you for forcing it on them, I will do my best to see those who are responsible to be held accountable.

I was born and raised in WA state but if you force this mandate on my kid I will be lawyered up tomorrow and living in Idaho soon after.

People are smart enough to see through the data and know there is a big difference between being admitted for something with covid and being admitted for covid, the data is corrupted in this way and those using that to force a move on medical autonomy will be seen as the true villain in this saga which should be wrapping up with the freedom restored to America and a full investigation of Dr Fauci. This could be the greatest breach in public trust in our lifetimes.

You should be more worried about people finding out the mask fiasco you put us through trying to slow a aerosol path with a sneeze guard than trying rush through the Fauci agenda of a big pharma path. Maybe you can explain to me how America is healthier under Faucis big pharma solutions to every health concern has made America safer? Maybe tell us what he has cured? Are breast cancer rates down over the past year? Is there an uptick in 10 year olds with heart attacks? You want to brag about AZT maybe? Maybe first describe to us how Ivermectin suddenly became more dangerous than crack while Pfizer is in development of a patentable synthetic ivermectin clone at this very moment? If doctors had been allowed to treat covid the vaccine would have not been released and if not given protection from the aftermath the drug companies would not have released it. These are not the kind of science facts I would hang my future on if I were you.

We need to end this this and prepare for the aftermath which could be devastating on a global scale. I hope I am wrong but I am finding little outside of a highly pushed lock step narrative that falls far short of the science I knew even a very short time ago.

Todd Blackman

From: Ajptech
Sent: 2/9/2022 8:10:50 PM
To: DOH WSBOH
Cc:
Subject: (TAG) to Consider COVID-19 for Inclusion in Washington's Immunization Rule

External Email

Hello,

I wanted to submit my public comments to the Board and the technical advisory group regarding the inclusion of COVID-19 in the state's list of required immunizations for child care and school entry.

Please consider the following before making your decision:

*

FDA has ONLY approved Covid vaccines for children under Emergency Use in children 5-11 and cannot be required or mandated, under law. It must be an individual's choice. Vaccine Status Discrimination is unlawful.

*

Children have minuscule risk of severe Covid-19 with a recovery rate of 99.997%

*

19,000 deaths reported from Covid vaccines, more than all other vaccines combined in 30 years

*

Pfizer's data shows a 5x increased risk from fatal heart attacks among the vaccinated

*

US Government reports 18,461 deaths+ 875,653 adverse reactions from the shot as of 11/5/2021

*

An estimated 8% of the US Population (including kids) is at risk of anaphylactic shock to Covid-19 vaccines with PEG

*

Alarming rates of Myocarditis and Pericarditis are occurring in adolescents post-injection (similar to a heart attack)

*

While healthy children don't die from Covid, they do die from myocarditis. The younger you are, the greater the risk of cardiac inflammation per VAERS

*

There have been no long term studies on humans using mRNA technology in vaccines

*

Our children are not government guinea pigs!

*

Vaccinations are a private choice to be decided between Doctors and Parents

*

Other nations, including the UK, have banned vaccinations of children declaring the benefit does not outweigh the risk

I would, therefore, urge the Board and TAG against including COVID-19 in the state's list of required immunizations for child care and school entry.

Thank you,

Alex Piliper
Kent, WA

From: Carlin Flubacker
Sent: 2/10/2022 5:06:28 PM
To: DOH WSBOH
Cc:
Subject: Vaccine

External Email

Hello,

I listened to the call today and was confused. It seemed that many of the members voted yes even though they felt there way insufficient evidence. Isn't the purpose of voting yes that you feel like there is sufficient evidence?

The gentleman at the end said that the vaccines do not prevent transmission and we're not intended to. Why on earth would this be a requirement for school then? We do not mandate the flu vaccine.

I think we can all see that it's going to become a requirement. Regardless of the data. That being said, please let us know what the rules will be for kids with exemptions now, not later.

Much appreciated.

Carlin

Sent from my iPhone

From: Russ Roosma
Sent: 2/11/2022 5:27:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Facebook
Sent: 2/9/2022 1:01:59 PM
To: DOH WSBOH
Cc:
Subject: PNW Hiking With Kids and 7 others are new Group suggestions for you

External Email

Dixy, join groups to connect with people who share your interests.

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Join groups to connect with people who share your interests.

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PNW Hiking With Kids

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King/Pierce Scanner And Public Safety News

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Washington Hikers and Climbers

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Nonprofit Communications Professionals

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Washington Witches

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What's New Olympia

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Meta Platforms, Inc., Attention: Community Support, 1 Facebook Way, Menlo Park, CA 94025

<https://www.facebook.com/email_open_log_pic.php?mid=5d79bda80b3bfG5af558bac98aG5d79c2416b69

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 7:00:31 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid requirements

From: David Lemke <lemkedm72@gmail.com>
Sent: Friday, February 11, 2022 10:36 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid requirements

External Email

Please vote no on any measures requiring masks and the covid shot to attend school, public or private.

Thank you,

Informed Father

From: CHRISTOPHER SMITH
Sent: 2/11/2022 7:12:15 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tami Domico
Sent: 2/9/2022 9:36:00 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Regarding inclusion of covid shots for school children, I urge you to vote NO. I know the argument in favor says that other shots are required for school entry. However, those shots underwent years of safety testing and have been used for decades. My child has received all his recommended shots-as parents we are not anti-vax. However, we must weigh the risks and benefits. For this shot, the risks far outweigh the benefits. I know of several children who are vaccine-injured from cov shot.

Summary of factual reasons to vote NO:

- 1) the cov vaccine so far has shown to be risky (risks in both women and men) for adults, and even more so in younger children
- 2) kids who are healthy enough to attend school are generally not at risk for death from covid. A very, very small, minute fraction of a percentage are at risk of harm from cov. Those kids (such as with leukimia) are not attending regular in person learning.
- 3) we must consider risk-benefit analysis. See 1 and 2 above.
- 4) these shots have not even undergone complete safety trials for adults, let alone kids! The FDA itself said we need to give it to kids in order to find out if it's safe. The FDA admitted they don't know the safety data for kids. It is against several laws to require someone to take something experimental
- 5) our children are not lab rats. We the parents decide what is best for our children, in consult with our medical doctors.
- 6) fact: there is no evidence of cov vax as an effective mitigation measure against cov. It neither prevents the acquisition of nor the spread. Our school has been in-person since Fall 2020 and there has been ZERO transmissions traced back to school.
- 7) adults are more likely to spread to kids-kids are not spreaders of the disease. Adult staff have the option to get the vax. They are not in danger of getting sick from a student.
- 8) the flu is more dangerous to kids than Sars-cov-2, per studies.
- 9) I hope you understand that if this gets onto the Childhood vaccine schedule, the manufacturers get FULL protection from liability. I know at least 1 adult who was permanently injured by the shot. If this happens to you or any of your friends or family members, know that they will be saddled with permanent life-changing disability, inability to work, take care of family, etc. You are complicit in giving the drug companies a free pass if you vote yes. If you don't believe me, check out the info by Bobby F Kennedy, Jr.
- 10) the cov vaccine for kids is the only one where the dosage is not based on weight. Its based on an age range. CDC admits they don't even know how much is needed. This is dangerous. Children could suffer if not given the correct amount (take for example the 4 and 6 yr old children who suffered cardiac issues after receiving the adult dose).

If you TRULY follow the science first, you will vote NO. Not at this time. We need a lot more information before a rational decision can be made. And that's going to take time. Hold off. I'm not saying it should never be on the schedule for students, but there are more questions than answers right now. If this does get approved, our family is voting with our dollars and leaving WA state.

Sincerely,

Tami Domico

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:24:20 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccine

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

From: Heather Clerget <heatherc2828@gmail.com>
Sent: Thursday, February 10, 2022 9:28 PM
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: genn
Sent: 2/10/2022 11:08:07 AM
To: DOH WSBOH
Cc:
Subject: Questions for the board

External Email

Thank you for taking your time to read this. I hope it gets to you before you decide whether or not to take the power from parent to determine what is right for their children.

1. Why are all of the statistics assuming that Omnicron will be the main version of Covid going forward when there have been 2 different mutations from the first version (3 in total) in 2 years? Is this a reasonable assumption. If it is not a reasonable assumption, will the booster be as unable to protect people against the next mutation as it was to protect against Omnicron?
2. With any risk, there should be choice. This is what democracy looks like. Will the State of Washington be taking the financial responsibility for those with vaccine injury?
3. There was no opposing information. It does not talk about co-morbidities, nor does it talk about other options to PREVENT Covid. Where is the information about how to treat this early? And, how many of the children who had problems were affected by other challenges?
4. Where is the information about the VAERS website? There have been children who have been injured. If the people on the Board have had children before this, they have been able to file an exemption for personal reasons for other vaccines. Would you have wanted to know what some of the potential outcomes

I am requesting that you do not mandate this vaccine on children for attending school. My family has autoimmune disease in it, and these vaccines seem to affect that population negatively. There is not one of my children I would choose to live without, and that is what this mandate might do to my family. Please hear the people. Do not mandate a vaccine to attend school. It is discriminatory, it is dangerous, and it is undemocratic.

Thank you,

Gennifer Zentz

"I would rather be exposed to the inconveniences attending too much liberty than to those attending too small a degree of it." - Thomas Jefferson

From: Violet Poole
Sent: 2/11/2022 6:43:35 PM
To: DOH WSOH
Cc:
Subject: Re: In Regard to requiring the COVID vaccine

External Email

Sorry, I just wanted to add one more thing.

I know that this topic has become highly political, but that is not an excuse to violate the principles of good science. Don't just mandate to try to appear to be doing something. Politics should not get in the way of making a good decision scientifically or morally. Sure the vaccine does help a person's chances at fighting the virus, but there are potential drawbacks and other questions, so it should be a choice.

I do not believe it is a good decision to mandate the COVID vaccine.

Violet Poole, PhD

On Fri, Feb 11, 2022 at 6:24 PM Violet Poole <violetpoole@gmail.com
<mailto:violetpoole@gmail.com> > wrote:

Hello,

I saw that the Board of Health was requesting public input about this topic, and I wanted to add my thoughts as a concerned citizen of Washington state.

I do not think requiring this immunization to attend school is a good idea.
I am not an anti-science quack, like some of the people who object.
I have devoted my life and career to science. Real scientific questioning should still be allowed even if there is a lot of disinformation flowing.

This vaccine is based on a relatively new mRNA technology. Most vaccines undergo 10+ years of long term safety testing, which I know is not really practical in this situation. But that is one of the many reasons COVID vaccination should be a suggestion and a choice. There are known and possibly unknown risks to this vaccination. While the risk of myocarditis is slight, it is still there. There are 1 million or more kids in the WA state school system. Are you ok with forcing 106 or more children to get myocarditis? I am not. I am worried about my son's chances of being one of those 106.

I believe in body autonomy for all. In regards to women's right, human rights, and medical rights.

The important point I think it should be up to the individuals to decide if the slight

risk of myocarditis is better than their individual chances of complications for the virus. This comes down to the basic rights of body autonomy. Don't you have a choice about what happens to your body?

Violet Poole, PhD

From: Casi Mott
Sent: 2/9/2022 8:22:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Seda Vural Remus
Sent: 2/14/2022 5:17:39 PM
To: David Rubino
Subject: Re: SuperBowl & The Big Game

External Email

Enough is enough, you're keeping our kids captive at your will for the last two years with your dogmatic believe the science nonsense. First, you closed the schools for one year, then you kept them in masks (that do nothing to keep them safe). I trusted that kids would be the top priority in our society but you proved otherwise. I will never trust you and your organizations ever again. I am an immigrant to this country but you managed to make this place so unlivable that I will soon move out of this state.

On Mon, Feb 14, 2022 at 5:07 PM David Rubino <tigger@live.com
<mailto:tigger@live.com> > wrote:

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com <mailto:julie.olsen02@me.com> >
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education,
WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k
mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to
millions sitting at home watching that we have been played. We've been played by our
State Schools and Government.

We are no longer asking. We are demanding that immediately mask
mandates be rescinded from our schools and release our children from these harmful
practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Kahler, Kelie (SBOH)
Sent: 2/9/2022 3:40:52 PM
To: DOH WSBOH
Cc:
Subject: FW: Please stop enforcing poisonous Covid 19 vaccines to our children

From: rudolphwest17 <rudolphwest17@protonmail.com>
Sent: Wednesday, February 9, 2022 3:24 PM
To: Calder, Allegra (DOHi) <allegra@berkconsulting.com>; eric.lofgren@wsu.edu; stevelim@uw.edu; Febach, Hannah M (DOH) <hannah.febach@doh.wa.gov>; Davis, Lora B (DOH) <Lora.Davis@doh.wa.gov>; Newman, Laura P (DOH) <laura.newman@doh.wa.gov>; DeBolt, Chas (DOH) <Chas.DeBolt@DOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Please stop enforcing poisonous Covid 19 vaccines to our children

External Email

WA SBOH members:

I am a WA parent and have been following your effort to enforce vaccine in schools, and your effort to use extreme measures against the unvaccinated. Now, more and more science evidence and researches are available to prove natural immunity is much stronger than Covid 19 vaccine, demonstrated by the study released by CDC Even WHO, European Medical Advisory started to emphasize Vaccines are harmful to our children. Many countries are giving up vaccine mandates and Covid restrictions, so why are you against this trend, and still want to harm our children?!

From my effort of following your consistent effort to push the vaccine and nazi mandates in school, it is pretty clear that your organization exists not for true public health but only for promoting Democrats' evil agenda. You have been ignoring true science since the Covid hoax started. You have done nothing to strengthen the public health. Your lockdown, your social distances, your mask mandates, your bullshit narratives on Covid and vaccines prove all WRONG! It is shameful you sit on the Board of Health, and promoting to use law enforcement to detain the unvaccinated. Let me tell you this - all what you have done is criminal! Masking our kids and vaccinated healthy children are criminal! As a lawful citizen, I only follows Constitution, not your bullshit CDC advice, not

your so-called professionals, you are Nazi medical tyrannies. I will try to mobilize the people I know to tell them the truth. And, i warn you - all the members that sit on this board, will wait the moment when people will not tolerate you.

Let me tell you this - if you keep using the failed narrative to fool the fools and defraud them to jab their children, you will not get away from this criminal practices. We will not comply this, and will fight against you till the end. I will never let you to jab my children. You can jab yourself. It is your right but you should NEVER jab a child in the name of Covid which has 0.00001% of death rate.

Your criminal activities seriously pissed me off. I hate you, period.

Rudolph

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Cheryl Wood
Sent: 2/9/2022 10:11:25 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

The science does NOT support Covid 19 vaccinations for children.

I respectfully request that this requirement NOT be applied to children in K-12.

There have NOT been testing and trials to assume what side-effects this vaccine may have on our children.

The required vaccines for polio, and other diseases have been proven to protect. DO NOT require a vaccine that is not proven to protect.

Don't let politics enter into this discussion!!!

Cheryl Wood

voter from Cashmere, WA.

From: jessicatjoelker05
Sent: 2/9/2022 11:04:58 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I believe vaccines need to be a choice. Vaccines never should be forced. Please respect us in making our own decisions that are right for us & our families as we are all different. Thank you for considering, Jessica

Sent from my Verizon, Samsung Galaxy smartphone

From: natasha king
Sent: 2/9/2022 12:50:31 PM
To: DOH WSBOH
Cc:
Subject: Tomorrow's meeting

External Email

Can we join the zoom at anytime during the meeting?

Will there be opportunities for members not in the technical advisory group to speak before voting?

I am currently working with an academy at my local public school. However, if it becomes mandatory for covid-19 vaccination or an exemption to attend school. I will disenroll them.

Thank you for your time,

Natasha Little

From: jaimie lou
Sent: 2/9/2022 9:18:34 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

No vaccines ☐ for the children
Sent from my iPhone

From: Robert Holte
Sent: 2/9/2022 1:00:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hatlestad
Sent: 2/13/2022 4:01:00 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for State Board of Health Technical Advisory Group
(TAG)Meeting Agenda: COVID-19 Vaccine February 10, 2022

External Email

To Whom It May Concern-

Thank you for the exposure to this meeting and the effort it took to make it public. I am a concerned parent with 3 children currently attending public school and have some questions I would appreciate being answered.

1. Why was this issue voted on when panel members admitted that there was not enough data on the effectiveness of the covid vaccine in children ages 5-12?
2. Why is the data on covid vaccine related deaths and injuries not being taken into consideration? According to the CDC there has been over 21,000 total adverse events due to the covid 19 vaccine.
3. Why did the panel not discuss the fact that although, claimed less, there were still reported cases of covid in vaccinated children? Again the data shown was not related to the age group being discussed. This would prove that covid is still transferable by vaccinated individuals and that the covid vaccine does not prevent an individual from getting covid.
4. Why was data nor the existence itself of natural immunity not discussed?
5. Why was the data of the survival rate of covid not discussed?
6. Why was criteria 5 even allowed to be voted on when the panel admitted that covid vaccines were created only to lower the severity of a person's experience of covid but not prevent it?
7. Why was the Bradford Hill criteria for causality not discussed or even used as a guide?
8. Why was the dangerous mechanism of action involving spike proteins not discussed?
9. Why would something that is internally consistent in causing myocarditis even be considered being forced on young children?

Thank you for your attention to these questions. I appreciate a rapid response and answer to them all. I truly am interested on why the other side of this is not being discussed. I wish you would consider your own children and if you who believe in the vaccine would be forced not to give it to your children. All we are asking for is the American Constitutional right to choose.

Sincerely,

Meghan Hatlestad

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%
for Windows

for Windows

From: Dyona Bunker
Sent: 2/10/2022 5:08:43 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

Shame on you to vote infavor of a vaccine thatbis untested on our children.. you are all about the Polical science and not the actual science. children have a 99% survival rate. Not yo mention the vaccine DOES NOT PREVENT ONE FROM GETTING OR SPREADING COVID!!! STAY OUT OF MY KIDS HEALTHCARE.

From: emma Ignatenkov
Sent: 2/11/2022 11:39:02 AM
To: DOH WSBOH
Cc:
Subject: My vote

External Email

My vote is NO on vaccination requirement for schools in Washington.

Currently there is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. In addition, the risks outweigh benefits of these new vaccines. All of my kids had Covid and bounced back pretty quick, just as with a cold or a flu.

Please take this issue off the table and select NO!

Emma Bennett

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 7:02:57 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccine

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

From: Heather Clerget <heatherc2828@gmail.com>
Sent: Thursday, February 10, 2022 9:28 PM
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: Carl Gordon
Sent: 2/10/2022 7:48:52 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccines for children

External Email

This new mRNA jab is still experimental and even if the FDA gives EUA on the jab it doesn't give this board the right to issue mandates for it. The vaccine has proven useless against prevention and transmission if you care to follow the science. The health board should take a step back and read the science and let parents be in charge of their children.

Sent from my Verizon, Samsung Galaxy smartphone

From: Joe Cook
Sent: 2/11/2022 5:27:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I will pull my kid out of public school and leave wa if you make the vaccines mandatory for school.

Thank

Sent from my iPhone

From: Herendeen, Lindsay (SBOH)
Sent: 2/9/2022 11:05:29 AM
To: DOH WSBOH
Cc:
Subject: Fwd: No thanks.

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Becca Naro <narobecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:44:41 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Fwd: No thanks.

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:47 PM
Subject: No thanks.
To: <lindsay.herendeen@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots.

I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level).

Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school. Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense.

There isn't a Covid pandemic. There is a people with power pulling pandemic. Horrible people that do not respect the constitution. As you can see I am completely against forcing people and children

from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: Morna Gilbert
Sent: 2/10/2022 2:07:52 PM
To: DOH WSBOH
Cc:
Subject: ?? for TAG

External Email

THE CRITERIA NEEDS TO INCLUDE THE FOLLOWING:

1. Can you spend a considerable amount of time presenting the RISKS of the vax?
2. Can you spend a considerable amount of time presenting the Washington Constitution on PARENTAL RIGHTS over their children??

M Gilbert

From: dionneirvin@gmail.com
Sent: 2/15/2022 7:50:45 AM
To: Melissa Jenkins, Reykdal, Chris
(DOHi), sarrafans@bsd405.org, watsonc@bsd405.org, shuij@bsd405.org, chewc@bsd405.org, arasj@bsd405.org, Micheala, Plaja,
Jenny, maria.flores@k12.wa.us, cindy.rockholt@k12.wa.us, jon.mishra@k12.wa.us, veronica.gallardo@k12.wa.us,
Amber (DOHi), DOR King County Leg Authority 2, DOH WSBOH, Thompson, Maddy (GOV)
Cc:
Subject: RE: SuperBowl & The Big Game

External Email

Good morning,

We implore you to remove the mask mandates in schools for our children effective immediately. It is an outreach of power, an assault on human rights and extremely harmful for our children! Please fight for them and be our voices. What we are asking them to endure is cruel and unnecessary.

Thank you,
Dionne Irvin

Angry mother of two in the Issaquah School District

From: Melissa Jenkins <mailto:melissa_jenkins@outlook.com>
Sent: Tuesday, February 15, 2022 7:29 AM
To: superintendent@k12.wa.us <mailto:superintendent@k12.wa.us>;
sarrafans@bsd405.org <mailto:sarrafans@bsd405.org>; watsonc@bsd405.org
<mailto:watsonc@bsd405.org>; shuij@bsd405.org <mailto:shuij@bsd405.org>;
chewc@bsd405.org <mailto:chewc@bsd405.org>; arasj@bsd405.org
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gallingerh@issaquah.wednet.edu <mailto:gallingerh@issaquah.wednet.edu>;
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boardmembers@lwsd.org <mailto:boardmembers@lwsd.org>;
michaela.miller@k12.wa.us <mailto:michaela.miller@k12.wa.us>;
jenny.plaja@k12.wa.us <mailto:jenny.plaja@k12.wa.us>; maria.flores@k12.wa.us
<mailto:maria.flores@k12.wa.us>; cindy.rockholt@k12.wa.us
<mailto:cindy.rockholt@k12.wa.us>; jon.mishra@k12.wa.us
<mailto:jon.mishra@k12.wa.us>; veronica.gallardo@k12.wa.us
<mailto:veronica.gallardo@k12.wa.us>; amber.palmer@k12.wa.us

<mailto:amber.palmer@k12.wa.us> ; kcexec@kingcounty.gov
<mailto:kcexec@kingcounty.gov> ; wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>
; maddy.thompson@gov.wa.gov <mailto:maddy.thompson@gov.wa.gov>
Subject: RE: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

You're behind the (global) ball with your cherry-picked science and Covid-19 decision making, namely around mask mandates. In recent news...

1. Kettle Falls School District (Washington State) moves to make masks optional effective immediately.
2. Washington State and Hawaii remain the only states requiring mask mandates for school aged children. In more recent news, D.C., Oregon, California, New Mexico, Illinois, Connecticut and New Jersey have drawn a line in the sand to protect our children.
3. Entire countries have revoked all Covid-19 restrictions including Sweden, Norway, Denmark, Switzerland – to name a few.

Single handedly you've lost the confidence of parents across Washington State in standing up for the health and safety of our children. We understand now, more than ever, your motivation to play into political theatre than truly following the science. We understand our children's health and safety is not your top priority when, again, using cherry-picked science to make critical decision.

Rest assured, what you have done is created mama and papa bear WARRIORS! We've never been more involved in our school districts, in our education system(s), our board of health and more. We're well-educated leaders, we're organized and we will see this change in Washington State – just like in Kettle Falls. What's more is we're teaching our children. They're going to be the next generation of patriots with a keen understanding of our God-given rights, Common Law, the U.S. Constitution and our Washington State Constitution.

Please, stand with us and remove mask mandates effective today.

Peacefully and respectfully,

Melissa

LWSD parent of 2, currently visiting another state where their BOH is on the right side of history

From: Tanya Goodman <goodman_tanya@outlook.com>
Sent: Monday, February 14, 2022 5:53 PM

Subject: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: rohrus
Sent: 2/10/2022 1:11:30 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaccinations

External Email

You said "With more information people will make good choices" regarding getting vaccinated. This statement is the problem! With good information we are free to make our own choices and it is not up to you to judge what is "good" for our bodies. Me and my very large family community oppose adding Covid-19 to childrens vaccination schedules. These vaccines have not been proven to reduce Covid in schools, and, there is no natural immunity or herd immunity data to compare these vaccines to. Incidents of Covid deaths with comorbidities is also not reported in your data.

The SBOH and the TAG team are merely trying to impose tyrannical mandates on our children and preventing them from enjoying a free, happy, and natural childhood. Covid vaccines are unproven and cause more harm than it helps.

Elizabeth Rohr

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Carol Singer
Sent: 2/10/2022 10:59:37 AM
To: DOH WSBOH
Cc:
Subject: Vaccine for children

External Email

Sent from my iPhone

This Covid-19 vaccine has NOT thoroughly been tested. This brings great concern to all parents and grandparents, OUR CHILDREN are NOT lab -rats.
When I was a child growing up I still got measles, mumps, chicken pox, even after being vaccinated. This country or any other country still has no proven evidence the COVID-19 vaccine works. Thank you for your time reading my concerns.
Carol Singer

From: Maria Johnson
Sent: 2/10/2022 11:29:39 AM
To: DOH WSBOH
Cc:
Subject: Death of children

External Email

Of those children that died how many were vaccinated?

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Leslie Dever
Sent: 2/9/2022 1:52:36 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

We now know that Covid-19 vaccine effectiveness is not sufficient to stop the spread, the risk of an injury from the vaccine far exceeds the risk of covid to children. Please vote NO for the inclusion of the Covid-19 Vaccination.

Thank you for your service.
Leslie Dever
Irderrig@gmail.com <mailto:Irderrig@gmail.com>

From: Jen Drake
Sent: 2/9/2022 11:05:12 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for TAG Meeting 2/10/22

External Email

To Whom It May Concern:

This is for public comment for this coming Thursday, Feb. 10th 2022 BOH TAG meeting regarding vaccination requirements for school entry.

My kindergartener is fully vaccinated and yet I remain opposed to forced COVID vaccination for children.

1. Science is clear that school-aged children are not at high risk for COVID nor COVID complications
2. COVID still spreads despite the vaccination status. If teachers are at risk, they are free to get vaccinated - those that are high risk populations should get vaccinated to protect themselves.
3. New COVID variants are nothing like 2020's initial COVID that was high stakes killer. Thus far a tampered down version exists and hopefully will continue to become less likely to kill or cause catastrophic complications.
4. The vaccination is new and still uncharted territory so I understand the fear of the "what if" as we don't know the complications that may arise in the future.

I do think parents should self-determine with their child on the best course of action. Children are not the concern nor the serious vectors, so why force them into it, vs allow parents to decide?

Warmest Regards,

Jen Van Vechten

From: Joshua Daugherty
Sent: 2/14/2022 9:58:14 PM
To: DOH WSBOH,DOH Information,GOVOutBound,Alan Spicciati,School Communication,Greg Brown,Anne Gayman,mrichardson@auburn.wednet.edu
Cc:
Subject: Re: Revise mask mandates for children schools

External Email

Still awaiting the LONG overdue mask mandate to be dropped for schools. I do not comply when visiting schools, businesses, etc. Come and get me.

Any news from WA DOH? Shah gone? Need to be. Anyone still pushing this mess needs to be fired immediately.

Can't wait to leave messed up state.

Josh

On Feb 11, 2022, at 12:37 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com> wrote:

☐

When will Washington allow our kids to be happy again?

https://mobile.twitter.com/Breaking911/status/1492010506537873424?ref_src=twsrc%5Etfw%7Ctwcamp%3Ajubilation-watch-as-these-kids-in-israel-rip-off-their-masks-and-throw-them-away-after-teacher-announces-end-to-mask-mandates
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmobile.twitter.com%2FBreaking911%2Fstatus%2F1492010506537873424%26ref_src%3Dtwsrc%26twcamp%3Djubilation-watch-as-these-kids-in-israel-rip-off-their-masks-and-throw-them-away-after-teacher-announces-end-to-mask-mandates&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C19ef51deedcb45890eda08d9f0480a75%7C11>

On Feb 9, 2022, at 9:54 AM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com> wrote:

☐

All corrupted individuals,

Still trying to find out when this power grab for mask mandates is going to be lifted for schools.

When will Washington state wake up to the fact that they are useless and have not been needed for over 2 years for school-age children?

We will be removing our children from the schools within the coming month as we will be relocating to another state that doesn't have these tyrannical rules.

Odds are, no one on Washington can/wants to make a decision including the Sec of Health so the forced masking will probably be around every fall/winter forever.

Have a wonderful day/week/month/year of more mandates!

Good riddance. Bye.

Josh Daugherty

On Jan 3, 2022, at 6:11 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com> wrote:

□

Educators,

DOH is useless and has been since the start of this plandemic. Still trying to control a virus that is still out of control. They hopefully realize this fact.

Now, after the turn of the new year, would like to get updated guidance as to the unconstitutional/forced masking policies that you are trying to enforce. Stop this nonsense. I'll ask the simple question once again to hopefully get some answers.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

Is anyone going to respond to my queries? Now with omicron/xi, the studies are now pointing to the uselessness of cloth masks. WSJ LINK
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcloth-face-mask-omicron-11640984082&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C19ef51deedcb45890eda08d9f0480a75%7>>

One more item to bring back up as you clearly haven't understood it the first time:

"If masks, mandates & lockdowns work, why aren't they working?"

Clearly you all have some deprogramming that needs to be done.
Hope for some answers this year...

Currently preparing on moving our family out of state. I hope you finally get the message as more people leave this 'power-hungry' dem-led state.

Happy New Year to more restrictions! Hmm, maybe you should bring schools back to online-only. Still, no plans...

Josh Daugherty

DO NOT COMPLY.

On Dec 13, 2021, at 6:13 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 15, then already Winter/Christmas break,

Still no constructive, healthy dialogue on this question.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

As all addressed on this continue to be complicit with 'policy', I propose in 2022, new year, new rules. Masks = Recommended for all, not mandated. I will not comply with your demands. At least begin a phased approach to mirror the restaurant half-assed policy of wearing masks walking around in the restaurant, but then when you sit down, you may take them off. Our children deserve better. Please share your thoughts on this, as you clearly do not have any other ideas. Since the beginning of the school year, you've been shrugging my concerns off or ignoring this altogether. Great job, now I'm starting to adopt some of these ideas, to ignore/disregard any & all communication coming down concerning force masking, vaccinations, etc.

You do not have control over what I do, what I wear, how I live. Our children wear the minimal 'protection' to abide by mandates only to 'not get in trouble'. They can also see that this is all theater and wearing masks for 'show' under the guise of 'keeping everyone safe'. My underlying question all along has been, who is 'dangerous'? Certainly not our children as they have a larger chance of dying from the flu or common cold than covid. Covid is weak when it comes to them. Stop with this nonsense.

If WA DOH were TRULY trying to keep everyone 'safe' against a virus that only negatively impacts a very small portion of the public, they've been doing a BAD job at that. According to the DOH website, and due to the fact that 9,554 individuals have lost their lives to this. A whopping 1.2% of the WA population. A large majority of those are in the at risk age group and those that have had multiple health issues already. You've been failing since the beginning, and every death (including those hidden from view attributed to depression/suicide) is on you.

<PastedGraphic-2.tiff>

What I am finding even more surprising, the fact that you are pressing forward with 5-11 year old vaccinations and I highly doubt that many children in the state are medically 'at-risk' for this emergency use authorization. Shame on you all.

<PastedGraphic-3.tiff>

Additional facts to consider:
1) We've had viral illnesses for every single year of human history.
2) Covid has ~same fatality rate as a flu.
3) We've managed to live like normal humans until 2020.
Why are we still obsessed with covid?

Have a wonderful week and a happy holiday season,

Josh Daugherty

On Dec 7, 2021, at 6:41 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

To whom this may concern,

Is it already week 14? How can this be where the WA DOH only has the plan to see force masking our children until they say so? I believe this will fall on deaf ears as many of you are still complicit with this madness, but I will not comply.

All I'm requesting is to change from 'mandate' to 'recommended'. That would allow parents to make up their own minds as to mask their children or not. I can already expect that when masking eventually ends, common cold & flu cases will go up as masks prevent us from building our immunity to anything.

I will ask again:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Let the children breathe. If parents are still scared for the .000007% chance that their child may be adversely affected by this virus, they can add masks if they choose. This needs to be a choice. I see that the DOH hasn't updated their page since 29 November 2021 which shows me they still have no plan. Or have you realized that you are probably getting to the end of mass vaccines? The rest of WA will not do what you tell them. Give up. Will not get to 100% vaccinated, but that still

isn't the plan, right?

I would like to also point out a quick observation that Ohio Rep Jim Jordan had mentioned recently:

Summary: If masks, mandates & lockdowns work, why aren't they working?

The 'health' community has been wrong at almost every step of the way since the beginning. Their plan seems to be: 'lets try this...what about this...next we should try this...'

Quite the 'science', hmmm. If you don't have a plan, just say it. Still advocating for my previous comment, begin with a phased approach like in restaurants. Our students can remove their masks while seated. What is so wrong about this?

I am still looking forward to our comments & replies with answers. Not more of the political jargon...it doesn't work anymore.

Awaiting solutions & dialogue,

Josh Daugherty

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 30, 2021, at 8:12 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Surprise! I have received a response from last week's request from the DOH Information email. Still no answers (not a true surprise). I look forward to the weekly, one-way communication with all involved. No one seems to be doing anything to assist in this. I hold all accountable for this non-action.

Please see below for the thread from today preceded by my latest response.:

DOH Information,

This question was asked over a week ago and just now you are getting back to me. Bottom line: My question still isn't answered. You really need to update your sources as that CDC links were updated as of November 2020 & May 2021. That is between 6 months and a year ago!

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

According to the WA DOH, covid doesn't spread in restaurants while diners have meals, that can take off their masks then, why not our children while seated? I have no issues with parents who wish to have their child masked all day, just do not force it on all of our children. Statistically speaking, our children have

more of a risk of adverse problems with the flu and the common cold than they do against covid. No one mentioned prior to 2019/2020 wearing masks for any flu seasons. Odds are the common cold & flu cases will spike once our kids remove their masks as they all have been weakening their immune systems with this forced masking.

As of yesterday, the WA DOH covid page shows vaccination stats. I am asking the WA DOH to come up with a % as to how many people need to get vaccinated against this useless virus that only hurts the weakest in the population (immunocompromised). I guarantee that we will not get to 100%, probably never 90% but how long do we need to continue this nonsense? What is the plan? I will say this again: IF YOU FAIL TO PLAN, THE YOU PLAN TO FAIL.

<PastedGraphic-1.png>

I look forward to your reply with answers and or a plan. Maybe begin a 'phased approach' that was tried to reopen after the government shut all the small businesses at the beginning. Quite the asinine approach at that but we at least tried that.

Concerned parent,

Josh Daugherty

<https://www.unmaskourkidswa.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>>

NOVEMBER REQUEST

RESPONSE FROM DOH PA THIS MORNING TO MY 23

Hello,

Thank you for contacting the Department of Health.

DOH disease experts continue to monitor COVID-19 infection, hospitalization, death rates and health system capacity closely. While disease rates are declining, they remain high and hospital occupancy is still over 90 percent. We feel cautiously optimistic now that kids age 5 and older are eligible for the vaccine; however, the majority of children are still not vaccinated. We need to continue to do everything we can to prevent the spread of COVID-19, especially in light of the highly contagious Delta variant. As we head into winter and the holiday season, when the number of social get-togethers and indoor gatherings increase, a combination of masks and vaccines remain the best tools we have available to ensure that kids stay healthy and businesses and schools stay open.

You may view the studies below about the reduction in virus transmission and mask use:

The Science of Masking to Control COVID-19

(cdc.gov)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fdownloads%2Fscience-of-masking-full.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C19ef51deedcb45890eda08d9f0480a75%7C11d0e>>

Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fscience%2Fscience-briefs%2Fmasking-science-sars-cov2.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C19ef51deedcb45890eda08d9f0480a75%7C11d0e>>

Best regards,

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

<<mailto:DOH.Information@doh.wa.gov>>

800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C19ef51deedcb45890eda08d9f0480a75%7C11d0e>>

<image003.png>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F>>

On Nov 30, 2021, at 6:39 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com> <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Contacts,

Here we are at week 13, still no plan for children, the HEALTHIEST of us all, to have masks optional in school.

I will try to ask the question again, expecting

someone to give any answers to the question:

- What is Washington's plan as to when masks can be recommended/optional for children while at school?

"Until we say so..." isn't science. Show me the proof that kids are dropping like flies while at school. I will restate my previous comment, our kids are much healthier and can fight off any common cold & flu (read covid) much quicker than any of us. Why is the state still providing the useless nonsense direction as to 'keep everyone safe' and 'keep masking up until we say so'.

If you are awaiting 100% covid vaccinations, even for VAST majority of children that do NOT need it, we will not reach that goal. But it seems like the DOH still doesn't have a plan...

Not to mention, no one is keeping the conversation open except for parents, so everyone else in this chain is being complicit with these mandates.

I believe I've said it before, but this sounds a lot like when I was growing up, if someone told you to jump off a bridge, many of you would. Sorry to disappoint but I think for myself and will not jump.

Still frustrated and I will talk to you again next week! Parental choice should be part of this conversation. If masks work, then let those that continue to wear them, and be afraid of this virus continue. I will not comply.

Josh Daugherty
<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 23, 2021, at 4:06 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com> <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Washington State Board of Health,

12 weeks and still no answers from anyone as to what the plan is concerning the forced masking of our children at school. Here is the question, should be simple and to the point:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Wear masks until we say so... isn't rooted in any science that I know of. Our children already have a much lower chance of health issues even if they contract Covid. I will reiterate my previous request: "mirror the restaurant policy" so that when our children are seated at their desk in the classroom, they may take off their masks. If some children still feel scared to take their masks off, they may keep them on. This should still be about choice of the parents/students. With these false-rooted mandates, they aren't allowing us freedom of choice.

I look forward to your comments/dialogue concerning this topic. If you will not help, then step aside as your inaction shows just how deeply you care about the health of my children.

Josh Daugherty

Just in case you missed it, here's some educational reading when it comes to our children.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 16, 2021, at 9:35 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Washington State Board of Health,

Still awaiting an answer to my queries below. Here we are, 11 weeks into the school year and it's still the same: "do it until we say so...". If you fail to PLAN, you plan to FAIL. I see a lot of failing by those in all positions of 'office'.

I've been contacting the WA DOH without answers every week, including Cc'ing our non-action school district, principals etc. No one will assist with speaking to anyone that may have any indication as to how long should we expect to force-mask our children at school. This virus is NOT a threat to our children, as it is comparable to the flu or the common cold. They are healthy.

Would like to at least begin some conversation with relaxing these 'mandates' to at least mirror restaurants in the area. If the children are seated, they should be able to remove these face diapers. Not to mention, cloth masks don't do anything for Covid particles. This continues to show this is all for 'show'. I will not participate.

If parents still wish to mask their child, feel free to. They should have the choice.

Still a frustrated parent,

Josh Daugherty

If you would like further information, please look at the following website. I am also open to conversation.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

Begin forwarded message:

From: Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> >
Date: November 10, 2021 at 10:23:30 AM PST
To: WSBOH@sboh.wa.gov
<mailto:WSBOH@sboh.wa.gov>
Subject: Revise mask mandates for children schools

□WBoard of Health,

To date, I have been requesting updates for the
forced masking in schools:

10 weeks, still nothing from the state...

How much longer to force mask our children? We
should have a choice on whether to mask or not.

I just want to know what the goal is of the force
masking! "Until we say so..." isn't ANYTHING near common sense or science.

Don't you dare start with the force vaccinations for
our children when only about .000003% may even need it.

Answers requested as to what the education plan is. I
will continue to request weekly updates until a plan shows an end in sight. Just because
"we said so" isn't right.

Maybe as a start. We could mirror the restaurant
policy where if you are seated, you may take off your mask. I understand keeping
children safe, but they are not in danger. If children want to continue to mask up, please

have them continue. If children do not want to wear a mask, they shouldn't need to.

Where is the proof that children are all infected?

Irritated parent,
Joshua Daugherty

On Oct 25, 2021, at 7:16 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐

Week 9,

Still nothing. Exactly what I expect from this school district and even nothing from the DOH. My concern/question is:

What is the end goal? How long do our kids need to be masked in school?

they say so. So WRONG! So far WA DOH is basically saying to wear them until

72.5% fully vaccinated. As of today in WA, 78.6% 12+ has one dose and

85.6% in King County.

I've been requesting information from the schools, district and the DOH with no answers. How does anyone think this is the 'correct' way?

Going back to when I was young, if someone told you to jump off a bridge, would you? Too many people are just following the 'guidance' whether it makes sense or not, without question.

Just asking for the choice. Our kids should have a choice. Currently they are being taught that everyone is infected. If you want to still mask up, feel free to.

Don't you dare agree with vaccine mandates!

Unbelievable poor management at all levels. Will continue until I receive dialogue. This is now my 9th week of requesting answers.

Joshua Daugherty

On Oct 18, 2021, at 6:54 AM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□ Still waiting any information from the WA DOH.
Nothing yet and we are only 8 weeks into this. I know that many of you don't care about the safety of my child, as you just follow the same guidance pushed from 'above', without questions. This is WRONG.

From today to the WA DOH:

Another week, more nonsense. I have been requesting follow-ups to my questions and nothing has been done. Every week I am asking the same, MAIN question.

- What is WA state's end goal when it comes to children's force masking policies?

If there is no plan, then you plan to fail. This has been the case since the 'pandemic' began. The science doesn't back the policy of 'wear a mask until we say so...' I need additional information as this is WRONG and many know it. I would like to have a constructive dialogue with someone that can say when our children can opt into masks or not at school. Again, if parents choose to mask their kids, it is their choice. Please let me know what the plan is beyond, 'wear them until we say so.'

Still no answers,
Josh Daugherty

On Oct 18, 2021, at 6:40 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 7,

Starting out 'right'? How does this make any sense?
Please show me which part makes any sense at all.

It's a good thing that my daughters aren't playing sports. Kids now need to be given the vaccine, or test every 2 weeks. Studies even show that even with the vaccine, they can still spread covid/common cold... Are you going to be ensuring that they are wearing masks while participating too? Or is that just while sitting, spectating?

This must be more of that 'science' stuff. Just regurgitating the nonsense that the DOH puts out.

<Another useless mandate.png>

Have there been any further guidance or discussions concerning the forced-masking mandates to become 'recommended'? Still awaiting

anyone to respond back to me from the WA DOH. Anything besides wear it until we say stop?

Still awaiting answers,

Josh Daugherty

On Oct 10, 2021, at 8:21 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 6,

Still trying to find out the following:

- How long do our children need to be force masked?
What is the end goal to go back to breathing fresh air?

Freedom, this is still America. If you want to stay masked, fine. Do not force it on us. Under the guise of 'public safety', keep wearing masks to 'protect everyone'. That infers that my kids are dangerous! DOH WA needs to let us know the plan, we must demand that from them, 'until we say so' is NOT science.

Oh, and mandate doesn't equal law.

So glad I'm actively teaching my children & family CRITICAL THINKING. Something that the Gov, DOH, School districts, etc have no idea what it is. Just mandate compliance. Basically continuing a 'shut up and color' attitude. We know who is at fault. Just because it's 'popular', doesn't mean that it's right. If this continues to go on for an extended period of time, expect more pushback.

Just asking to give us the choice. Why is this so hard for you to comprehend? Maybe we start dictating what you need to wear and how you need to act.

Such a relevant article to this:

<https://notthebee.com/article/covid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotthebee.com%2Farticle%2Fcovid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C19ef51deedcb45890eda08d9f0480a75%7>>

Looking forward to continued dialogue as to the end of these unconstitutional mandates.

Still frustrated,
Josh Daugherty

Awaiting DOH responses too.

On Oct 5, 2021, at 9:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Week 5,

Still no communication from WA DOH concerning their plan. It's still , "mask up until we say stop."

Awaiting constructive dialogue as to optional masks for kids. Why are we STILL treating our children as they are all infected? None of this makes sense and you know it! Please assist with communication with the DOH as they clearly aren't listening to me, a 'lowly peasant'.... It seems like that is how they are treating us. So frustrating!

Still frustrated with everyone that isn't doing ANYTHING! Not even asking questions. Just as much at fault.

Frustrated,
Josh Daugherty

Enough.

On Sep 27, 2021, at 9:17 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Week 4,

Fourth request for information:

When is the mask mandate for schools going to end? I've requested info from DOH as they need to answer to my requests. They have not and I will continue to request weekly from the DOH and the district on down to our schools. They do not stop the virus from being passed. It is just for show/theater. Otherwise the wording in the 'order' wouldn't be 'anything'.

"A cloth face covering is anything that completely covers the mouth and nose and fits securely on the sides of the face and under the chin."

It may have plenty of holes throughout the mask. This further proves that DOH doesn't care about the transmission of the virus. Just to mandate the "do it or else".

Enough of this nonsense. I'm just trying to communicate with someone other than just a 'Customer Service Specialist' that is just passing junk back. Awaiting the constructive dialogue.

Continuing on my requests for common sense and/or parent choice for masks in schools. Mandates are just asking for push back. I will continue to push back.

Josh Daugherty

On Sep 19, 2021, at 7:40 PM, Joshua Daugherty <joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□ WeeB,

Finally received an email back from WA DOH with more of the same, no answers to my questions. My main question will continue until I receive answers instead of just a 'Customer Service Specialist' responding to my web query with a loosely prepared, blanket statement, that mentions 'keeping the CDC recommendations as of August 5, 2021'.

My question seems to be simple, straightforward and to the point.

- What is Washington's plan/goal concerning the mask mandates for school-age children? There needs to be a plan besides 'wear the mask because I said so'. (aka mandate)

If they were going with the CDC recommendations, forced masking wouldn't be in our schools.

I am requesting that they at least update the guidance to 'recommended' as the current failed 'plans' make zero sense. There is NO scientific data that has been collected to warrant this abuse across the board. Especially state-wide. As of 13 September, posted on the WA DOH website it shows that 75.1% of residents have at least one dose and 68.1% are FULLY vaccinated against COVID. Of that, King County has vaccination rates of 77.7% (12+). Auburn School District is in King County.

<PastedGraphic-1.png>

The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates. How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources? I will add to this as we have already received communication from the schools that COVID/common cold/sniffles/flu has popped up in school.

Looking at anyone that I've communicated with concerning this. Fail to plan, plan to fail... Seems spot-on for this situation that we are in!

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>>

All I am asking is that we give parents the CHOICE whether to mask/unmask our children.

Looking forward to future constructive dialogue,
Josh Daugherty

On Sep 13, 2021, at 10:09 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 2 of the insanity continues,

I have been trying to communicate with the WA DOH, and I am still awaiting their responses and/or dialogue of any kind showing this fake-science behind their blind mandates.

This is no longer about the safety of students and staff members. Masks are turning out to become a direct contributor of learning issues, social interaction struggles, increased headaches, anxiety & overall discomforts. As a parent, I am still disturbed to see our children treated this way. Totally unnecessary.

Please assist in communication with the WA DOH in changing this to 'recommended', not mandated for all. I will not comply if I visit the schools or the district.

Still a concerned parent,
Josh Daugherty

On Sep 8, 2021, at 8:23 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

That is what I have been doing and they continually give me the run around with 'that is the way it is.' Not acceptable, hence the 'because I said so' attitude. Is there nothing that the Districts can assist with?

I have reached out to them, and will continue to do so until something is modified, or at least a goal set for when we can return to normal. Actual normal, without face masks on our kids if we, as parents choose. We have had it with these non-science mandates and will continually be pushing back against them.

So glad to hear that the crooked DOH & schools have finally wised up and allowed our kids to play outside, WITHOUT masks. So idiotic from last year while being in-person that they needed masks outside at recess.

Still concerned,
Josh Daugherty

On Sep 8, 2021, at 1:45 PM, Spicciati, Alan
<aspicciati@auburn.wednet.edu <mailto:aspicciati@auburn.wednet.edu> > wrote:

Hello Mr. Daugherty,

You won't be surprised for me to write that masks are a mandate from the Washington State Department of Health. Statewide elected officials have been clear that local districts do not have the authority to lift the mask mandate. The state's focus this year, as is ours, is keeping schools open for in-person learning. I recommend you contact the WA DOH with your concerns.

Alan Spicciati

From: Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> >
Sent: Wednesday, September 8, 2021 11:31 AM
To: Spicciati, Alan <aspicciati@auburn.wednet.edu
<mailto:aspicciati@auburn.wednet.edu> >; Brown, Greg <gbrown@auburn.wednet.edu
<mailto:gbrown@auburn.wednet.edu> >; Gayman, Anne
<agayman@auburn.wednet.edu <mailto:agayman@auburn.wednet.edu> >;
Communications <Communications@auburn.wednet.edu
<mailto:Communications@auburn.wednet.edu> >
Subject: On with the school year, more child abuse...

This email originated outside of the organization and contains a Web link or attachment. Please use caution. – ASD Tech

To whom this may concern.

What is Washington's plan/goal concerning the mask mandates for school-age children? Is there a plan besides wear them 'because I said so' (aka mandate)? I demand that you update the guidance to still allow for those children that are scared to get sick, wear them, but change the guidance to 'recommended', not mandatory. There is NO science data that has been collected to warrant this abuse across the board. Especially state-wide.

As of 7 September, posted on the WA DOH website it shows that 73.9% of residents have at least one dose and 67% are FULLY vaccinated against COVID. The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates.

How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources?

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that parents should have the
CHOICE whether to mask or unmask our children.

Thus far, I have spoken with the schools, school
district and even email coordination with DOH with nothing but passing me nonsense
with no proof that our kids are 'super-spreaders'... I look forward to your conversation on
this matter.

Concerned parent,
Josh Daugherty

From: Hoff, Christy Curwick (DOH)

Sent: 2/10/2022 10:03:29 AM

To: DOH WSBOH

Cc:

Subject: FW: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

From: Kristan Ashbridge <ashbridgekristan@gmail.com>

Sent: Thursday, February 10, 2022 9:31 AM

To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH)

<Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH)

<Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>;

Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N

(SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH)

<Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH)

<Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH)

<Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH)

<Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>;

Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>

Subject: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

External Email

STOP! ENOUGH is ENOUGH! This must end NOW. There is zero danger to children and I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. Please do the right thing and do not require these vaccinations and do not require masks for school age children.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

You are teaching children to live in fear and it must end. They have a greater chance of dying driving to school. You are focused on the wrong issues. You are not in touch with their current needs. Suicide is on the rise. Please do the right thing!

From: Kathy Cooper
Sent: 2/10/2022 9:34:47 AM
To: DOH WSBOH
Cc:
Subject: Vaccination requirement

External Email

I strongly am against requiring children to receive a covid vaccine in order for them to attend public school.

The vaccine has proven through time just how faulty a vaccine it is. People who have been tripled injected are still getting the illness. People who are not vaccinated are recovering just as well as vaccinated and have natural immunity.

Follow the science and not interest groups who will profit from this faulty injection.

Sincerely,

Kathy Cooper

Sent from my iPhone

From: Sara thomas
Sent: 2/9/2022 8:43:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please do NOT mandate COVID vaccines for children. The science does not support the mandate.

Sara

From: Pskowski, Samantha L (SBOH)
Sent: 2/14/2022 8:49:45 AM
To: DOH WSBOH
Cc:
Subject: FW: Unconstitutional vaccine mandates

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Amanda Smith <a.derschon18@gmail.com>
Sent: Sunday, February 13, 2022 11:37 AM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; wa@sboh.wa.gov
Subject: Unconstitutional vaccine mandates

External Email

To whom it may concern,

As a parent of a high school child, I am writing to inform you that if these unconstitutional vaccine mandates are passed, I will immediately removed my child from public school. I will then spend every moment of my free time reaching out to other parents to help inform them of way we can join together to avoid using the public school system and its agenda. The masks were already too far. This is absolutely despicable.

Amanda Derschon

541-993-1310

From: Amie Beisel
Sent: 2/9/2022 2:49:01 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dear Board Members,

My husband and I are strongly OPPOSED to any kind of requirement that our WA state students, esp minors, get vaccinated to attend school. We find this outrageous, as there is no longer a pandemic of the virus that was never a serious threat to children in the first place! And, even if it was, the choice to inject a substance into a child must always be the decision of parents/guardians without impunity!

Please protect our children this dangerous proposal!

Sincerely,
Amie & Dave Beisel
Sultan, WA

From: Nancy Thompson
Sent: 2/10/2022 3:44:55 PM
To: DOH WSBOH
Cc:
Subject: Children, Covid and Emergency Use Authorized shots

External Email

Children do not get very sick from Covid. A study here in the United States showed that of the 200 children hospitalized in 2020 for Covid (out of 75 million) ALL possessed co-morbidities. In other words, only very sick children are hospitalized or possibly die with Covid. The overall survival rate, even including these children is 99.997.

Vaccinating our children with these experimental and Emergency Use Authorized shots is ludicrous and dangerous. Using the vaccine companies' own data, they are MORE likely to be injured by the shot than by Covid. Requiring these shots would be criminal.

Thank you,

Nancy Thompson

From: katmic70
Sent: 2/10/2022 11:15:25 AM
To: DOH WSBOH
Cc:
Subject: Do not vote to recommend covid shots for children!

External Email

<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8656165/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Flabs%2F>

Sent from ProtonMail mobile

From: Haag, Hannah R (SBOH)
Sent: 2/14/2022 8:06:16 AM
To: DOH WSBOH
Cc:
Subject: FW: Please Hear Me Out

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:14 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful,

ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: Pskowski, Samantha L (SBOH)
Sent: 2/9/2022 10:18:59 AM
To: DOH WSBOH
Cc:
Subject: FW:

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

From: Lenzi Malloy <lenziannamalloy@gmail.com>
Sent: Wednesday, February 9, 2022 10:17 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact, I am against any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Martina Collom
Sent: 2/10/2022 8:06:37 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Requirements for Children to attend school - Against

External Email

Dear members of the WSBOH,

Please do not add the Covid 19 EUA vaccines to the schedule. Many parents are against it and it will cause undue harm as parents have to scramble to find new educational opportunities outside of the public/ private school system which will cause stress. Studies are not complete for Comirnaty and go out until 2027. This means it isn't fully approved nor do we know without a doubt it's safe. Omicron swept through Washington state leaving in its wake children with natural immunity. Look at the data and see from the AAP weekly rates that hospitalizations are .7% of cases in our under 19 group and of those cases .01% die (this includes children with severe comorbidities). There is no need to rush, the data is clear that children are not at statistical risk and therefore it should be the parents and pediatricians decision. There should also be no connection to losing masks with getting an EUA vaccine as that is also unsupported by science as those with the vaccine have the same viral loads as unvaccinated people which means they spread the virus too.

Thank you for your consideration,
Martina Collom
Snoqualmie Valley Parent

From: Testify Online Survey
Sent: 2/10/2022 11:16:54 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

vaccination

3.

Your Name:

briana brenner

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

briana.brenner@yahoo.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

Common sense

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Yes, kids are being infected but ZERO deaths from this. How many of these kids were made to test in a school because of close contact and didnt even know that they were asymptomatic?

From: Jingnan Ho

Sent: 2/10/2022 1:12:19 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), christy.hoff@sboh.gov, satuart.glasoe@sboh.wa.gov, smamantha.pskowski@sboh.wa.gov, Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO! covid19 vaccine to our children

External Email

SBOH employees,

It is very disappointing to audit your meeting this morning. You SCIENTISTS showed/fooled us with statistics/data. But you IGNORE and DISRESPECT the facts.

Natural immunization is far way more effective than the covid-19 vaccine. Why do you push/mandate the vaccination to our next generation? to the young kids?!

Adding experimental medical treatment is a pure evil criminal move. We will go after each of you who supports it!

A WA parent

From: Darin Padur
Sent: 2/10/2022 9:29:08 AM
To: DOH WSBOH
Cc:
Subject: NO Mandates

External Email

Please listen to parents... do not mandate covid 19 vaccinations. They have just not had enough time to be assured these are safe. The risk of covid is less than the risk of the vaccine.

Darin Padur

dpadur@comcast.net <mailto:dpadur@comcast.net>
(253) 335-7917 <tel:(253)%20335-7917>

From: Michelle Ranous

Sent: 2/11/2022 9:58:02 AM

To: DOH WSBOH,Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L

(SBOH),kaitlyn.donahue@sboh.wa.gov,Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),kelie.kahler@sboh.wa.giv,Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to covid vaxxx for our kids!

External Email

We do not want covid vaxx requirements for school for our kids. They are ineffective and unnecessary. You might as well require flu shots then. Get away from MY parental choices!

We will pull our kids. Shame on the board for even considering this.

Michelle Ranous

Everett School District

From: Debra Wells

Sent: 2/10/2022 10:05:22 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Re: COVID 19 vaccines, school requirements

External Email

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1acbb6f3e64ef9706108d9ecbfe5ab%7C11d0>>

aier.org/article/all-cause-mortality-in-the-united-states-during-2021/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1acbb6f3e64ef9706108d9ecbfe5ab%7C11d0

January 30, 2022

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0lEQVR42mNk

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk
Gilbert G. Berdine, M.D
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1acbb6f3e64ef9706108d9ecbfe5ab%7C11d0e21>

– January 30, 2022
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-search-results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1acbb6f3e64e
Reading Time: 5 minutes

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk

The CEO of the OneAmerica insurance company recently disclosed
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-age-people-up-40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1acbb6f3e64ef9706108d9ecbfe5ab%7C11d0e2>
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Figure 1: US weekly deaths by age group. Data
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F>
 is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The
 gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The
 CDC collects mortality data
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F>
 for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021
 by age group. Several generalizations are readily apparent. The years 2015-2019 were
 very similar for all age groups forming a tight band of usual expectation. The tightness of
 the band for 2015-2019 means that relatively small increases in mortality are very
 significant events. There has been nothing unusual about mortality for the Under-25 age
 group during the Covid period compared to recent history. The last 10 weeks of data for
 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality
 for the Over-25 age groups have been higher than historic norms starting in about March
 of 2020 and continuing to the present time with one big exception for the 85+ age
 group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24
 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this
 interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were
 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged
 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily
 Covid deaths (7-day moving average)
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa%2F>
 in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This
 time period was the decline phase of the winter outbreak that peaked around January 18,
 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot
 plausibly attribute the above average deaths for the 25-44 age group during this time
 period to Covid. What was responsible for these deaths?

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNK

Figure 2: Weekly US mortality by Cause Group. Data
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fcause%2Fgroup%2F>
 is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The
 gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US
 that cannot be attributed to Covid. As was the case for the Age Group graphs, data for
 the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths
 attributed to Malignant Neoplasms were average during the entire pandemic period.
 Although there was an increase in deaths from Alzheimer Disease and dementia in 2020

after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8c1acbb6f3e64ef9706108d9ecbfe5ab%7C11d0e21>>

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine, M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will

have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Testify Online Survey
Sent: 2/13/2022 8:58:03 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb 17

2.

Agenda Item or Issue:

Against Covid school inoculations

3.

Your Name:

Malia Jorgensen

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

15956 76th place ne, Kenmore wa 98028

7.

Email:

Neilmalia@comcast.net

8.

Phone Number (Include Area Code):

2063359296

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a parent and reserve the right to say what is best for my child

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

This isn't a real vaccine and was only approved for emergency use. It's not proven to stop a person from getting Covid. If that was the case it would be like the measles vaccine but it is not.

From: Herendeen, Lindsay (SBOH)
Sent: 2/11/2022 11:26:47 AM
To: DOH WSOH
Cc:
Subject: Fwd: Covid 19 vaccine

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Heather Clerget <heatherc2828@gmail.com>
Sent: Thursday, February 10, 2022 9:28:12 PM
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: Testify Online Survey
Sent: 2/9/2022 8:09:36 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2-10-2022

2.

Agenda Item or Issue:

Requiring covid -19 vaccination for school

3.

Your Name:

Jessie Sandstrom

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Camano island

7.

Email:

Jessiesandstrom@gmail.com

8.

Phone Number (Include Area Code):

2532667923

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Why is an experimental vaccine that is only approved under emergency use being pushed so hard on our children? Our children who are at extremely low risk of covid complications. I don't believe we will know the true side effects of these experimental vaccines for years to come. It's pretty clear that those who want the vaccine for their child have already done so. Exemptions are brought up but there would be no need if it's not required. Lastly why is natural immunity being covered up and not considered? Clumping someone into a group as antivax isn't fair. There are a ton of concerned parents that branch a wide stance. The division is becoming a gaping hole. Many parents are pretty fed up with mixed messaging and have a distrust for those running the show. I genuinely hope there is a pause especially seeing the trend in cases go down and masks are about to be optional why is this being pushed so hard at a point where we are seeing a break in the clouds.

From: Robert Holte
Sent: 2/14/2022 10:28:09 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Herendeen, Lindsay (SBOH)
Sent: 2/11/2022 2:49:00 PM
To: DOH WSB OH
Cc:
Subject: Fwd: Covid requirements

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: David Lemke <lemkedm72@gmail.com>
Sent: Friday, February 11, 2022 10:35:54 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid requirements

External Email

Please vote no on any measures requiring masks and the covid shot to attend school, public or private.

Thank you,

Informed Father

From: Kasha McGuire
Sent: 2/9/2022 8:18:38 PM
To: DOH WSBOH
Cc:
Subject: 2/10/22 TAG Meeting Comments

External Email

Dear TAG & WSBOH,

As a lifelong citizen of WA state I'm 100% objecting to adding mRNA vaccination ☐☐ requirements (Covid Vaccines) in order for kids to attend K-12 school. I do NOT consent to the revision of WAC 246-105.

As of this writing the Dept of Defense is under criminal investigation for a massive vaccine injuries cover-up. The numbers do not lie. This is not something that will remain hidden. Children and youths are far more likely to die or be injured from the vaccines than Covid.

Therefor, I'm asking you to stand on the right side of history, to hold the future of our kids in your heart and vote NO to the revision of WAC 246-105.

Thank you,

Kasha McGuire
Lake Stevens, WA

From: Carisa VanDerPol
Sent: 2/9/2022 1:59:58 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please DO NOT include the COVID-19 Vaccine as a requirement for students attending Washington State schools.

While the vaccine containing this antigen prevent(s) diseases that had significant morbidity and/or mortality in at least some sub-set of the population it is not sufficient to require it in ALL children and young adults attending Washington State schools.

We are rapidly approaching an endemic status with this disease. We cannot eternally vaccine chase an aerosolized virus that is rapidly evolving. Any vaccine only provides some protection. Forcing an entire population to inject themselves that reduces but does not eliminate the risk of contracting or spreading this disease is not reasonable.

Vaccinating against this disease may reduce but does not eliminate the risk of person-to-person transmission, and in some variants increases that risk, as with Omricon, with transmission in a school or child chare setting or activity being given the highest priority.

We will never eliminate risk. Requiring vaccinations that are far less effective against the disease they are purported to prevent than others that are already required with long term research studies available, and accountability from vaccine producers is wildly inappropriate. We need to be wary of creating policies based on redefined terminology. Developing knee-jerk policies reactively is hardly good science.

It would be far better to recommend these COVID-19 vaccines, much like the HPV vaccine and allow families and their health practitioners to decide for themselves rather than to blanket requirement them as an addition and point to the exemptions available.

The State ought not to interfere with individual autonomy for vaccines that don't have enough published long-term data to suffice in providing informed consent.

Please delay requiring these vaccines for school aged children as they pose virtually no risk to grade school aged children for morbidity or mortality in the sub-set of the population. It is NOT sufficient to require in ALL children attending Washington State Schools.

Sincerely,

Carisa Vanderpol

A deeply concerned citizen and parent

From: Raymond Simon
Sent: 2/12/2022 10:03:34 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hoff, Christy Curwick (DOH)
Sent: 2/9/2022 10:18:13 AM
To: DOH WSBOH
Cc:
Subject: FW:

From: Lenzi Malloy <lenziannamalloy@gmail.com>
Sent: Wednesday, February 9, 2022 10:17 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact, I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: kim stephens
Sent: 2/10/2022 8:37:07 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Concerning the COVID-19 vaccine and the consideration of it being required for children to attend school, I request that it be declined. The COVID-19 vaccination does not prevent the disease, and it does not stop or reduce transmission of the disease. For those reasons, the requirement for the vaccination would be of no benefit for attending school. And with any vaccination there comes risk to be considered. We have made it through the worst of Covid, and now countries and states are stopping mandates. Even our state as announced by governor yesterday. Parents will make choices that are right for their families as they do every year during colds and flu season, and now with Covid. No mandatory COVID-19 vaccination should be implemented.

Sincerely,

Kim Stephens

From: Diane Springs
Sent: 2/10/2022 2:50:07 PM
To: DOH WSBOH
Cc:
Subject: TAG meeting

External Email

Please hear my voice here. I am a Washington state concerned grandma. I have grandkids in the schools that are still mandating masks and now possible vaccinations that have in your words " Currently there is NO published literature on pediatric Covid-19 vaccine effectiveness in K-12 school settings".

Covid is FAR down the list of causes of death for Washington children. Yet SUICIDE is 3rd leading cause of death for 15-19 year olds!! Lockdowns, masks, on line screen, lack of communication and community. Our children are suffering most of all people. Please remove all these mandates!!!!

Thank you

Diane Springs.

Sent from my iPhone

From: Audra Doll
Sent: 2/10/2022 2:58:29 PM
To: DOH WSBOH
Cc:
Subject: NO mRNA vaccines for kids!

External Email

As a parent of 2 school aged children I vehemently oppose putting an experimental gene therapy with no long term data into our kids. It is unacceptable and irresponsible that TAG is even considering putting this on the required vaccine list for children! You will have a tsunami of unwilling and angry parents on your hands if the state tries to mandate this for public school attendance. DO NOT DO IT!

Thank you
Audra Doll

Sent from my iPhone

From: Charmaine Eppler
Sent: 2/11/2022 9:00:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: margaret nartea
Sent: 2/9/2022 3:46:25 PM
To: DOH WSBOH
Subject: NO Covid shot for school children

External Email

Children are at minimal risk from Covid.

There is currently no published literature on pediatric Covid-19 vaccine effectiveness in a K-12 school setting

There is no safety data on these Covid-19 vaccines, clinical trials are not complete

Covid-19 is far down the list of causes of death for WA children, yet suicide is the 3rd leading cause of death for teens 15-19 years of age

Parents are the final/only consent for their children

Mandating an experimental vaccine for children violates the law and the Constitution and more importantly is immoral

From: Jarren VanLoo
Sent: 2/9/2022 12:12:38 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern:

We do NOT support a covid 19 vaccine requirement for attending public or private schools. It is unnecessary as the covid 19 vaccine seems to have many many breakthroughs and our children do not have extremely negative covid cases.

Please respect our wishes for our children and allow us to make these decisions for our children.

Thank you,
Jarren and Melissa VanLoo

Sent from my iPhone

From: The Hannonns
Sent: 2/9/2022 9:07:08 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To Whom it May Concern at SBOH:

As you consider adding COVID-19 to Chapter 246-105 WAC, please answer these questions:

- 1) What is the proof from Pfizer, Moderna and Johnson and Johnson that there are no negative long-term effects from these vaccinations?
- 2) Since you have no proof through long-term trial data, how can you even consider requiring these vaccinations for anyone, not to mention children?

Let me remind you of the tragedy of Thalidomide, an FDA approved and widely used drug that was eventually found to cause severe birth defects.

<https://pubmed.ncbi.nlm.nih.gov/21507989/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F21507989/>>

It took years for the connection to birth defects to be understood. How will you feel if there is a negative effect from these vaccines discovered in years to come, and your decision to require it for school caused thousands of children to be needlessly injured by it?

That consideration, coupled with the unquestionable global data that children are not in danger from the SARS-Cov2 virus and the waning cases worldwide should make your choice clear: Do not add COVID-19 to the list of required school vaccinations.

Thank you,
Kari Hannon
Yakima, WA

From: Charity Husser
Sent: 2/9/2022 10:26:37 PM
To: DOH WSBOH
Cc:
Subject: February 10th meeting

External Email

Ladies and Gentlemen -

I ask you to reject any and all proposals requiring children to be subjected to the Covid injection to attend public school. Not only does your presentation clearly state that the implementation of such harbors many unknowns, it is also clear from the medical evidence that far more children are harmed by the injection and the incidence of myocarditis than the virus itself. While it has been stated that NSAIDs are enough treatment for this condition, we all know this is not true. Young people dealing with this diagnosis face severe life-altering symptoms that cannot be cured.

It makes absolutely no sense to make a decision that could potentially harm thousands of children, or to make a decision without full information. The FDA has much more information to release on this topic - hundreds of thousands of pages in fact by this fall.

It would be a wiser choice for everyone to wait on a decision of this magnitude until all the information is available. Parents need to protect their children from unnecessary risk. This is an unnecessary risk, as mandates are ending and the virus is waning. Children have shown to be the least effected by this virus.

Right now, the cure seems to be far worse than the illness.

Sincerely,
Charity Husser

From: Brad Loosveldt
Sent: 2/9/2022 3:11:21 PM
To: DOH WSBOH
Subject: Adding the experimental drug to childhood immunizations

External Email

To the WSBOH:

Please do NOT add Covid 19 vaccines to the immunization required for our kids to attend school. These vaccines are not tested long term for our kids. We've already seen an increase of myocarditis ton healthy teenage boys as well as young men. DO NOT endanger our precious children. Actually wait for credible peer reviewed studies. Do not experiment with the children of the State of Washington.
Sylvia Loosveldt

Sent from my iPhone

From: Hisaw, Melanie (SBOH)
Sent: 2/9/2022 12:18:39 PM
To: DOH WSBOH
Cc:
Subject: FW: Against Vaccine Mandate

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Wednesday, February 9, 2022 10:24 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Against Vaccine Mandate

External Email

For the record Melanie, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Julie Kissick Malloy

Julie Kissick Malloy

From: TiyAnna Mosby
Sent: 2/10/2022 5:54:52 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

As a citizen of the U.S.A. and Washington State, I do NOT Consent to adding Covid-19 vaccines into Chapter 246-105 WAC due to the following reasons:

- 1) I do not consent to experimental drugs. Experimental meaning that the vaccines have not followed long term protocol & policies but have been made an exception to the rule for the purpose of an emergency use only. That should NOT be the bases for mandatory vaccine policy or law changes.
- 2) The Gene altering technology has not had enough long term studies for adverse reactions, and or long term side effects.
- 3) According to the new scientific data coming out, the vaccines have been more harmful to the people rather than helpful. The benefits have NOT been proven to outweigh the risks especially in children and children should not be subjected to these vaccine mandates.

In conclusion, until the covid-19 vaccines have been PROVEN and documented to be safe and effective following established guidelines established prior to covid19 emergency use, I do NOT consent to the revision of WAC 246-105.

Thank you,

TIYANNA MOSBY

Sent from my T-Mobile 5G Device

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>>

From: Lobat Kimiai
Sent: 2/14/2022 6:51:54 PM
To: Christina Mori,Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

It's not up to them to change anything, you have the right not to comply. THIS IS A MANDATE AND NOT A LAW. Please know the difference. This government body is causing harm to your kids and they will be responsible for committing crimes against humanity.

Do not comply with this non-science Mandate.

To The School Superintendent, Know Your Constituents Rights And Make The Right Decision.

In health,

Lobat Kimiai
Sr. Consultant
206.900.2339 | AlchemyHC.com

From: Christina Mori <moricm2015@gmail.com>
Sent: Monday, February 14, 2022 6:26:18 PM
To: Tanya Goodman <goodman_tanya@outlook.com>
Cc: Alisaroseyuen@gmail.com <Alisaroseyuen@gmail.com>; Beccousa@gmail.com <Beccousa@gmail.com>; Bowic999@gmail.com <Bowic999@gmail.com>; Brklyndavis@gmail.com <Brklyndavis@gmail.com>; Brooke.alles@icloud.com <Brooke.alles@icloud.com>; Julie.Granahan@gmail.com <Julie.Granahan@gmail.com>; Karilynd@me.com <Karilynd@me.com>; Kristinnelson7@protonmail.com <Kristinnelson7@protonmail.com>; Ljpetc@protonmail.com <Ljpetc@protonmail.com>; Lorabella4@aol.com <Lorabella4@aol.com>; Monica.legatt@gmail.com <Monica.legatt@gmail.com>; Rbayala@hotmail.com <Rbayala@hotmail.com>; Shamralee@hotmail.com <Shamralee@hotmail.com>; TLitz@vectorrecorp.com <TLitz@vectorrecorp.com>; ahasheva@gmail.com <ahasheva@gmail.com>; amber.palmer@k12.wa.us <amber.palmer@k12.wa.us>; ams0808@hotmail.com <ams0808@hotmail.com>; amya@425fitness.com <amya@425fitness.com>; amyandrea30@hotmail.com <amyandrea30@hotmail.com>; amysahagian@msn.com <amysahagian@msn.com>; andrewgustafson@live.com <andrewgustafson@live.com>; angelap@siboguru.com <angelap@siboguru.com>; anib@keystonerei.net <anib@keystonerei.net>; arasj@bsd405.org <arasj@bsd405.org>; art.n.jury@gmail.com <art.n.jury@gmail.com>; barbarajeane816@gmail.com <barbarajeane816@gmail.com>; barbpender@comcast.net <barbpender@comcast.net>; barnali.basu@gmail.com <barnali.basu@gmail.com>; beckieknapp55@gmail.com <beckieknapp55@gmail.com>; boardmembers@lwsd.org <boardmembers@lwsd.org>; brittneyahinojosa@gmail.com <brittneyahinojosa@gmail.com>; brknutson@comcast.net <brknutson@comcast.net>; budda331@prontonmail.com <budda331@prontonmail.com>; burtshelly@yahoo.com <burtshelly@yahoo.com>; candacehulse@johnlscott.com <candacehulse@johnlscott.com>; carolynmmell@gmail.com <carolynmmell@gmail.com>; catchristensen4@gmail.com <catchristensen4@gmail.com>; ccarlson@lwsd.org <ccarlson@lwsd.org>; chadwridout@gmail.com <chadwridout@gmail.com>; chewc@bsd405.org

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venitabenitez@yahoo.com <venitabenitez@yahoo.com>; veronica.gallardo@k12.wa.us
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<williamwidmer@yahoo.com>; wine.stew@gmail.com <wine.stew@gmail.com>;
wsboh@sboh.wa.gov <wsboh@sboh.wa.gov>; yeagers2011@outlook.com
<yeagers2011@outlook.com>; yutao.pku@gmail.com <yutao.pku@gmail.com>
Subject: Re: SuperBowl & The Big Game

I do love me some football but you want to know what I don't love? I don't love my daughter going to school in fear because adults that she does not know nor has never had the chance to develop a relationship with, are masked and barking demands all day long while she complains of headaches day in and day out because she has a mask pressed up against her tiny little face. Do any of you remember what it's like to be a kid? Try to focus and 'do what your told' when the demands are coming at you muffled and with no context of facial expressions. Sounds damn right confusing and scary doesn't it?

That has been the reality for countless youth with these pointless mask mandates.

You have the power to change that. Unmask our children.

Kind regards from an outraged momma bear-

Christina

On Mon, Feb 14, 2022 at 4:52 PM Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Lenzi Malloy
Sent: 2/9/2022 10:18:01 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: DC018CF6-8920-4DBF-9B42-2E0A3A8F7170

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am against any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: B H
Sent: 2/10/2022 11:23:10 AM
To: DOH WSBOH
Cc:
Subject: Re: Reminder: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC starts in 1 hour

External Email

This is group so biased. Where's the doctors and scientists opposed to this? This is an Inslee dictate. You're all bought and paid for to obey the puppet master. Nobody should allow their children anywhere near you or your left leaning agenda without both groups of the science being heard. You should all be ashamed of yourselves. Such a bunch of power crazed maniacs. But you will have to answer for your actions (whether you want to believe in a higher being or not). Sleep well you monsters.

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Zoom <no-reply@zoom.us>
Sent: Thursday, February 10, 2022 7:55:07 AM
To: lds_dandc3830@msn.com <lds_dandc3830@msn.com>
Subject: Reminder: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC starts in 1 hour

<<http://us02web.zoom.us/j/89036106373?pwd=Oa8b1a2e453e.png>>

Hi Barbara,

This is a reminder that "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC" will begin in 1 hour on:
Date Time: Feb 10, 2022 09:00 AM Pacific Time (US and Canada)

Join from a PC, Mac, iPad, iPhone or Android device:

Click Here to Join <https://us02web.zoom.us/j/84038243635?tk=h_GTcn4165EqBt-HVD2429NLqzNmCI0hTCWFutvGTdc.DQMAAAATkRHVMxZpcHZCSV9Ma1FDLWJXa1loVTFYVEFnAAAAAAAAAAATQ>

Note: This link should not be shared with others; it is unique to you.

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From: Kevin Hyppa
Sent: 2/11/2022 9:21:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: DOH WSBOH Immunizations
Sent: 2/11/2022 9:54:35 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccine

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Sent: Friday, February 11, 2022 6:46 AM
To: DOH WSBOH Immunizations <Immunizations@sboh.wa.gov>
Subject: FW: Covid 19 vaccine

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

From: Heather Clerget <heatherc2828@gmail.com>
Sent: Thursday, February 10, 2022 11:28 PM
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: Stacie Meyer
Sent: 2/10/2022 2:15:14 PM
To: DOH WSBOH
Subject: VOTE NO - on Vaccine mandates in school

External Email

As I sat through the meeting today, I want to reach out and urge you to vote NO on this vaccine mandate.

There is currently NO published literature on pediatric Covid-29 vaccine effectiveness in the k-12 setting. It has been shown that it does not prevent disease (criteria 5) and does not reduce risk of transmission (criteria 6). Making this mandatory without proper information is ignorant and potentially harmful to more people than helpful.

Please consider this.

In His glory,
Stacie Meyer

From: Richard Minami
Sent: 2/13/2022 7:37:16 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Megan Visser
Sent: 2/9/2022 4:52:56 PM
To: DOH WSBOH
Cc:
Subject: Our Kids

External Email

We are done.
Done with the restrictions.
Done with the masks.
The emergency is over.

We are coming up on 2 years of Covid. Kids are now recognizing for themselves that the masks (and vaccines) are not effective. We need to shift focus to now living with Covid. Understanding that there will always be viruses and sickness in this world. No restriction is going to change that fact.

It's time to think critically and be the leaders that you are trying to be in this community. You can either help everybody move forward or dig your heels in and bury your head in the sand. The rest of the world is finally opening up and allowing people to have their God-given freedom back! Do you want to be vaccinated? It's your choice. Do you want to mask up? It's your choice. Give us our choice back.

Megan and Brant Visser

From: Shannon Reynolds
Sent: 2/14/2022 5:21:23 PM
To: David Rubino, Reykdal, Chris (DOHi)
Subject: Re: SuperBowl & The Big Game

External Email

Enough is enough. End all the mandates now.

Perhaps if our kids were rich and famous they wouldn't have to wear their masks to school every day like the 70k fans at the super bowl last night. The hypocrisy is deafening.

Sent from my iPhone

On Feb 14, 2022, at 5:07 PM, David Rubino <tigger@live.com> wrote:

□

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com>
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: JULIE KISSICK MALLOY
Sent: 2/9/2022 1:05:15 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Against mandate

External Email

For the record Hannah. I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort. By the way, it is NOT a vaccine, it's a flu shot.
Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

We will continue to flood your office with phone calls, emails and oppose any mandate on social media.

We will not give up or back off.

Julie Kissick Malloy

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FJulieKissickMalloy>

From: Jeff Peterson
Sent: 2/10/2022 9:42:49 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members - Vote "No" on COVID Shots for Children

External Email

☐ Dear Board Members,

I have two children in Washington schools. Both of my children have natural immunity from the virus as we all had Covid over the Christmas break (myself included and I am fully vaccinated). I am not comfortable vaccinating my children for several reasons. First, they have natural immunity, and the CDC has now proven natural immunity to be more effective than the vaccines. Second, the current shots are deemed safe in the media reports, but the VAERS reports tell a different story. The truth is these shots are irreversible and we do not know the long term effects the spike proteins have on our bodies. The cases of myocarditis arising in boys is alarming. The changes in women's menstrual cycles are also alarming. I am very aware of the problems COVID 19 can have in adults, especially adults with comorbidities including age over 75, obesity, diabetes, and high blood pressure; this is the population at risk, not our children. If we truly follow the science the risk to healthy adults is extremely low and it is even lower for children. In addition, we now have effective treatments to prevent hospitalization and death that can be used instead of vaccinating children that do not need to be vaccinated. Children are NOT affected in the same way as unhealthy adults. It does not make sense to 'protect' them from something that really isn't a danger to them. What we need to protect them against is obesity, suicide, drugs, and alcohol as these have magnitudes more impact on their physical and mental health than Covid does.

I am not willing to experiment with our children and will remove them from public school if this shot becomes mandated.

Sincerely,
James "Jeff" Peterson
775.721.2550

From: Shawna Anderson
Sent: 2/10/2022 12:00:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Hello,

My name is Shawna Orozco and I have 2 children in the Pasco school district in Washington State. I am a registered nurse and very informed on vaccinations and health. The proposed agenda for children to be vaccinated against covid in order to attend public schools is unlawful and violates our free will and rights to choose what is best for our children. This is an experimental shot and is nothing like any child has ever received before with the MRNA technology. There is less than 1% death rate for children, posing no real threat to them. However the shot itself poses dangerous repercussions and many negative effects and many that we won't know for sure until further time and research is conducted. Our children are not experiments, they are important and they are the future. Please do what is right and allow parents the choice that belong to us, not the state. Thank you

Sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/10/2022 9:03:35 AM
To: DOH WSBOH
Cc:
Subject: FW: wsboh@sboh.wa.gov

From: Rachel Berry <rberry0308@gmail.com>
Sent: Thursday, February 10, 2022 8:59 AM
To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: wsboh@sboh.wa.gov

External Email

I OPPOSE the use of illegal force to detain ANY family OR children. This is insane!! Have we not learned about the holocaust and internment camps? What you are trying to pass is illegal and unconstitutional! There are thousands of us trying to leave comments on this matter and we will continue. I will be on every zoom or meeting you have throughout this charade! I will comment every time because this is against Washington Constitution!!

There are studies that show this type of agenda does not reduce transmission whatsoever. I would love to hear your thoughts on the vaccinated still being able to get Covid and spread it. According to even more studies this plandemic didn't get out of hand until the experimental shots were starting to be administered.

Forced mandates opposes our rights as free Americans- it also disrupts an active healthy immune response. Many studies now conclude that the highest vaccinated areas are highest for deaths and risky health concerns. Freedom of choice should never be infringed upon.

THE PEOPLE HAVE SPOKEN AND WE THE PEOPLE SAY NO!

WE THE PEOPLE SAY NO!

Just in case you forgot, WE the PEOPLE saw the WAC 246-100-040 on the agenda you tried to hide.

R Berry

From: john_bris@yahoo.com
Sent: 2/14/2022 6:12:16 PM
To: DOH WSBOH
Cc:
Subject: Vax Requirement for Schools

External Email

I am writing about the Vax requirement for schools.

This is something that is not necessary and should be voted on by the public if it's intended to be put in place!!

The Vaccines do NOT stop transmission in any way. The often stated function of protecting other students or faculty is false. The vaccines will not protect anyone except the person taking them. This has been stated by the CDC Director herself:

CDC Director: Covid vaccines can't prevent transmission anymore
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8df6af80ffbd4f10176708d9f028795b%7C11d0e>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8df6af80ffbd4f10176708d9f028795b%7C11d0e>>

<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/msn.png>>

CDC Director: Covid vaccines can't prevent transmission anymore

CDC Director Rochelle Walensky said in an interview on CNN that Covid-19 vaccines are no longer effective at pre...

So right there we have reduced the argument for vaccines for school students by half!!

Secondly, a number of medical experts, scientists and published studies have warned the covid

shots can reprogram your immune system to respond in a dysfunctional manner. A study posted on the preprint server medRxiv, May 6, 2021, found the Pzer/BioNTech COVID jab "reprograms both adaptive and innate immune responses," causing immune depletion.

While the jab "induced effective humoral and cellular immunity against several SARS-CoV-2 variants," the shot "also modulated the production of inflammatory cytokines by innate immune cells upon stimulation with both specific (SARS-CoV-2) and non-specific (viral, fungal and bacterial) stimuli."

People who were "fully vaccinated," having received two doses of the Pzer shot, also produced significantly less interferon upon stimulation, which hampers vitally important innate immune responses.

In other words, we're looking at a horrible tradeoff. You may get some protection against SARS-CoV-2 and its variants, but you're weakening your overall immune function, which opens the door wide to all sorts of other health problems, from bacterial, fungal and viral infections to cancer and autoimmunity.

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive an...

The mRNA-based BNT162b2 vaccine from Pfizer/BioNTech was the first registered COVID-19 vaccine and has been show...

Is it wise to jeopardize children's immune function since they have a .003% fatality rate from covid 19? I don't think so, and many doctors and medical experts agree including the inventor of the mRNA vaccine:

mRNA inventor says young adults shouldn't have to get COVID vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8df6af80ffbd4f10176708d9f028795b%7C11d0e>

AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8df6af80ffbd4f10176708d9f028795b%7C11d0e

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fmrna-inventor-says-young-adults-shouldnt-have-to-get-covid-vaccine%2Far-AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8df6af80ffbd4f10176708d9f028795b%7C11d0e>

AALnhq5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8df6af80ffbd4f10176708d9f028795b%7C11d0e

<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/msn.png>>

mRNA inventor says young adults shouldn't have to get COVID vaccine

Dr. Robert Malone, inventor of mRNA technology that's used in the COVID vaccine, told Fox's Tucker Carlson that ...

Combine the threat to children's immune system and the evidence of deaths and injuries from the Covid 19 Vaccines and you have a very strong argument against mandating vaccines for school aged children.

The VAERS database shows over 23,000 deaths and 38,000 disabilities, 25,000 life threatening events, 121,000 hospitalized and 116,000 emergency room visits as of Jan. 7th, 2022, so these numbers will be even higher today!!

If parents want their children to get the vaccines, and take the associated risks, then that's their prerogative. But to mandate the rushed vaccines that have more deaths and injuries than all other vaccines in recorded history combined is illegal and immoral!!!

IF you do pass this mandate, there must be an exemptions for medical, philosophical and religious reasons.

I have personally heard from many parents that they will move out of Washington if you pass this unwarranted mandate, so I hope you do not vote to have the covid 19 vaccines on the school vaccine list!!

Sincerely
John Bristol
Puyallup, WA

From: Freya Liu
Sent: 2/9/2022 9:49:16 AM
To: DOH WSBOH
Cc:
Subject: concerning TAG meeting on adding Covid vaccine to the required list to enter school

External Email

Hi,

I'm writing to request you say no to this insane proposal. It has no scientific ground at all. The vaccines do not stop infection and transmission, it has no long-term safety data and young kids are at extremely low risk of serious covid outcomes anyway. Why do you want to mandate something so novel for kids for a virus that basically is a flu for them? Plus the products were made against a strain that is basically not circulating any more. If you approve this, you are only speaking for the pharmaceutical companies, not for science or for the interest of kids' health and wellbeing.

I urge you to stop this nonsense, use common sense and look at actual scientific evidence.

Freya Liu, Ph.D.
Seattle, WA

From: Rachel Reiber
Sent: 2/10/2022 3:56:14 PM
To: DOH WSBOH
Cc:
Subject: Fwd: wsboh@sboh.wa.gov

External Email

To The Washington State Board of Health:

As a parent of 2 children in the Seattle School District I am asking that you make the vaccination of COVID 19 optional. There is still not enough research to show this is safe or effective and many of the kids have already had COVID and it doesn't impact them in a significant way nor do they spread COVID. If the Board decides to move forward with this many, many more parents will un-enroll their children in school. Last I checked we had 55,000 that un-enrolled this year in public school system.

Please do what is right and make the COVID 19 vaccine optional!

-Rachel

--

Rachel A. Reiber
206.940.4641

--

Rachel A. Reiber
206.940.4641

From: Karli Reed
Sent: 2/10/2022 12:34:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comment. Feb 10 TAG mtg

External Email

I have sat through all of the presentations and so far nothing presented about natural immunity by those recovered from Covid with or without the vaccine. Where is that? This has a very important role in your decisions today.

Do not pass this onto the kids! The parents will pull their kids out of the schools! Are you prepared for an Exodus of kids out the schools in greater numbers than this year?

Sent from my iPad

From: Debby Englund
Sent: 2/11/2022 5:56:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Yael Kantor
Sent: 2/15/2022 8:49:32 AM
To: Melissa Jenkins
Subject: Re: SuperBowl & The Big Game

External Email

☐ I believe most of you got involved with the school because you care about our children.

You are now failing them.

They watch adults mandating children to wear masks yet they themselves don't.

They watch adults tell them it's too dangerous for children to play sports, have dances, have more than one parent at a game or event yet they watch adults doing all of those things without masks.

They watch the constant flip flopping of the pathetic public health leaders who have taught them nothing about actual health.

They know that children are not affected by my this virus and have a 99.98% recovery rate (without intervention).

They see it all.

They know the masks don't work.

They are beginning to lose respect for those that should be setting an example for them.

And us parents are no longer going to stand by idly watching this charade. We all know that is exactly what it is.

It's time to drop the masks in school. And the time is now.

Dr Yael kantor

Sent from my iPhone

Sent from my iPhone

On Feb 15, 2022, at 7:29 AM, Melissa Jenkins <melissa_jenkins@outlook.com> wrote:

☐

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

You're behind the (global) ball with your cherry-picked science and Covid-19 decision making, namely around mask mandates. In recent news...

- * Kettle Falls School District (Washington State) moves to make masks optional effective immediately.

- * Washington State and Hawaii remain the only states requiring mask mandates for school aged children. In more recent news, D.C., Oregon, California, New Mexico, Illinois, Connecticut and New Jersey have drawn a line in the sand to protect our children.

- * Entire countries have revoked all Covid-19 restrictions including Sweden, Norway, Denmark, Switzerland – to name a few.

Single handedly you've lost the confidence of parents across Washington State in standing up for the health and safety of our children. We understand now, more than ever, your motivation to play into political theatre than truly following the science. We understand our children's health and safety is not your top priority when, again, using cherry-picked science to make critical decision.

Rest assured, what you have done is created mama and papa bear WARRIORS! We've never been more involved in our school districts, in our education system(s), our board of health and more. We're well-educated leaders, we're organized and we will see this change in Washington State – just like in Kettle Falls. What's more is we're teaching our children. They're going to be the next generation of patriots with a keen understanding of our God-given rights, Common Law, the U.S. Constitution and our Washington State Constitution.

Please, stand with us and remove mask mandates effective today.

Peacefully and respectfully,

Melissa

LWSD parent of 2, currently visiting another state where their BOH is on the right side of history

From: Tanya Goodman <goodman_tanya@outlook.com>

Sent: Monday, February 14, 2022 5:53 PM

Subject: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Rebecca Larsen
Sent: 2/10/2022 11:39:11 AM
To: DOH WSBOH
Cc:
Subject: Comments on Proposal to Require Covid Shots for Schoolchildren

External Email

While vaccines have long been an important part of public health, I am concerned that it is too early to mandate covid vaccines for schoolchildren. Since these shots are so new, we do not yet have enough data on long-term safety and efficiency. The shots are still not fully FDA-approved for children 5-11. Some countries have decided not to approve these vaccines for children as they have concluded the risks outweigh the benefits. If these shots are mandated here, and subsequent data indicates that these countries were right, it could easily lead to widespread mistrust in all vaccines.

Sincerely,

R. L.

From: samezell
Sent: 2/11/2022 6:13:52 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Are son will not recieve this vaccine it is still in test trials (as you know this).
And does not work (as you know this).
This hole thing is damaging a generation of children's mental health.
Are son will not attend public school system as will lots of other parents children we know.
The lost revenue the public school system will loss will be crippling. And local school levys will not support the school because they will not pass because of the push back from homeschooling parents. .
Any questions you can contact me 509 899 4979.
Sent in huge concern for children Ellensburg wa.

Sent from my Sprint Samsung Galaxy S9.

External Email

fluoride
Daily update ☐ February 9, 2022

Birmingham AL Pediatric Dentistry Fluoride For Children Dental Care Guide Launch
- Digital Journal
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Fct%3Dgca%26cd%3DCAEYASoTMTc2MDkwODQzNzMzMMDM1NjQyMDIaMzA2MjI4MGEmM2VhNTIy>

Digital Journal

Most children receive all the fluoride they need through a healthy diet, drinking community fluoridated water, and using fluoridated toothpaste.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshil-pediatric-dentistry-fluoride-for-children-dental-care-guide-launch%26ss%3Dfb%26rt%3DBirmingham%2BAL%2BPediatric%2BDentistry%2BFluoride%2BFor%2BChild%2BDigital%2BJournal%26cd%3DKhMxNzYwOTA4NDM3MzMwMzU2NDIwMhozMDYyMjgwYTAzZWE1MjIzOn>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshil-pediatric-dentistry-fluoride-for-children-dental-care-guide-launch%26ss%3Dtw%26rt%3DBirmingham%2BAL%2BPediatric%2BDentistry%2BFluoride%2BFor%2BChild%2BDigital%2BJournal%26cd%3DKhMxNzYwOTA4NDM3MzMwMzU2NDIwMhozMDYyMjgwYTAzZWE1MjIzOn>

Flag as irrelevant

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Global Cerium Fluoride Sputtering Target Market 2021 Size, Analysis, Top Players and ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Dcerium-fluoride-sputtering-target-market-2021-size-analysis-top-players-and-future-forecasts-to-2027%2F%26ct%3Dga%26cd%3DCAEYAioTMTc2MDkwODQzNzMzMMDM1NjQyMDIaMzA2MjI4MGEM2VhNT>

Bristol City Supporters Trust

The MarketsandResearch.biz, on Global Cerium Fluoride Sputtering Target Market research looks at the industry and current market trends, ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshcerium-fluoride-sputtering-target-market-2021-size-analysis-top-players-and-future-forecasts-to-2027%2F%26ss%3Dfb%26rt%3DGlobal%2BCerium%2BFluoride%2BSputtering%2BTarget%2BMarket%2B>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshcerium-fluoride-sputtering-target-market-2021-size-analysis-top-players-and-future-forecasts-to-2027%2F%26ss%3Dtw%26rt%3DGlobal%2BCerium%2BFluoride%2BSputtering%2BTarget%2BMarket%2B>

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Global Cadmium Fluoride Sputtering Target Market Focusing on Trends and Innovations ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Dcadmium-fluoride-sputtering-target-market-focusing-on-trends-and-innovations-during-the-period-2021-to-2027%2F%26ct%3Dga%26cd%3DCAEYAYoTMTc2MDkwODQzNzMzMMDM1NjQyMDIaMzA2MjI4MGEwM2VhNTIyMjA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca796d4e8b12a44955bd808d9ebf6ace1%7C11d0e21726>

Bristol City Supporters Trust

According to recent data from MarketsandResearch.biz, the Global Cadmium Fluoride Sputtering Target Market is expected to play a key role from ...

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshcadmium-fluoride-sputtering-target-market-focusing-on-trends-and-innovations-during-the-period-2021-to-2027%2F%26ss%3Dtw%26rt%3DGlobal%2BCadmium%2BFluoride%2BSputtering%2BTarget%2BMarket%2BStructure%2C%2BIndustryInspection%2BForecast>

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Dental Fluoride Treatment Market Structure, Industry Inspection, and Forecast 2028 – Hunter ...

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Hunter Women's Chronicle

After extensive research and analysis by experts, the Dental Fluoride Treatment report was created. This report provides a systematic and organized ...

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
newsupdate.com%2Fhydrogen-fluoride-market-

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Flag as irrelevant

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Energy Siren

LOS ANGELES, United States: The report is an all-inclusive research study of the global Sodium Fluoride market taking into account the growth ...

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Global Strontium Fluoride Sputtering Target Market Size, Analysis, Growth ratio,
Top Players ...

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Industrial IT

Which factors are influencing the growth of the Strontium Fluoride Sputtering Target market, such as drivers, threats, obstacles, entry barriers, ...

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ohik4rEUWeXbFA38OrDVkd_uRgzts4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca796d4e8b12a4495

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Send Feedback

From: Kathy OR Steve Luplow
Sent: 2/15/2022 10:13:38 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),nathaniel.thai@sbohwa.gov
Cc:
Subject: Covid shot fails to meet criteria #2

External Email



Dear Board of Health and TAG Members,

I have done extensive research and have found the following information from InformedChoiceWa.org. I will not take up your valuable time by sending you all 29 pages of their report. I will just send you part of what they have found. This is an excerpt from their letter addressing criteria #2.

"You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate.....

The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity."

You as a board are required to find the Covid shot meets all 9 criteria. It does not meet Criteria #2.

"The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available.

*Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

Do any of the COVID-19 shots fulfill this criterion? NO.

Immunogenicity: While the COVID-19 shots trigger the recipient's cells to create spike proteins, which then trigger an immune response and antibodies to the self-created spike proteins, this immune response has proven incapable of preventing infection or transmission. In short, the COVID shots do not prevent recipients from "contracting the disease." Some studies show recipients may be afforded a short window—a few weeks or months—during which their risk of infection or risk of severe disease is minimally reduced

in comparison to those without natural immunity, but even this protection appears to be dropping with each new variant.

This preprint study shows that PCR-positive tests for Delta variant occurred in a higher percentage of vaccinated individuals than in unvaccinated. From this it could be concluded that, regardless of vaccination status, all individuals are able to spread COVID-19 with similar viral loads. Riemersma et al., Shedding of Infectious SARS-CoV-2 despite vaccination. [https://www.infospirer.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load .pdf](https://www.infospirer.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load.pdf).

Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant, CNN interview with Wolf Blitzer, July 27, 2021, <https://www.youtube.com/watch?v=TKFWGvvIVLI>

Another pre-print study, Acharya et al., No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant, "found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV2 Delta." <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>.

The CDC reported that among the first U.S. cases of COVID-19 attributed to the Omicron variant, 79% of the 43 cases studied occurred in fully vaccinated individuals, including 14 who had received booster doses. SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021, CDC MMWR, December 17, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm>.

The criterion explicitly requires that "information about population-based effectiveness is gained from large trials," yet the clinical trial study on which the EUA was based for 5-11 included only 2,268 children total. CDC and ACIP acknowledged that the study was too small to find serious adverse reactions.....Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age, N Engl J Med 2022; 386:35-46, DOI: 10.1056/NEJMoa2116298, <https://www.nejm.org/doi/full/10.1056/oa2116298>.

A pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, therefore increasing chances of contracting COVID, after 90 days. The authors suggest a booster would be necessary in order to attain previous levels of protection. Do parents really want their child to get a booster every 90 days? Would this be practical or manageable? Hansen et al., Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study, <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5>

In contrast to the inability of the COVID shots to prevent disease, natural immunity has been found to prevent infection. This superior, broad protection will serve children well throughout their lives. "[C]hildren display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs." Dowel, et al., Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection, <https://www.nature.com/articles/s41590-021-01089-8>

In study after study, it has been shown that natural immunity far exceeds vaccine-induced immunity in length and quality. Please view the following studies here that show the superiority of natural immunity: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021. <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Thank you for reading the information from InformedChoiceWA.org that I have sent to you. As you can see this shot fails criteria #2.

Sincerely,
Kathy Luplow

From: Kindra Freeman
Sent: 2/9/2022 6:48:39 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 vaccine for children

External Email

As a mother of 3 school aged children, I strongly disagree with a vaccine mandate of the Covid-19 vaccine for children to attend school. I do not feel comfortable giving this to my kids at this time, as this is a new vaccine and not enough studies have been done. I do not find it necessary for kids to receive this vaccine as COVID-19 does not affected children the same as adults. I am in no way "anti vaccine" but I am against forcing my children to take an experimental vaccine for a disease that has little to no serious effects on children. If this mandate is put into place, I will be dis-enrolling my children from the public school system and I know I am not alone on this. My kids lives and education have been disrupted enough and have suffered irreversible emotional damage. Stop the mask mandates and NO to vaccine mandate! It is time to stop the virtual signaling and hypocrisy and put our children first!

Respectfully,
Kindra Etquibal

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Matt Yates
Sent: 2/10/2022 1:28:19 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 shot for school students

External Email

Board members,

I disagree with adding the Covid-19 shot for students. Studies have shown that Covid-19 does not affect most young children. There is also no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school settings.

Respectfully,
Matt Yates.

Sent from my iPhone

From: Tim Determan
Sent: 2/9/2022 2:54:09 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Thank you for taking your time to hear our position on COVID vaccinations for children. Vaccines are not always wrong. Some vaccines have stopped diseases from destroying great populations. I have a few concerns with this COVID-19, however. Many of you remember how excited a good percentage of the population felt when it was reported that a vaccine had been created that could stop the spread of this relentless virus. We were all told (this was being addressed to adults only) that if a great percentage got the jab - one dose of the vaccine, the virus could be controlled and we could go back to life as we know it. Soon after we were encouraged to have a second dose for security. We all know what happened after that - Delta variant showed up and now we're told, a booster shot will do the trick. People will still get sick, though, but not as sick as without the jab. All of a sudden now there is pressure to also immunize children. How many times will they need to be jabbed to be protected given the fact this virus keeps mutating? So every time a new variant shows up, a new booster will be given? If we are not able to stop the virus with one shot and no one really knows the negative affect this might have on our children, five, ten years from now. Now we're saying to give our kids a shot every time a new variant shows up. Only time will tell. What about immunity? Hasn't that always been the best policy to end a pandemic? One thing is certain, studies have shown that while there have been children who have gotten sick with the virus, the numbers have been minimal. I suggest that you make it optional. If parents feel that their children are safer having been vaccinated, then fine. But don't require everyone to have to do it. Some parents would rather have left up to them to make that decision. Thank you.

From: Stephanie
Sent: 2/10/2022 8:59:45 AM
To: DOH WSBOH
Subject: Vote NO on Covid-19 Vaccine Mandate

External Email

Dear Washington State Board of Health Members,

Thank you for the opportunity to submit my comment.

People like you who have influence need to stand up and say enough is enough. These ongoing mandates are mentally and physically harming the children who you should be protecting. Everyone who continues to perpetuate this narrative will have this on their conscience forever but you can be that dissenting voice and help start turning things around, especially for our children.

I am vehemently opposed to adding the Covid19 vaccination to the schedule for children to attend school. I am not anti-vaccine, I am pro-choice. My children are fully vaccinated with all the standard vaccines on the schedule. However, if this one is included they will not be getting it and I will pull them out of school. These sort of things must remain an individual choice made by parents who have done their research, without any repercussions by the state or district if a student remains unvaccinated due to whatever reason it may be; naturally acquired immunity, religious and/or philosophical beliefs.

It's a known fact that this vaccine hasn't been proven to prevent transmission of Covid. It's absurd to consider adding it to the schedule with the information we have now. It really makes people question the real intentions and more so question the other vaccines as well. I Imagine it will make a lot of parents like me wake up.

In order to maintain the integrity and credibility of WSBOH, I implore you to vote no. More and more truths and revelations about this pandemic are coming out daily, showing how so much of what has already happened is unconstitutional and unethical. Don't be on the wrong side of history.

Thank you,
Stephanie Adams

From: Testify Online Survey
Sent: 2/10/2022 12:00:24 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 10,2022

2.

Agenda Item or Issue:

Covid-19 cases

3.

Your Name:

Jaymeson Ziegert

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2820 W. Wabash Ave. Spokane, Wa 99205

7.

Email:

jaymesonraevarner@gmail.com

8.

Phone Number (Include Area Code):

5099536735

9.

Do you have any special expertise relevant to this topic?

1. Yes

Being a parent, and a person who had COVID-19

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I do not in any way shape or form think that it is okay to FORCE or MANDATE a vaccine for anybody, ESPECIALLY children. Our kids should not be punished for not believing in the vaccine or punished for their parent's choice of protecting them against the vaccine. The lack of education some students will receive due to not being vaccinated is scary to think about. The amount of health conditions the vaccine is causing in our children is terrifying. I see that you are continuously looking at the AMOUNT of cases and positive tests, but why are we not diving into the cases and their symptoms. Our family had covid-19 and we are a household of 5. I was the only one who tested positive, and my children we assumed by the school to be positive, which they were not. As a person who tested positive I did not have many symptoms other than being exhausted a little earlier. Most children whom I personally know that are testing positive have very little symptoms, if any. In Spokane the majority of people whom I know that are vaccinated and tested positive have had much more severe symptoms, than the unvaccinated. Why is this? Thank you for considering my opinion. The vaccination should in NO way hinder a child's education, nor should it EVER be mandated for any human being. Jaymeson Ziegert

From: Anitra Castillo
Sent: 2/9/2022 11:12:49 AM
To: DOH WSBOH
Subject: Tag Meeting Comments for February 10, 2022

External Email

Tag Advisory Group

This is an emergency use vaccine. All testing is not complete. It won't be complete until 2023/2024. So despite all your slides and data, Criteria #4 can't be ethically accepted as acceptable level of side effects. It goes against the Nuremberg Code.

Currently there is NO published literature on pediatric Covid 19 Effectiveness K-12. However there is information on the Covid vaccine and the laundry list of vaccine injuries.

CDC Data shows as of 01/21/2022 1,071,856 reports of adverse events from all age groups. including 22,607 deaths and 178,994 serious injuries between December 14, 2020 and January 21, 2022. 35,000 of these reports are 5 -17 year olds. Data is released every Friday. All required vaccines put together don't even come close to these numbers. This is real data.

LEADING CAUSE of DEATHS

15-19 year olds SUICIDE #3 and Covid is at #7.

10-14 year old groups SUICIDE #2 Covid-19 is #11 and is also under Influenza. Flu shots are not mandate and the variant changes every year. This is a flu and it flu season.

5-9 year olds Covid is at the bottom side of the list at #12 not to mention the data is unreliable.

Lastly as a parent and resident of Washington State I do not agree with the State Board of Health adding this to the list of required list of vaccines in K-12 schools and childcare facilities. It has been proven they harm in an alarming rate. It does not prevent to illness and or spread of the virus. Masks do not work and/or the vaccine.

In your slide you see a jump in Covid 19 numbers 01/13/2022 - 01/27/2022 period. Note that the WIAA rules in place for high contact sports is test 3 times a week! This causes asymptomatic kids to be tested and some who have previously had Covid who would/could test false positive. This I know had to throw a spike into the data. I personally had a child who did have a false positive.....I know those were not reported or deducted for the slide. PCR test were not made or authorized for this use.

We should be talking all the time you are wasting on this matter and be working on suicide prevention and mental health. We should be talking about getting people healthy.

In our family we will remove our kids from the system if this is implemented. I know this may not mean anything until this is the majority decision throughout the state.

Please do the right thing.

Juan & Anitra Castillo

Juan (509) 952-8020
castillojf68@yahoo.com
Anitra (509) 431-4562

From: Becky Zylstra
Sent: 2/9/2022 3:02:50 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Board of Health/TAG,

I am commenting today on Washington state's consideration for mandated COVID 19 vaccinations for children in school. I am 100% opposed to such a decision. All data shows that COVID 19 is a low risk virus to children. We have personally experienced it as a mild cold for 3-4 days. We are a young healthy family and value our ability to determine our own healthcare. We trust our pediatrician and in all our children's healthcare have regular conversations about the health of our children and make appropriate decisions on issues that may come up. Parents are in charge of their child's care, not the state, especially in the case of a mild coronavirus.

Washington state has been very heavy handed in all it's responses to COVID 19. Our rates/numbers do not reflect any better response to this virus than states who were more open and allowed their citizens to make their own healthcare decisions. These vaccines have been pushed on us with a very poor public information campaign. Don't just tell us to get it, tell us why! Help us find the data so we can make our own informed decisions. So much is unknown for the long term affects for children. They are not even authorized by the FDA for kids under 16 yet other than for emergency use!

While the virus has some risk (very low) of health complications, so does the vaccine (also low). I have 3 healthy teenagers who have an increased risk of cardiac issues with getting the vaccine. While you may argue this is rare and typically mild, so are the risks for contracting COVID!

If this vaccine mandate is put in place it will create another level of hardship for families. Some will comply and give their children a vaccine they do not believe is safe or necessary, creating more distrust in our medical community. Others will not be willing to vaccinate their children and pull their kids out of school. Will they be able to manage homeschool? Haven't kids been through enough? Will private schools also be mandated? Parents sacrifice so much to have their children attend private schools and are grateful for this choice. Will the state take away that choice due to another unnecessary mandate?

We have friends and co-workers who have moved to Idaho, Iowa, Montana, and Tennessee in the last 6 months to get away from Washington state government. Please show a little trust in our ability to care for ourselves and allow us to decide if it right for us to wear a mask or vaccinate ourselves and our children.

NO VACCINE MANDATES!

Thank you,
Rebecca Smith
Bellingham, WA

From: Terra Peterson

Sent: 2/10/2022 11:33:59 AM

To: Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH), DOH WSOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: death jab for kids

External Email


If you all seriously think we will jab our kids for government indoctrination schools, you are sadly mistaken. Every single slide of "science" that you present, is invalid. It is invalid due to covid numbers have never been accurate first off, second, you get these "science" facts from WSU, which is payed by the government to lie to us anyway. The only thing this will do is close the schools due to no students. If thats your goal, then go for it. I for one will not ever vaccinate for something that has treatment, IT'S NOT NEEDED. I honestly have no idea why anyone would think a vax is a good idea for something that has a 98% survival rate. Not only that, it doesn't protect you from anything anyway.....WHAT'S THE POINT IN TAKING IT? You are on the losing end. Not us. The patriots will stand. I can show you "science" that contradicts every single number you have shown, due to the plandemic. I want you to ask yourself, why is washington so sick with covid? Because everyone followed the narrative. The Vax is causing the mutations and spread. Anyone with any sort of medical knowledge knows this. You all need to resign from your positions, I do believe non of you are or should be qualified to make a decision for everyone's health with fake data, killing kids, due to your negligence. I hope God gives you dreams of your judgment day, or that you live with the guilt of murdering innocent children EVERY SINGLE DAY OF THE REST OF YOUR LIFE. You need to look at data outside of washington state. Our numbers are always high because of the compliance.....nothing else. I will take my chances getting sick over a life long disease or death. The world is watching.....

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<<http://www.familylobby.com/common/tt6489782fltt.gif>>

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From: Jen Edington
Sent: 2/9/2022 7:53:42 PM
To: DOH WSBOH
Cc:
Subject: Parent concern

 [attachments\15B24F35CB13470F_cidB0EF4521-7F17-4C27-A5CB-534D1F334C53.jpg](#)

External Email

Dear SBOH members,

Please provide your data and facts that you have stating that this vaccine PREVENTS the disease and REDUCES the risk of person to person transmission that is stated in criteria's 5 and 6 at the bottom of this email.

The CDC even states that the vaccine does not prevent people from getting the disease or reduces transmission. It may lessen some people's' symptoms and/or may keep some people out of the hospital if they contract COVID, but it is not necessary for children who are basically unaffected by either. This vaccine has known side effects and is not a one size fit all. Also, take note that the vaccine is for the original variant and not for the current or future variants.

Where there are risks, there should be a choice. I hope you take this into consideration during the meeting. America is the land of the free and parents should have the freedom to make medical decisions for their children.

Thank you,
Jennifer Edington
Mead School district parent

From: Scott
Sent: 2/9/2022 4:36:12 PM
To: DOH WSBOH
Cc:
Subject: School immunizations

External Email

Please vote NO on adding the Covid-19 vaccine to the required immunization list for child care and school entry. As everyone should be aware of by now, the Covid-19 vaccine does not prevent a person from catching or spreading the virus. With that knowledge in hand, there is no justification to mandate the vaccine for child care and school entry.

Thank you,
Scott Miller

From: Rohrer, LJ
Sent: 2/14/2022 11:01:05 AM
To: DOH WSBOH
Cc:
Subject: RE: TAG meeting yesterday Feb. 10



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attachments\45F46F779BAA4D04_image002.png

External Email

Thank you Nathan!

All the best,

LJ

Loujanna "LJ" Rohrer

Legislative Assistant to Rep. Brad Klippert

8th Legislative District

2021 Session- Remote Office: (509) 317-8471

From: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Sent: Monday, February 14, 2022 10:54 AM
To: Rohrer, LJ <LJ.Rohrer@leg.wa.gov>
Subject: RE: TAG meeting yesterday Feb. 10

CAUTION:External email.

Hello,

The TAG held their first meeting to review the COVID19 vaccine against the nine established criteria

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2F>
last week. Last week's meeting focused on reviewing and discussing Criteria 5 and 6. The
TAG did vote, as they will for all, on those two criteria last week.

Criteria 5 is under the category criteria of disease burden. Members discussed whether the vaccine containing the antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population. The TAG members voted that the criterion was met.

Criteria 6 is under the category criteria of disease burden. Members discussed if vaccinating against the disease reduces the risk of person-to-person transmission, with transmission in a school or childcare setting or activity being given the highest priority. A majority of TAG members voted that the criterion was met, but some members indicated uncertainty and noted that more evidence was needed.

More information on last week's TAG meeting is available on the Board's website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FNews%2FArticles%2FTAG-Meeting-Recap&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9dec242b85114626d95e08d9efec2058%7C11d>
and meeting summary notes will be posted when available.

Best regards,

Nathan Thai

Communications Consultant

Washington State Board of Health

Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov>

360-463-8928

Website

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Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>>

From: Rohrer, LJ <LJ.Rohrer@leg.wa.gov <<mailto:LJ.Rohrer@leg.wa.gov>> >
Sent: Friday, February 11, 2022 10:06 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV <<mailto:WSBOH@SBOH.WA.GOV>> >
Subject: TAG meeting yesterday Feb. 10
Importance: High

External Email

Hi BOH,

What voting took place yesterday at the meeting on what agenda items? What was the vote? Thank you!

All the best,

LJ

Loujanna "LJ" Rohrer

Legislative Assistant to Rep. Brad Klippert

8th Legislative District

Email: lj.rohrer@leg.wa.gov <<mailto:lj.rohrer@leg.wa.gov>>

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From: rbmail@rocketmail.com
Sent: 2/11/2022 3:18:31 PM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

My observations that I expect the WSBOH to address directly to me are:

1. The TAG group is not diverse enough. It is not inclusive of all Washington State constituents. I do not see anyone representing parents. I do not see anyone with a perspective on natural immunity. I do not see anyone with background/experience in pre-covid treatment protocols/alternatives. It is simply not acceptable to have an advisory group that does not include opposing views and a multi-background make up.
2. The TAG group has not considered "best practices" for risk reduction of adverse effects including looking at other states and countries. European countries are adopting a "no vax" for children policy. That should be considered here – we should take a "no vax" unless absolutely necessary approach.
3. The TAG group has not included any consideration of long term affects – and they should take the position – until we have the long term studies, vax should not be required by default. Then only if there is overwhelming evidence of vax efficacy and safety should they be considered.
4. The TAG group has not looked at the VAERS data in a meaningful way. By that I mean adopting a "no harm" policy. There is no acceptable risk of forced vaccination for the children.
5. The TAG group has not looked at an approach where the schools would have the children whose parents choose mandatory vax to have those children attend remotely. Do not force medical procedures that lack long term testing on others, or discriminate against those who choose caution and informed consent as a condition of attending school.

-R. Berry

From: barbara schile
Sent: 2/10/2022 7:42:14 AM
To: DOH Secretary's Office
Cc:
Subject: Mandatory covid vaccinations for school children VOTE NO

External Email

Sent from my Verizon, Samsung Galaxy smartphone

From: Glasoe, Stuart D (SBOH)
Sent: 2/9/2022 10:53:09 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:02 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Herendeen, Lindsay (SBOH)
Sent: 2/9/2022 10:19:08 AM
To: DOH WSBOH
Cc:
Subject: Fwd:

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Lenzi Malloy <lenziannamalloy@gmail.com>
Sent: Wednesday, February 9, 2022 10:17:17 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Bianca Crawford
Sent: 2/9/2022 2:56:57 PM
To: DOH WSBOH
Cc:
Subject: Comments for your virtual meeting 2/10

External Email

Dear Board members,

Keith Grellner Chair
Tom Pendergrass Vice Chair
Elisabeth L Crawford
Temple Lentz
Patty Hayes
Fran Bessermin
Bob Lutz
Umair A. Shah, MD, MPH

I am asking you today to consider real PEER reviewed studies to educate yourself how dangerous this 'vaccine' is to children who do NOT need the 'vaccine' as they have a 99.999% chance of survival. If you have followed the CDC and FDA then I am sure you are very well aware by now that the previously reported 'covid virus' cases/illnesses/death were deliberately inflated to create fear amongst the population. I am also sure you are aware that the public has educated themselves and will not allow for you to harm the children! We WILL pull our children out of the public school system if you force vaccination which is against the constitution. The US president cannot mandate this 'vaccine', neither will you. I understand that you are forced to follow your kings orders but he, along with you, will be held accountable for the crimes against humanity that you are about to commit if you force this worthless jab. It has been proven all over the world now that this jab is not protecting anybody, instead has caused more illnesses and death amongst the 'vaccinated' ones. How do you sleep at night knowing that you are willing sending innocent children to the slaughterhouses? Shame on you!!

#5 The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population. FACT: Peer reviews have shown that this 'vaccine' is NOT preventing the disease, is NOT stopping the spread and is NOT keeping you out of the hospital. The majority in the hospitals are the ones that are 'vaccinated'. There is a good reason why so many doctors and nurses rather get fired then getting this toxic jab

#6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority. FACT: AGAIN, the jab does NOT reduce the risk of transmission, peer reviews have proven this. I am talking PEER reviews, not the fake 'fact' documents where your numbers have been manipulated. 99.999% of the children are NOT effected by this virus and you willingly wanting to poison all of these kids to 'protect' 0.001% of kids is criminal.

Perhaps you should look at CDC's VAERS report and see that this jab has killed more people then all of the new medicines combined launched against the public in the last 20 years! Keep in mind that maybe 1% of the death and side effects are actually reported - add this to your notes. On top of this the CDC had to make a correction in the deaths reported over the last 2 years! 5% to 6% of the reported 'covid' death were actually folks that passed away from this 'virus'flu'. Not the fake numbers the fear-mongers produced. In addition, in case you have not heard or prefer to ignore - your PCR test is beyond

faulty as it is NOT capable of detecting the virus. So all these cases you reported - are incorrect. To this date you have NOT been able to even isolate said 'virus'! The best you came up with is 2 flu strains!

With all of this said -

Hands off of our children! Hands off of our health! No more mandates, no forced jab, no more masks like most of America already enjoys or prepare yourselves for massive lawsuits that will be placed against you personally. I will be attending this call and take notes

Bianca Crawford

From: Meghan Jones
Sent: 2/9/2022 1:17:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

NO MORE MASKS ON OUR CHILDREN.
NO COVID VACCINES FOR CHILDREN.

Sent from my iPhone

From: yuan ye
Sent: 2/11/2022 11:47:09 AM
To: DOH WSOH
Cc:
Subject: Disagree with covid vaccine mandates for school entry.

External Email

Dear board members,

I noticed you are considering to mandate kids covid-19 vaccine for school entry. As a mom with medical background, I strongly disagree your propose from safety concerns, especially if the health benefits and risks remain unclear.

Children are not little adults with the same immune systems responded to covid vaccine.

When making public decisions for children, potential risks and serious adverse reactions for covid vaccine must be factored. There is a proved case from a 12-year-old girl,

Maddie De Garay, who is suffering extreme reactions and nearly dying after Pfizer vaccines. <https://trialsitenews.com/mother-of-maddie-de-garay-speaks-out-about-her-13-year-old-daughters-life-altering-injuries-from-pfizers-covid-vaccine/>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fmother-of-maddie-de-garay-speaks-out-about-her-13-year-old-daughters-life-altering-injuries-from-pfizers-covid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fmother-of-maddie-de-garay-speaks-out-about-her-13-year-old-daughters-life-altering-injuries-from-pfizers-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1935d876df14289a52a08d9ed974154%7C1)

[vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1935d876df14289a52a08d9ed974154%7C1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fmother-of-maddie-de-garay-speaks-out-about-her-13-year-old-daughters-life-altering-injuries-from-pfizers-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1935d876df14289a52a08d9ed974154%7C1)

. Researchers have demonstrated Myocarditis and other types of heart inflammation are associated with covid vaccine, nevertheless future autoimmune diseases triggered by post-covid vaccination. Professor Wei Shen Lim, chairman of JCVI, stated that" the margin of benefit is considered too small to support universal covid vaccination for this age of group."

Authorizing Covid vaccine requirement is not necessarily applicable to children, the vast majority have little symptoms and mild illness. As parents, we carry the burden of living with long life effects of decisions for my child. I oppose your consideration of adding covid vaccine for school entry.

Sincerely,

Ye

From: Lang, Caitlin M (SBOH)
Sent: 2/15/2022 8:52:53 AM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\57A96AC11A854C67_masks.pdf

From: Dani Kessler <dani_kessler@hotmail.com>
Sent: Tuesday, February 15, 2022 10:42 AM
Subject: St. Patrick Catholic School - Parent Feedback

External Email

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the Baltimore Archdiocese is doing <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.baltimoresun.com%2Feducation/md-school-masking-20220211-20220211-w62eycynu5fybgztpujemsuwga-story.html%3Ffbclid%3DIwAR1xe8ncPOmITYxyAOFAkx7IDyI7ycxmek4TocY5sUR2ia9XBBVvkKTY8u4&data=>!>

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, inn March of 2020, there was quite literally nothing known about this new

illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. CDC - Mask Effectiveness Indoors

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolu>

Another CDC resource clearly states that the filtration of masks "Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection." CDC – Masks vs. Respirators

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fniosh%2Fnpptl%508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%7C1>

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks correctly, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? COVID-19 Worker Safety - Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acgih.org%2F covid-19-fact-sheet-worker-resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%7C1>

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for "surgical masks" and right in the description it says are non-medical. Amazon Surgical Mask

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsmile.amazon.com%2FHDFK-Disposable-Protective-Breathable-Non-Woven%2Fd%2FB088YJCQ7Z%2Fref%3Dsr_1_2_sspa%3Fcrd%3DX903K75VJ277%26keywords%3Dsurg2-spons%26psc%3D1%26spLa%3DZW5jcnlwdGVkUXVhbGlmaWVyPUEyUUFFNTVISFRGQVBGJmVuY3J5cHRIZ

) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals - when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I'm sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! Stephen Petty - On PPE and Aerosols

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=JL4yoUssHhJesfGpD1rYOwYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%70>

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful.

150+ Comparative Studies and Articles on Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fmore-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%70>

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn't exist.

Here's where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state's elderly and high-risk population safe and we simply cannot do without it, how is it there isn't overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn't mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and the subsequent enforcement of masking is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. The Educational Consequences of Masking Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nationalreview.com%2F2022/02/22/educational-consequences-of-masking-children%2F%3Ffbclid%3DIwAR0E9-jL4yoUssHhJesfGpD1rYOwYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%70>

However, I don't think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher's mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child's frown and respond with kindness. Or how they see another child's smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that

impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks?

The data says they are. JAMA Pediatrics – Mental Health & Wellbeing

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F4bc0-45d3-b2bb->

[b9c227e1313f%26utm_source%3DFor_The_Media%26utm_medium%3Dreferral%26utm_campaign%3Dfor-the-media](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F4bc0-45d3-b2bb-b9c227e1313f%26utm_source%3DFor_The_Media%26utm_medium%3Dreferral%26utm_campaign%3Dfor-the-media)

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

I'm a Public School Teacher. The Kids Aren't Alright.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%7C11d0e)

[kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%7C11d0e](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1ce8666fcb6141ca876808d9f0a39b38%7C11d0e)

Masked Schoolchildren

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d)

[schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d)

Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile.

The Strength of Weak Ties

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cse.wustl.edu%2F~m.neuma>

The residents of this state, and specifically the parents of school age students, have been understanding of restrictions, and, more recently, patient in waiting for policies to be adjusted in response to the data. But as the data continues to build against mask mandates with no changes to policy, we are asking you to push back on behalf of the health and education of our children.

We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above.
It's worth all 26 minutes.

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the [Baltimore Archdiocese is doing!](#)

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. [CDC - Mask Effectiveness Indoors](#)

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” [CDC – Masks vs. Respirators](#)

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks *correctly*, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? [COVID-19 Worker Safety - Masks](#)

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for “surgical masks” and right in the description it says are non-medical. [Amazon Surgical Mask](#)) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals – when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I’m sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! [Stephen Petty - On PPE and Aerosols](#)

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful. [150+ Comparative Studies and Articles on Masks](#)

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn’t exist.

Here’s where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state’s elderly and high-risk population safe and we simply cannot do without it, how is it there isn’t overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn’t mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and *the subsequent enforcement of masking* is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. [The Educational Consequences of Masking Children](#)

However, I don’t think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher’s mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child’s frown and respond with kindness. Or how they see another child’s smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word

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And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks? The data says they are. [JAMA Pediatrics – Mental Health & Wellbeing](#)

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

[I'm a Public School Teacher. The Kids Aren't Alright.](#)

[Masked Schoolchildren](#)

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Thank you for your time and thoughtful consideration,
Dani Kessler, 253-459-2449

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From: Bianca Crawford
Sent: 2/10/2022 12:56:25 PM
To: DOH WSBOH,Zoom,Redhotharley@yahoo.com
Cc:
Subject: Re: Reminder: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC starts in 1 hour

External Email

You people are absolute low-lives!

How dare you don't even bring in anybody to speak AGAINST this poison you try to inject into our kids!

How dare you talk about all these cases when it has been proven that the PCR test is beyond faulty, hence you were told you can no longer use it as of 12/31/21! All of your "data" is full of misinformation and you will make a decision off of this garbage?

How dare you talk about these "variants" when - to this date - you can't even isolate the virus itself! The best you can come up with is 2 flu strains! Has anybody in this group ever asked a REAL doctor how they determine what "variant" is currently pushed? Clearly not because you would know then that there is NO such test!

I don't care what your king inslee is demanding - you personally all will be held accountable for crimes against humanity if you push this garbage on us and our children. You people are despicable!

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>>

On Thu, Feb 10, 2022 at 7:55 AM, Zoom
<no-reply@zoom.us> wrote:
<<http://us02web.zoom.us/j/89036106373?pwd=Oa8b1a2e453e.png>>

Hi Bianca,

This is a reminder that "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC" will begin in 1 hour on:
Date Time: Feb 10, 2022 09:00 AM Pacific Time (US and Canada)

Join from a PC, Mac, iPad, iPhone or Android device:

Click Here to Join <https://us02web.zoom.us/j/84038243635?tk=5jzGLWWBQTgz2vo-fkfcGc9MwMGyE4aOWCFm-_VdDKI.DQMAAAATkRHVMxZxZkdLRG1udVJYVzNnVktSUElPdGdRAAAAAAAAAAAAAAAAAAAAAAAAAAAAA&TQ>

Note: This link should not be shared with others; it is unique to you.
Passcode: 390357

Add to Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/ics?user_id=qfGKDmnuRXV

Add to Google Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/calendar/google/add?user_id=qfGKDmnuRXV

Add to Yahoo Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/ics?user_id=qfGKDmnuRXV

Or join by phone:

US: +1 669 900 9128 or +1 253 215 8782 or +1 301 715 8592 or +1 312 626 6799 or
+1 346 248 7799 or +1 646 558 8656

Webinar ID: 840 3824 3635

Passcode: 390357

International numbers available: <https://us02web.zoom.us/j/kchZi1TdJz>

<<https://us02web.zoom.us/j/kchZi1TdJz>>

You can cancel

<<https://us02web.zoom.us/webinar/register/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/success?act=cancel>>
your registration at any time.

From: Megan Rivers
Sent: 2/9/2022 8:24:05 PM
To: DOH WSBOH
Cc:
Subject: Do NOT include the COVID vaccine

External Email

To whom it may concern,

I am writing to strongly encourage you to NOT include the COVID vaccine as a requirement for students K-12. Currently there is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. This vaccine is still an experimental inoculation and is proving to have way worse adverse reactions than to actually get COVID itself.

Covid-19 is far down the list of causes of death for Washington children. Requiring this experimental vaccine will only hurt students and the educational system more and after the last 2 years there shouldn't be any further detrimental decisions made.

Please, please do NOT add this experimental vaccine to the already overloaded inoculation schedule.

Thank you,

Megan Cordova

Maple Valley, WA parent

From: LYNDIA NIELSEN

Sent: 2/9/2022 5:16:09 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Oppose - Adding Covid Vaccine to Required Vaccinations

External Email

I am writing the Board to let you know that I fully OPPOSE adding the Covid vaccine to the list of required vaccines to attend public school.

There is no evidence that the vaccine is either effective or necessary for school age children. This is an experimental vaccine that provides no liability for adverse effects for our children. The official studies will not be completed until 2025, so it would be harmful for you to require an experimental vaccine.

The infection rates among children are very low and the risk of harm from the vaccine is actually higher than the risk of harm from Covid.

I will not be sending my children to public schools if you make this a requirement. I will be homeschooling or using private schools, or if necessary, we will be moving.

This makes no sense at all to even be talking about this.

Get back to teaching our children reading, writing and arithmetic! Our children needs the basics, and they need a school system that focuses only on that.

-- Lynda K. Nielsen

From: victoria wauchope
Sent: 2/9/2022 8:25:50 PM
To: DOH WSBOH
Cc:
Subject: 92A56777-BDC2-4E88-BC57-91BCA93D0E7E

External Email

The BOH said they weren't planing on adding a non fda approved treatment to the school aged kids. This is a violation of human rights and needs to stop! It seems the board lied to the thousands of Washingtonians last month in the meeting. If you add this EUA vaccine treatments to school immunization list, you are asking for more uprising, anger, and chaos. You are asking every parent to let our government experiment on their kids. Parents are pulling their kids out of public school because it's full of sick teachings, trans rape, and mental abuse. There is no need for a covid vaccine at this point, and the fact you are medical advisors pushing this, Says a lot about you! Either your really bad a your job, or you are receiving money, gifts, or jobs for your recommendation. States and countries across the world have realized you have run covid into the ground. We are done with your stupidity and greedy hands in our lives. We are done, we will not comply today, tomorrow, any time, ever again. You abused you position and no one trust doctors, nurses, DOH, BOH, any politicians anymore. You destroyed any credibility you ever had. Straighten up!

From: Family Kovacs
Sent: 2/10/2022 9:05:37 AM
To: DOH WSBOH
Cc:
Subject: Against Forced Covid vaccine for Children

External Email

I, Heather Kovacs, do NOT Consent to adding Covid-19 vaccines into Chapter 246-105 WAC due to the following reasons:

- 1) We The People do not consent to experimental drugs.
- 2) The Gene altering technology has not had enough long term studies for adverse reactions, and or long term side effects.
- 3) According to the new scientific data coming out, the vaccines have been more harmful to the people rather than helpful.

In conclusion, until the covid-19 vaccines have been PROVEN and documented to be safe and effective, I do NOT consent to the revision of WAC 246-105.

Heather Kovacs
Maple Valley, WA

Sent from my iPhone

From: mirelgu@gmail.com
Sent: 2/9/2022 2:17:02 PM
To: DOH WSBOH
Cc:
Subject: Comments for Dr. Lofgren's Power Point presentation for the Immunizations Technical Advisory Group

External Email

Dear Board of Health,

We, the citizens you serve, ask that you please seek truth. Please go to the sources that these professionals have used for presenting their data, read those studies, be informed and seek truth before voting. Do not vote only based on the information you are told by these professionals. I have started scrutinizing the first Power Point Presentation, Dr. Lofgren's and I have found the discrepancies below. Please feel free to forward these to Dr. Lofgren to hear his explanation. This is not an exhaustive list, please do this important homework ahead of time so you are prepared for good questions for these presenters, given that there will be no public hearing, YOU are our representatives. This is an important matter you have in your hands, please seek truth, and do not let your voting be based on fear.

Concerns:

Slide 8 says much of the science for Covid-19 is fast moving due to different variants, which supports the fact that the current vaccines available might prove inefficient or not efficient enough with future variants. The same slide says that omicron is milder, which supports the notion that a vaccine for a mild disease in children is unnecessary. This same slide says that omicron is causing considerably more cases in children. But the decision you are voting on today, cannot be based on current covid cases. In a week or two the data might show that covid cases in children are negligible. You can't vote for a vaccine mandate on such volatile data.

Slide 10 says "Hospitalizations are increasing in WA in all age groups." Again, that was when the power point was prepared. As of today, hospitalizations across WA have dropped significantly since last week and very likely will continue to drop in the next few weeks. If anything, children are acquiring immunity due to natural infection and will likely be protected from the disease altogether or be prepared for an even milder infection in the future.

Slide 11: This chart is misleading. This chart shows children covid cases in the last 7 days (when we are still in the midst of heavy covid testing and just coming down from the latest covid wave) and comparing those numbers with child flu and RSV data from 2019 is comparing oranges to apples! How many children with the flu or cold symptoms went to go GET TESTED for the flu or for the common cold in 2019? We didn't have flu testing facilities all over the state back in 2019. This is misleading data and I would be wary of

this and further data presented in this power point.

Slide 12 second bullet cites a study by Wanga et al. (<https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a3.htm>) That same study showed that a significant amount of the children hospitalized had either co-infection with other diseases or were obese. This same study believes in recommending a vaccine particularly for children with obesity and other underlying health conditions. Dr. Lofgren should have mentioned this important piece of information which was the focus of that study he mentions. He rather has picked only the data that shows that those vulnerable children were hospitalized and some ventilator, while omitting their specific vulnerability. This is hiding truth. The goal of his presentation should be to present the full truth and not to present data that can lead to manipulation through fear.

I do not have time to check all the sources he or other experts are citing in his power point presentation but I ask that you please do. Data can be presented in way that seek a particular outcome, please seek the truth. It is an important job you have right now. Many lives will be affected by your decisions. Families should have the ultimate say in the health decisions of their members in conversation with their doctor. It is not the role of the government to mandate this. If after all, you believe that vaccines are indeed beneficial, families will we gladly welcome your recommendation, but it should be finally our choice. If someone is really concerned with catching covid at school, a vaccination mandate will only bring a false sense of security, since the vaccine efficacy wanes significantly over time.

Thank you for your time reading this email, and please, scrutinize every power point, data and study you are being presented to make a good voting decision.

Thank you!

Mirel Schultz

From: Terri Durham
Sent: 2/9/2022 7:31:18 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Mandatory vaccination should not be allowed for COVID-19. It is an emergency use vaccination that has had mild to extreme complications including, longer more painful periods, blood clots, nerve damage, and death. We have had severe illness and death from the few members in our family who did take the risk and get vaccinated for COVID-19. One has nerve damage at the injection site, one of them developed severe blood clots in her lungs and was hospitalized. The other died of a massive heart attack within six months of his last shot and had no heart issues prior. I will not gamble with my life or my families' lives. I ask you not to make a decision requiring vaccination. Each family should be allowed to make on their own decision, without coercion or force. We have a more vested interest in preserving our children's lives than you do. Let us do our jobs.

Terri Durham

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Doris Schick
Sent: 2/11/2022 3:47:20 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

DO NOT make this drug mandatory. It's experimental and long term effects are not known on children. When they won't even tell you what's in it I don't know how you can make it mandatory unless you folks want to be held responsible for adverse reactions to kids.

There is no science that supports these children should have this drug.

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: No Censor

Sent: 2/9/2022 3:34:01 PM

To: Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:

Subject: WA SBOH TAG meeting: consider to require COVID-19 vaccination for children to enter school



attachments\F2A09ED3E1524515_1644449429157blob.jpg

External Email

Hello All,

Please find attached a screen shot of the most recent CDC VAERS data regarding the Covid-19 vaccinations. You will see over 23,000 deaths and well over 1 million total injuries have been reported from these vaccines. You need to stop what you are doing until VAERS can be investigated and verified. Please keep in mind that by 1986 law, all adverse events have to be reported to the VAERS system. Also, keep in mind that it is a criminal offense to make a false report to the VAERS system.

Now that you are aware, you need to stop what you are doing! How many must die from these vaccines before you stop your push to vaccinating everyone with this poison?
Leave the children alone!

From: Nichole Milne
Sent: 2/9/2022 4:20:31 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I request that you not require the covid vaccine for our students. This should be optional just like other vaccines and the covid vaccine has proven that it is not safe for children.

--

Nichole Milne

From: Troy Lenssen
Sent: 2/9/2022 10:46:27 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I would like to strongly encourage you to NOT include Covid-19 vaccines for children as a requirement. The data is not there showing it is safe or even effective at this point. For example, what are the long term effects on reproductive issues? Is there a 5-year effect of spike proteins? Etc etc.

Regards

Troy Lenssen
Lynden Wa

From: Jackie Gleason
Sent: 2/11/2022 2:44:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Galynne Matichuk
Sent: 2/9/2022 8:17:21 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 shots for public school students

External Email

I would like to respectfully request that Covid-19 shots not be included for public school students.

There isn't any published information showing that the pediatric C-19 vaccine is effective in a K-12 school setting.

Children are not at risk from C-19 and are not carriers. This technology is far too new for inclusion.

Please vote AGAINST the inclusion of the Covid-19 vaccine for public school students.

Galynne Matichuk

From: Brian DeKoekkoek
Sent: 2/11/2022 8:47:22 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Jab for public school children

External Email

Do not require the Covid Jab for public school children. It is not needed, it is more dangerous for the kids than getting the Fauci flu.

Vote No on any more requirements!!!

Brian DeKoekkoek
brian4ktruck@gmail.com <mailto:brian4ktruck@gmail.com>

From: Miranda Evans
Sent: 2/10/2022 9:15:25 PM
To: DOH WSBOH
Cc:
Subject: Opposing Covid Vaccine in schools

External Email



Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

Sent from my iPhone

From: Tera Tagliabue
Sent: 2/9/2022 8:07:03 PM
To: DOH WSBOH
Cc:
Subject: TAG meeting and opposition to covid vaccine mandate in schools

External Email

Dear WA Board of Health and TAG members,
I strongly oppose that you are even considering adding the covid vaccine as an immunization requirement for school or daycare attendance. If you are following the science, it is very clear by now that these experimental mRNA injections do not prevent infection or transmission of the SARS-CoV2 virus. If you believe and are following the science, there is nothing else to say. There is no benefit and no reason to consider adding a vaccination requirement for a vaccine that does not prevent the disease or the spread of the disease.

The so-called vaccines are also shown to have more risk of injury and adverse reactions in children and adolescents than the risks involved with infection from the virus for this population. Children are at very low risk of serious illness or death and have a 99.98% recovery rate, according to our own CDC.

I hope you are doing your due diligence and really paying attention to the messages of opposition that you are receiving from parents across the state. I hope you all have read the well supported and very thorough response to all nine of your Criteria from Informed Choice Washington, available here

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2F0x124.mjt.lu%2Flnk%2FAUkAAEx88AAAAAu9MAALoOABkwhABiAp0-](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2F0x124.mjt.lu%2Flnk%2FAUkAAEx88AAAAAu9MAALoOABkwhABiAp0-XIDmEJoWT_6HBgT5pb0EBwAYgA4%2F9%2FStDrOLFjg6HjoshnNSGkAw%2FaHR0cHM6Ly9zZWN1cmVzZXJ2)

XIDmEJoWT_6HBgT5pb0EBwAYgA4%2F9%2FStDrOLFjg6HjoshnNSGkAw%2FaHR0cHM6Ly9zZWN1cmVzZXJ2

. I hope you have all taken the time to review the extensive research that they provided to support their board and member's opposition.

These emergency use products cannot lawfully be mandated on any individual, especially children. Many parents, including myself, will remove their children from public schools if you mandate the covid vaccine. The ability to opt-out is imperative, but the way to do that is not to coerce parents into un-enrolling their children as their only alternative to vaccination. These vaccines have not been proven safe, they have not been studied long enough to determine long term risk vs benefit. They are not FDA authorized and cannot be mandated. They are not effective at preventing infection or transmission. Natural immunity will serve our children much better in protecting them from any future variants of this virus, since the vaccines generate antibodies to a part of the virus that is vastly different than the original viral strain from which these vaccines were derived. I have not provided sources and links to research because I am directing you to read the letter from ICWA which is full of resources.

Please follow the science, as all the politicians and government agencies have been saying they are. But follow the science in front of your eyes, not just what the media feeds you. Never in the history of medicine or science has there been so much censorship to valid discussion and questioning of a new technology and new product. It is not science if you simply refuse to consider ideas and scientific evidence that goes against either your hypothesis or your agenda.

Please protect our children and the rights of parents and medical freedom.

Vote NO

From: Chan & Patti Bailey
Sent: 2/15/2022 10:10:36 AM
To: DOH WSBOH
Cc:
Subject: 02/10/2012 TAG Meeting

External Email

Please forward to Vice Chair Pendergrass.

Regarding the TAG meeting that took place 02/10/2022

Is there a need for the proposed vaccination requirement?

Since learning of this proposal I have reviewed the minutes and materials of the 10/13/2021 BOH meeting when it was decided to form the TAG; reviewed the minutes and materials for the 12/29/2021 TAG meeting; reviewed the agenda and materials of the 01/12/2022 BOH meeting and attended a portion of the meeting. I reviewed the agenda and materials (including the 9 criteria) for the 02/10/2022 TAG meeting and viewed the entire meeting online.

Nowhere in that information was there any mention of what should be the very first step in a process like this – establishing a need for the action being taken. I could find no information indicating the Board discussed the need during the early part of the process.

Wanting to know the need, I did my own research. Since the beginning of the pandemic 8,377,969 cases of Covid-19 have been reported in the 5-17 age group in the U.S. (as of 02/10/2022); of those 4087 (0.049%) were hospitalized (as of 02/05/2022) and 795 (0.00948% of cases) – 1 in 10,000 - known cases resulted in death (as of 02/09/2022). That does not take into account the unknown cases, the multiple co-morbidities involved in 95% of Covid related deaths (per CDC), and other factors. A study by Cathrine Axfors and John Ioannidis of Stanford calculated the risk of death from Covid for children and adolescents infected with the virus to be 0.001% or 1 in 100,000. That is a survival rate of 99.999%.

The Board seems to see a need to require 100% of children aged 5-17 to be vaccinated in order to potentially prevent a fatality rate of 1/100,000 cases – if the vaccine were 100% effective – which it is not.

I do not believe there is a justifiable need for proposing, much less requiring, the Covid vaccine for school attendance.

Criteria #5 & #6

The 02/10/2022 TAG meeting focused on Criteria 5 and 6 for this process. Very little time was spent during the meeting explaining the criteria. Put simply, criteria 5 uses the word “prevent” as in the “antigen prevents disease” (criteria 5). That requires that the antigen

actually prevents the disease, but the information presented didn't address that question. The information confirmed the antigen reduced the risk of serious illness and death if someone was infected with the disease, which by itself tells us the antigen doesn't prevent infection. No information was provided to show the vaccine prevents disease.

A second requirement of criteria 5 is that the disease to be "prevented" is a "disease that has a significant risk of morbidity and/or mortality in at least some subset of the population." With Covid the risk of significant morbidity and/or mortality is low for the vast majority of the population, with a 99% survival rate. The only group(s) at high risk are those with existing co-morbidities and/or the elderly. Those groups can be protected without requiring all children to receive these shots.

I was surprised that the entire team voted that the answer to question 1 (prevents disease) was yes when the obvious answer would be no, since we know that even after vaccination people can be and are frequently infected with Covid and some even require hospitalization and/or die. Since they do not prevent the spread of or infection with Covid the antigens being discussed would be better described as a pre-infection treatment.

The correct answer to question 1 would be no.

Criteria 6 is that the antigen "reduces the risk of person-to-person transmission." I have not seen any information anywhere that strongly indicates that the Pfizer shots do or do not reduce the risk of the spread of Covid, and the presenters were not able to answer that question to my satisfaction, either way. When the Omicron variant reached the US in December 2021 about 50-60% of the population had had the shots, and potentially that many more had been infected with Covid and survived (also developing protection). Even with that protection we saw an enormous spike in Covid cases. It seems that neither the shots, nor natural protection, did much to reduce the risk of transmission.

The correct answer to question 2 would be, at best, unknown. I would say no – at least not to any significant degree.

UNKNOWNNS

During the 02/10/2002 TAG meeting the presenters frequently said "we don't know" and made sure to tell the team there is "no guarantee" regarding several things discussed. TAG member Ben Wilfond (?) asked about the future and how we would be able to stop the requirement of these shots after we do know what we don't know now. The presenters didn't have an answer to that, except we would have to deal with it then. They were right, we don't know what Covid will look like in the fall. We don't know if Omicron will be the prevalent variant, if a new variant will be more (or less) virulent or deadly. If we don't know why are we considering requiring a shot/vaccine for an unknown variant if we don't know it will work? It was explained that the team should view the issue based on today's circumstances, as if the variant next fall will be Omicron and the antigen is effective against it. But the next words out of their mouth would be the qualifier - "we don't know." There is "no guarantee" that the information provided now will apply by August, or that the antigen available will work against the new variant. The history of Covid-19 makes it easy to predict that there will be a new pre-dominant variant by next fall. Making such an important decision when the targets are constantly moving is how bad decisions are made.

I do not think it's wise to make a decision like this based on guesses or what might be or when "we don't know." Parents will want some kind of assurance that whatever shot you

require their child to receive will work. I'm afraid "no guarantee" will not be sufficient reassurance.

General Observations

It was pointed out, correctly, that the efficacy of the shots decreases over time. However, there was no discussion regarding the frequency that these shots might be required. This would seem to be another important thing to consider before making such a decision.

I believe it was Board Vice-Chair Tom Pendergrass who told the TAG that if it seemed like this process is being rushed – it is. He explained that if the Board wanted to implement a new vaccine requirement in time to be enforced for the 2022/2023 school year all the steps required would have to be completed in a compressed time frame. Decisions that are rushed frequently turn out to be, well – wrong, and hard to undo. We are learning that the rushed decisions to lock down society and close businesses when the pandemic began did nothing to slow the spread of the virus and had many negative impacts (recent study released by Johns Hopkins). We are also learning that masks were not the answer we were originally told. In fact – the "vaccines" are not providing the protection promised. In the case of Covid, rushed decisions have almost all been bad decisions. I don't think you want to add to that dismal track record.

SUMMARY

I believe the Board failed to properly identify a true need for this additional vaccine to be required for children to attend school. As to the criteria discussed during the first TAG meeting it is obvious to me that neither 5 nor 6 were met in any reasonable interpretation of the information provided. In fact, it seems that the presenters and TAG members (especially the presenters) may have predetermined the outcome of this meeting, and likely the rest of the process.

Based on the following: 1) The lack of establishing a true need for this proposed requirement 2) The meeting of criteria 5 and 6 is questionable, at best [my opinion] 3) The concerning number of unknowns 4) The rushed process and 5) The apparent dislike of the idea by the general public, at least so far - I believe the Board should slow the process down and look to perhaps implementing the new requirement for the 2023/2024 school year, if at all.

Sincerely,

Chan Bailey

PO Box 307

Colbert, WA 99005 509.991.7637

From: Michael Slater
Sent: 2/11/2022 6:20:30 AM
To: DOH WSBOH
Cc:
Subject: Do Not Schedule C-19 Vax

External Email

To Whom It May Concern,
Cutting to the chase, we will be moving out of Washington if you vote to start including the untested, ineffective, and dangerous COVID "vaccination" as a mandatory part of the childhood vaccine schedule. Omicron is proving to be less dangerous than the flu, and you can't even see an end to the number of boosters currently.
We have lived in Washington all of our lives and would be heartbroken to be forced to leave, but the safety of our children has to come first.
Sincerely,
Mike Slater

From: Krissy Wescott
Sent: 2/10/2022 1:04:27 PM
To: DOH WSOH
Cc:
Subject: Feb 10, 2022 TAG Meeting

External Email

Multisystem Inflammatory Syndrome in Children (MIS-C) may describe Kawasaki Disease. Please see link below:

<https://www.mayoclinic.org/diseases-conditions/kawasaki-disease/symptoms-causes/syc-20354598>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mayoclinic.org%2Fdiseases-conditions%2Fkawasaki-disease%2Fsymptoms-causes%2Fsyc-20354598&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cdbee4b7e23964217db1b08d9ecd8e355>>

Weighing the risk to benefit of making Covid 19 Vaccines mandatory for school-aged children, I would recommend choosing 0% mortality rate for children to Covid 19, which relies on their natural immune system, rather than adding potential injury (myocarditis cases arising in Jan 2022) with the injection.

Krissy Wescott

From: Mieghan Bray
Sent: 2/11/2022 11:34:21 AM
To: DOH WSBOH
Cc:
Subject: Public Comment. - School Vaccination requirements

External Email

Hello,

I do not believe these new vaccinations should be required for young children. There is so much we have yet to learn about them. My son chooses to homeschool because he doesn't like wearing masks long hours. He would love to go to school. We are waiting to vaccinate as a family until more long term affects are known.

I watched children after school last year and many came to my house with coughs, sneezes, and feeling punky. They came after being at school all day with other kids while they were vaccinated. Everyone I know who is vaccinated have caught Covid and many have spread it while vaccinated. This vaccine will not and does stop the spread. All of us vaccinated or not had the same symptoms.

Please say no. We should not be gambling with the welfare of our children. This choice would seal the deal for my family to continue homeschooling and learn to just say no to the public school system. My kiddo completed 3 grades in one year at home with me.

Thank you for hearing me out.

- Mieghan Bray

From: Kristi Sabo
Sent: 2/9/2022 5:11:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jordan Bjelland
Sent: 2/13/2022 8:33:26 PM
To: DOH WSBOH
Cc:
Subject: Comments for Immunization TAG

External Email

As a mother & Washington State citizen, I am extremely concerned with the Technical Advisory Group meeting last Thursday. After watching the meeting and hearing the hesitancy from many members, I do not understand how they could then vote in favor at this meeting. There seemed to be lots of hesitancy & great questions from the members but I am very concerned because there is no evidence for Criteria #6 & the group discussed this at length but still 12/17 people voted that this vaccine met that criteria. While watching the meeting it sounded like many wanted to vote NO but in the end decided YES. It's very disheartening & we will continue to watch these meetings take place.
Shanan Bjelland

From: Darin Padur
Sent: 2/10/2022 3:01:43 PM
To: DOH WSBOH
Cc:
Subject: Absolutely not

External Email

We will not comply with any non-scientific based vaccine mandate for our children. This is outrageous and unnecessary. Please give people a choice to protect our kids. This is not protecting. This is harmful.

Darin Padur
dpadur@comcast.net
(253) 335-7917

From: Kahler, Kelie (SBOH)
Sent: 2/13/2022 8:47:31 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

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

From: Stephanie Bohnett <2xasnice051507@gmail.com>
Sent: Sunday, February 13, 2022 7:55 PM
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: Kelly Alexander
Sent: 2/11/2022 7:19:42 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Let the parents make this decision in the best interests of THEIR children, let the doctors educate parents based on each individual child's health care needs. This should be treated like the flu vaccine, NO TO MANDATORY COVID 19 vaccination for ALL people. You should not be able to have this much power over the people in a democracy.

Sent from my iPad

From: Kathy Wubben
Sent: 2/10/2022 7:49:13 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I am parent of 4 Children. All have attended Lynden Christian School.

The pandemic began in 2020 during my son's senior year. We were told we needed to wear masks and close school for two weeks to "flatten the curve". He missed his senior season of soccer, their senior banquet, and their graduation among so many other things. We adjusted and agreed to do what was needed to keep everyone out of harms way as very little was known about the virus.

We are now approaching year three and still in masks and still dealing with "risk factors". Our children have suffered enough. They need to see their teachers, see their peers, and breathe fresh air. The masks have proven ineffective and it's time to life the mandates. If some feel safer, that can be their personal choice to wear one but for the larger community we are done with the political agenda behind the mandates.

Following the science means following ALL of the science. It is proven that kids have a 99.98% survival rate. Masks are not needed. People that have been vaccinated, boosted and wearing masks are still getting this virus. It is not going away. Some have become deathly sick which is terrible, however many have also survived. Where are the statistics of how many have had Covid and actually survived it? All we hear are the death or hospitalization numbers

My two older children have now moved on to college in Arizona and attending with zero restrictions. In person, no masks, no vaccine requirements.

It's time for people to have a voice.

Thank your time,

Kathy Wubben

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Lori Hayden
Sent: 2/10/2022 4:24:16 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine

External Email

To the WA state board of health,

Many students have already had Covid 19 and therefore have better immunity than a vaccine.

Getting a vaccine after a natural infection has a 2-4 times increase in injuries from the vaccine and partially destroys the natural immunity.

These are still experimental vaccines and no one should ever receive them without informed consent as it violates health ethics. Everyone who wants one is already free to get them.

Children are at more risk from harm from the vaccine than they are from the natural infection.

This virus mutates, so today's vaccine may not even be effective against tomorrow's illness.

There is no good reason, other than to line pharma's pockets, to require the Covid vaccine for kids, and I for one would pull my kid out of public school before getting it, because he has already recently had a natural infection. Please think logically and first do no harm to our kids!

And I work in the school and have no worries about kids not being vaccinated. In fact, I worry a lot more about all of the health issues that I see in today's kids due to be over-vaxxed. There are harmful side effects to vaccines. Where there is risk, there should always be choice.

A very concerned parent and para educator.

From: Bernetta Scully
Sent: 2/9/2022 10:37:53 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please consider this my respectful request not to include COVID-19 vaccinations for student school immunization requirements. If you would consider a caveat that if the child had COVID-19 the immunization requirement would be met, I would appreciate it. As a parent, I would support the antibody/proof of viral immunity testing in lieu of an unnecessary vaccine.

Bernetta Ruiz

425.691.5881

From: Penni Loomis
Sent: 2/10/2022 8:36:04 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I encourage the TAG to reject the proposal to mandate COVID vaccines for children. The potential adverse effects of the vaccine far outweigh any perceived benefit of the vaccine. The VAERS data reflect the potential harm to all ages of taking the vaccine that modifies ones DNA and renders one immunocompromised and with increased risk of blood clots, neurological harm, reproductive harm and even death. The children are not at risk of dying from COVID, but the vaccine has left thousands injured for life. Please do not mandate this for children. The exodus from public schools will be like a tsunami.

Penni Loomis
28616 N. Regal Road
Chattaroy, WA 99003
penni.loomis@gmail.com <<mailto:penni.loomis@gmail.com>>
(509)993-1620

From: Stephen Angove
Sent: 2/10/2022 10:44:02 AM
To: DOH WSBOH
Cc:
Subject: Feb 10, 2022 Advisory Group

External Email

Your group so far, doesn't have any doctors that have actually treated any patients. It seems like you have cherry picked individuals that are pushing the vaccine. How about some independent doctors with actual experience?

--

Stephen Angove, CPA P.S.
P.O. Box 1020
Rochester, WA 98579
Phone (360) 273-2422
Fax (360) 273-9599
Email sangovecpa@gmail.com <<mailto:sangove@cfaith.com>>

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From: Pskowski, Samantha L (SBOH)
Sent: 2/14/2022 8:29:41 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine for children

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 2:07 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Covid-19 vaccine for children

External Email

Good day,

I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis?
Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I recommend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1c038e7656484c8b8d8508d9efd7335b%7C11d0e21](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C1c038e7656484c8b8d8508d9efd7335b%7C11d0e21)>

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in its entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Lori Pitman
Sent: 2/10/2022 10:01:00 PM
To: DOH WSBOH
Cc:
Subject: No Masks and No Vax for kids

External Email

I did not support having school-age children wear masks. There are so many detrimental things that far outweigh spreading germs. We all know that the risk of Covid is very low. We all know that the risk of mental illness, learning disabilities, social disabilities and more are a far greater threat if we keep the masks.

And no vaccine for Covid for young children. Stop and listen to many reports that the vaccine is not needed for a little children.

~Lori

From: Debbie Erickson
Sent: 2/9/2022 10:10:32 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

We encourage you not to endorse or support any decisions which would encourage the Covid vaccine for children in our public schools. We are deeply concerned about the short-term and long-term danger to children receiving this vaccine. Not to mention the very low rate of serious illness or mortality in children when contracting Covid 19.

Please do not require or even recommend the Covid vaccine for our kids. We will just lose more of our state's children from the public schools if this is enacted.

Thank you.

Debbie Erickson

From: Marilyn Bennett
Sent: 2/10/2022 6:21:35 AM
To: DOH WSBOH
Cc:
Subject: Covid shot

External Email

Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting."

<<https://conservativeladiesofwa.com/wp-content/uploads/2022/02/Screenshot-2022-02-08-133758-1024x552.png>>

Covid-19 is far down the list of causes of death for Washington children. Yet, suicide is the 3rd leading cause of death for our teenagers ages 15-19.

More children die of drowning than of covid.

According to the CDC VAERS, the risk to children who receive the shot outweighs the benefit of the covid shot.

Save a child, use a ferret to test the efficacy and long term effects!

From: Hillina Lane
Sent: 2/9/2022 8:43:22 PM
To: DOH WSBOH
Cc:
Subject: No mandated/forced Covid vaccines for Children; WAC 246-105

External Email

To the Washington State Board of Health:

I OPPOSE requiring covid vaccines for Washington children in daycare and school age children in preschool thru 12th grade. The risk to children is VERY MINIMAL. 99.7% recoverable. Vaccinations should be decided by a child's parents and their doctor, NOT by the state of Washington.

Washington State Citizen

From: Meghan Jones
Sent: 2/9/2022 1:17:13 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

NO MORE MASKS ON OUR CHILDREN.
NO COVID VACCINES FOR CHILDREN.

Sent from my iPhone

From: barbarakaypinti
Sent: 2/8/2022 8:41:37 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I urge you NOT recommend the Covid-19 shot to be added to the list of vaccines required for school attendance. As someone who has worked in education for 25 years, and who tracked and enforced immunizations for the last school I worked at for eight years, I am very concerned about the logistical burden this would place on school personnel. School office workers DO NOT have the bandwidth to take this on, not to mention that there is currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting.

Schools are struggling enough as it is. Do not require them to take on this contentious and divisive issue!

Sent from my T-Mobile 5G Device

From: Joshua Daugherty
Sent: 2/11/2022 12:38:47 PM
To: DOH WSBOH,DOH Information,GOVOutBound,Alan Spicciati,School Communication,Greg Brown,Anne Gayman,mrichardson@auburn.wednet.edu
Cc:
Subject: Re: Revise mask mandates for children schools

External Email

When will Washington allow our kids to be happy again?

https://mobile.twitter.com/Breaking911/status/1492010506537873424?ref_src=twsrc%5Etfw%7Ctwcamp%3Ajubilation-watch-as-these-kids-in-israel-rip-off-their-masks-and-throw-them-away-after-teacher-announces-end-to-mask-mandates
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmobile.twitter.com%2FBreaking911/status/1492010506537873424?ref_src=twsrc%5Etfw%7Ctwcamp%3Ajubilation-watch-as-these-kids-in-israel-rip-off-their-masks-and-throw-them-away-after-teacher-announces-end-to-mask-mandates&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cc6958e040e0040d649d508d9ed9e5c00%7C1>

On Feb 9, 2022, at 9:54 AM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com> wrote:

□

All corrupted individuals,

Still trying to find out when this power grab for mask mandates is going to be lifted for schools.

When will Washington state wake up to the fact that they are useless and have not been needed for over 2 years for school-age children?

We will be removing our children from the schools within the coming month as we will be relocating to another state that doesn't have these tyrannical rules.

Odds are, no one on Washington can/wants to make a decision including the Sec of Health so the forced masking will probably be around every fall/winter forever.

Have a wonderful day/week/month/year of more mandates!

Good riddance. Bye.

Josh Daugherty

On Jan 3, 2022, at 6:11 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com> wrote:

Educators,

Now, after the turn of the new year, would like to get updated guidance as to the unconstitutional/forced masking policies that you are trying to enforce. Stop this nonsense. I'll ask the simple question once again to hopefully get some answers.

Is anyone going to respond to my queries? Now with omicron/xi, the studies are now pointing to the uselessness of cloth masks. WSJ LINK
[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcloth-face-mask-omicron-11640984082&data=04%7C01%7CWSBOH%40sbob.wa.gov%7Cc6958e040e0040d649d508d9ed9e5c00%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcloth-face-mask-omicron-11640984082&data=04%7C01%7CWSBOH%40sbob.wa.gov%7Cc6958e040e0040d649d508d9ed9e5c00%3A)

"If masks, mandates & lockdowns work, why aren't they working?"

Currently preparing on moving our family out of state. I hope you finally get the message as more people leave this 'power-hungry' dem-led state.

Josh Daugherty

DO NOT COMPLY.

Week 15, then already Winter/Christmas break,

Still no constructive, healthy dialogue on this question.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

As all addressed on this continue to be complicit with 'policy', I propose in 2022, new year, new rules. Masks = Recommended for all, not mandated. I will not comply with your demands. At least begin a phased approach to mirror the restaurant half-assed policy of wearing masks walking around in the restaurant, but then when you sit down, you may take them off. Our children deserve better. Please share your thoughts on this, as you clearly do not have any other ideas. Since the beginning of the school year, you've been shrugging my concerns off or ignoring this altogether. Great job, now I'm starting to adopt some of these ideas, to ignore/disregard any & all communication coming down concerning force masking, vaccinations, etc.

You do not have control over what I do, what I wear, how I live. Our children wear the minimal 'protection' to abide by mandates only to 'not get in trouble'. They can also see that this is all theater and wearing masks for 'show' under the guise of 'keeping everyone safe'. My underlying question all along has been, who is 'dangerous'? Certainly not our children as they have a larger chance of dying from the flu or common cold than covid. Covid is weak when it comes to them. Stop with this nonsense.

If WA DOH were TRULY trying to keep everyone 'safe' against a virus that only negatively impacts a very small portion of the public, they've been doing a BAD job at that. According to the DOH website, and due to the fact that 9,554 individuals have lost their lives to this. A whopping 1.2% of the WA population. A large majority of those are in the at risk age group and those that have had multiple health issues already. You've been failing since the beginning, and every death (including those hidden from view attributed to depression/suicide) is on you.

<PastedGraphic-2.tiff>

What I am finding even more surprising, the fact that you are pressing forward with 5-11 year old vaccinations and I highly doubt that many children in the state are medically 'at-risk' for this emergency use authorization. Shame on you all.

<PastedGraphic-3.tiff>

Additional facts to consider:

- 1) We've had viral illnesses for every single year of human history.
 - 2) Covid has ~same fatality rate as a flu.
 - 3) We've managed to live like normal humans until 2020.
- Why are we still obsessed with covid?

Have a wonderful week and a happy holiday season,

Josh Daugherty

<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

To whom this may concern,

Is it already week 14? How can this be where the WA DOH only has the plan to see force masking our children until they say so? I believe this will fall on deaf ears as many of you are still complicit with this madness, but I will not comply.

All I'm requesting is to change from 'mandate' to 'recommended'. That would allow parents to make up their own minds as to mask their children or not. I can already expect that when masking eventually ends, common cold & flu cases will go up as masks prevent us from building our immunity to anything.

I will ask again:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Let the children breathe. If parents are still scared for the .000007% chance that their child may be adversely affected by this virus, they can add masks if they choose. This needs to be a choice. I see that the DOH hasn't updated their page since 29 November 2021 which shows me they still have no plan. Or have you realized that you are probably getting to the end of mass vaccines? The rest of WA will not do what you tell them. Give up. Will not get to 100% vaccinated, but that still isn't the plan, right?

I would like to also point out a quick observation that Ohio Rep Jim Jordan had mentioned recently:

Summary: If masks, mandates & lockdowns work, why aren't they working?

The 'health' community has been wrong at almost every step of the way since the beginning. Their plan seems to be: 'lets try this...what about this...next we should try this...'

Quite the 'science', hmmm. If you don't have a plan, just say it. Still advocating for my previous comment, begin with a phased approach like in restaurants. Our students can remove their masks while seated. What is so wrong about this?

I am still looking forward to our comments & replies with answers. Not more of the political jargon...it doesn't work anymore.

Awaiting solutions & dialogue,

Josh Daugherty

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 30, 2021, at 8:12 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Surprise! I have received a response from last week's request from the DOH Information email. Still no answers (not a true surprise). I look forward to the weekly, one-way communication with all involved. No one seems to be doing anything to assist in this. I hold all accountable for this non-action.

Please see below for the thread from today preceded by my latest response.:

DOH Information,

This question was asked over a week ago and just now you are getting back to me. Bottom line: My question still isn't answered. You really need to update your sources as that CDC links were updated as of November 2020 & May 2021. That is between 6 months and a year ago!

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

According to the WA DOH, covid doesn't spread in restaurants while diners have meals, that can take off their masks then, why not our children while seated? I have no issues with parents who wish to have their child masked all day, just do not force it on all of our children. Statistically speaking, our children have more of a risk of adverse problems with the flu and the common cold than they do against covid. No one mentioned prior to 2019/2020 wearing masks for any flu seasons. Odds are the common cold & flu cases will spike once our kids remove their masks as they all have been weakening their immune systems with this forced masking.

As of yesterday, the WA DOH covid page shows vaccination stats. I am asking the WA DOH to come up with a % as to how many people need to get vaccinated against this useless virus that only hurts the weakest in the population (immunocompromised). I guarantee that we will not get to 100%, probably never 90% but how long do we need to continue this nonsense? What is the plan? I will say this again: IF YOU FAIL TO PLAN, THE YOU PLAN TO FAIL.

<PastedGraphic-1.png>

I look forward to your reply with answers and or a plan. Maybe begin a 'phased approach' that was tried to reopen after the government shut all the small businesses at the beginning. Quite the asinine approach at that but we at least tried that.

Concerned parent,

Josh Daugherty

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

NOVEMBER REQUEST

RESPONSE FROM DOH PA THIS MORNING TO MY 23

Hello,

Thank you for contacting the Department of Health.

DOH disease experts continue to monitor COVID-19 infection, hospitalization, death rates and health system capacity closely. While disease rates are declining, they remain high and hospital occupancy is still over 90 percent. We feel cautiously optimistic now that kids age 5 and older are eligible for the vaccine; however, the majority of children are still not vaccinated. We need to continue to do everything we can to prevent the spread of COVID-19, especially in light of the highly contagious Delta variant. As we head into winter and the holiday season, when the number of social get-togethers and indoor gatherings increase, a combination of masks and vaccines remain the best tools we have available to ensure that kids stay healthy and businesses and schools stay open.

You may view the studies below about the reduction in virus transmission and mask use:

The Science of Masking to Control COVID-19

(cdc.gov)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fdownloads%2Fscience-of-masking-full.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cc6958e040e0040d649d508d9ed9e5c00%7C11d0>

Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fscience%2Fscience-briefs%2Fmasking-science-sars-cov2.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cc6958e040e0040d649d508d9ed9e5c00%7C11d0>

Best regards,

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

<mailto:DOH.Information@doh.wa.gov>

800-525-0127 | www.doh.wa.gov

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7

<image003.png>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%

On Nov 30, 2021, at 6:39 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Contacts,

Here we are at week 13, still no plan for children, the HEALTHIEST of us all, to have masks optional in school.

I will try to ask the question again, expecting someone to give any answers to the question:

- What is Washington's plan as to when masks can be recommended/optional for children while at school?

"Until we say so..." isn't science. Show me the proof that kids are dropping like flies while at school. I will restate my previous comment, our kids are much healthier and can fight off any common cold & flu (read covid) much quicker than any of us. Why is the state still providing the useless nonsense direction as to 'keep everyone safe' and 'keep masking up until we say so'.

If you are awaiting 100% covid vaccinations, even for VAST majority of children that do NOT need it, we will not reach that goal. But it seems like the DOH still doesn't have a plan...

Not to mention, no one is keeping the conversation open except for parents, so everyone else in this chain is being complicit with these mandates.

I believe I've said it before, but this sounds a lot like when I was growing up, if someone told you to jump off a bridge, many of you would. Sorry to disappoint but I think for myself and will not jump.

Still frustrated and I will talk to you again next week! Parental choice should be part of this conversation. If masks work, then let those that continue to wear them, and be afraid of this virus continue. I will not comply.

Josh Daugherty
<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 23, 2021, at 4:06 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Washington State Board of Health,

12 weeks and still no answers from anyone as to what the plan is concerning the forced masking of our children at school. Here is the question, should be simple and to the point:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Wear masks until we say so... isn't rooted in any science that I know of. Our children already have a much lower chance of health issues even if they contract Covid. I will reiterate my previous request: "mirror the restaurant policy" so that when our children are seated at their desk in the classroom, they may take off their masks. If some children still feel scared to take their masks off, they may keep them on. This should still be about choice of the parents/students. With these false-rooted mandates, they aren't allowing us freedom of choice.

I look forward to your comments/dialogue concerning this topic. If you will not help, then step aside as your inaction shows just how deeply you care about the health of my children.

Josh Daugherty

Just in case you missed it, here's some educational reading when it comes to our children.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 16, 2021, at 9:35 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

☐

Washington State Board of Health,

Still awaiting an answer to my queries below. Here we

are, 11 weeks into the school year and it's still the same: "do it until we say so...". If you fail to PLAN, you plan to FAIL. I see a lot of failing by those in all positions of 'office'.

I've been contacting the WA DOH without answers every week, including Cc'ing our non-action school district, principals etc. No one will assist with speaking to anyone that may have any indication as to how long should we expect to force-mask our children at school. This virus is NOT a threat to our children, as it is comparable to the flu or the common cold. They are healthy.

Would like to at least begin some conversation with relaxing these 'mandates' to at least mirror restaurants in the area. If the children are seated, they should be able to remove these face diapers. Not to mention, cloth masks don't do anything for Covid particles. This continues to show this is all for 'show'. I will not participate.

If parents still wish to mask their child, feel free to.
They should have the choice.

Still a frustrated parent,

Josh Daugherty

If you would like further information, please look at the following website. I am also open to conversation.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>>

Begin forwarded message:

From: Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> >
Date: November 10, 2021 at 10:23:30 AM PST
To: WSBOH@sboh.wa.gov
<<mailto:WSBOH@sboh.wa.gov>>
Subject: Revise mask mandates for children schools

☐ WSBOH Board of Health,

To date, I have been requesting updates for the forced masking in schools:

10 weeks, still nothing from the state...

How much longer to force mask our children? We should have a choice on whether to mask or not.

I just want to know what the goal is of the force masking! "Until we say so..." isn't ANYTHING near common sense or science.

Don't you dare start with the force vaccinations for our children when only about .000003% may even need it.

Answers requested as to what the education plan is. I will continue to request weekly updates until a plan shows an end in sight. Just because "we said so" isn't right.

Maybe as a start. We could mirror the restaurant policy where if you are seated, you may take off your mask. I understand keeping children safe, but they are not in danger. If children want to continue to mask up, please have them continue. If children do not want to wear a mask, they shouldn't need to.

Where is the proof that children are all infected?

Irritated parent,
Joshua Daugherty

On Oct 25, 2021, at 7:16 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□

Week 9,

Still nothing. Exactly what I expect from this school district and even nothing from the DOH. My concern/question is:

How long do our kids need to be masked in school?
What is the end goal?

So far WA DOH is basically saying to wear them until they say so. So WRONG!

As of today in WA, 78.6% 12+ has one dose and 72.5% fully vaccinated.

85.6% in King County.

I've been requesting information from the schools, district and the DOH with no answers. How does anyone think this is the 'correct' way?

Going back to when I was young, if someone told you to jump off a bridge, would you? Too many people are just following the 'guidance' whether it makes sense or not, without question.

Just asking for the choice. Our kids should have a choice. Currently they are being taught that everyone is infected. If you want to still mask up, feel free to.

Don't you dare agree with vaccine mandates!

This is now my 9th week of requesting answers. Unbelievable poor management at all levels. Will continue until I receive dialogue.

Joshua Daugherty

On Oct 18, 2021, at 6:54 AM, Joshua Daugherty <joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐ Still waiting any information from the WA DOH. Nothing yet and we are only 8 weeks into this. I know that many of you don't care about the safety of my child, as you just follow the same guidance pushed from 'above', without questions. This is WRONG.

From today to the WA DOH:

Another week, more nonsense. I have been requesting follow-ups to my questions and nothing has been done. Every week I am asking the same, MAIN question.

- What is WA state's end goal when it comes to children's force masking policies?

If there is no plan, then you plan to fail. This has been the case since the 'pandemic' began. The science doesn't back the policy of 'wear a mask until we say so...' I need additional information as this is WRONG and many know it. I would like to have a constructive dialogue with someone that can say when our children can opt into masks or not at school. Again, if parents choose to mask their kids, it is their

choice. Please let me know what the plan is beyond, 'wear them until we say so.'

Still no answers,
Josh Daugherty

On Oct 18, 2021, at 6:40 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 7,

Starting out 'right'? How does this make any sense?
Please show me which part makes any sense at all.

It's a good thing that my daughters aren't playing sports. Kids now need to be given the vaccine, or test every 2 weeks. Studies even show that even with the vaccine, they can still spread covid/common cold... Are you going to be ensuring that they are wearing masks while participating too? Or is that just while sitting, spectating?

This must be more of that 'science' stuff. Just regurgitating the nonsense that the DOH puts out.

<Another useless mandate.png>

Have there been any further guidance or discussions concerning the forced-masking mandates to become 'recommended'? Still awaiting anyone to respond back to me from the WA DOH. Anything besides wear it until we say stop?

Still awaiting answers,

Josh Daugherty

On Oct 10, 2021, at 8:21 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 6,

Still trying to find out the following:

- How long do our children need to be force masked?
What is the end goal to go back to breathing fresh air?

Freedom, this is still America. If you want to stay masked, fine. Do not force it on us. Under the guise of 'public safety', keep wearing masks to 'protect everyone'. That infers that my kids are dangerous! DOH WA needs to let us know the plan, we must demand that from them, 'until we say so' is NOT science.

Oh, and mandate doesn't equal law.

So glad I'm actively teaching my children & family CRITICAL THINKING. Something that the Gov, DOH, School districts, etc have no idea what it is. Just mandate compliance. Basically continuing a 'shut up and color' attitude. We know who is at fault. Just because it's 'popular', doesn't mean that it's right. If this continues to go on for an extended period of time, expect more pushback.

Just asking to give us the choice. Why is this so hard for you to comprehend? Maybe we start dictating what you need to wear and how you need to act.

Such a relevant article to this:
<https://notthebee.com/article/covid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotthebee.com%2Farticle%2Fcovid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cc6958e040e0040d649d508d9ed9e5c00%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotthebee.com%2Farticle%2Fcovid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cc6958e040e0040d649d508d9ed9e5c00%2F)>

Looking forward to continued dialogue as to the end of these unconstitutional mandates.

Still frustrated,
Josh Daugherty

Awaiting DOH responses too.

On Oct 5, 2021, at 9:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Week 5,

Still no communication from WA DOH concerning their

plan. It's still , "mask up until we say stop."

Awaiting constructive dialogue as to optional masks for kids. Why are we STILL treating our children as they are all infected? None of this makes sense and you know it! Please assist with communication with the DOH as they clearly aren't listening to me, a 'lowly peasant'.... It seems like that is how they are treating us. So frustrating!

Still frustrated with everyone that isn't doing ANYTHING! Not even asking questions. Just as much at fault.

Frustrated,
Josh Daugherty

Enough.

On Sep 27, 2021, at 9:17 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□

Week 4,

Fourth request for information:

When is the mask mandate for schools going to end? I've requested info from DOH as they need to answer to my requests. They have not and I will continue to request weekly from the DOH and the district on down to our schools. They do not stop the virus from being passed. It is just for show/theater. Otherwise the wording in the 'order' wouldn't be 'anything'.

"A cloth face covering is anything that completely covers the mouth and nose and fits securely on the sides of the face and under the chin."

It may have plenty of holes throughout the mask. This further proves that DOH doesn't care about the transmission of the virus. Just to mandate the "do it or else".

Enough of this nonsense. I'm just trying to communicate with someone other than just a 'Customer Service Specialist' that is just passing junk back. Awaiting the constructive dialogue.

Continuing on my requests for common sense and/or parent choice for masks in schools. Mandates are just asking for push back. I will continue to push back.

Josh Daugherty

On Sep 19, 2021, at 7:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□ WeeB,

Finally received an email back from WA DOH with more of the same, no answers to my questions. My main question will continue until I receive answers instead of just a 'Customer Service Specialist' responding to my web query with a loosely prepared, blanket statement, that mentions 'keeping the CDC recommendations as of August 5, 2021'.

My question seems to be simple, straightforward and to the point.

- What is Washington's plan/goal concerning the mask mandates for school-age children? There needs to be a plan besides 'wear the mask because I said so'. (aka mandate)

If they were going with the CDC recommendations, forced masking wouldn't be in our schools.

I am requesting that they at least update the guidance to 'recommended' as the current failed 'plans' make zero sense. There is NO scientific data that has been collected to warrant this abuse across the board. Especially state-wide. As of 13 September, posted on the WA DOH website it shows that 75.1% of residents have at least one dose and 68.1% are FULLY vaccinated against COVID. Of that, King County has vaccination rates of 77.7% (12+). Auburn School District is in King County.

<PastedGraphic-1.png>

The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates. How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources? I will add to this as we have already received communication from the schools that COVID/common cold/sniffles/flu has popped up in school.

Looking at anyone that I've communicated with concerning this. Fail to plan, plan to fail... Seems spot-on for this situation that we are in!

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that we give parents the CHOICE
whether to mask/unmask our children.

Looking forward to future constructive dialogue,
Josh Daugherty

On Sep 13, 2021, at 10:09 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com> <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Week 2 of the insanity continues,

I have been trying to communicate with the WA DOH,
and I am still awaiting their responses and/or dialogue of any kind showing this fake-
science behind their blind mandates.

This is no longer about the safety of students and staff
members. Masks are turning out to become a direct contributor of learning issues, social
interaction struggles, increased headaches, anxiety & overall discomforts. As a parent, I
am still disturbed to see our children treated this way. Totally unnecessary.

Please assist in communication with the WA DOH in
changing this to 'recommended', not mandated for all. I will not comply if I visit the
schools or the district.

Still a concerned parent,
Josh Daugherty

On Sep 8, 2021, at 8:23 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

That is what I have been doing and they continually give me the run around with 'that is the way it is.' Not acceptable, hence the 'because I said so' attitude. Is there nothing that the Districts can assist with?

I have reached out to them, and will continue to do so until something is modified, or at least a goal set for when we can return to normal. Actual normal, without face masks on our kids if we, as parents choose. We have had it with these non-science mandates and will continually be pushing back against them.

So glad to hear that the crooked DOH & schools have finally wised up and allowed our kids to play outside, WITHOUT masks. So idiotic from last year while being in-person that they needed masks outside at recess.

Still concerned,
Josh Daugherty

On Sep 8, 2021, at 1:45 PM, Spicciati, Alan
<aspicciati@auburn.wednet.edu <mailto:aspicciati@auburn.wednet.edu> > wrote:

Hello Mr. Daugherty,

You won't be surprised for me to write that masks are a mandate from the Washington State Department of Health. Statewide elected officials have been clear that local districts do not have the authority to lift the mask mandate. The state's focus this year, as is ours, is keeping schools open for in-person learning. I recommend you contact the WA DOH with your concerns.

Alan Spicciati

From: Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> >
Sent: Wednesday, September 8, 2021 11:31 AM
To: Spicciati, Alan <aspicciati@auburn.wednet.edu
<mailto:aspicciati@auburn.wednet.edu> >; Brown, Greg <gbrown@auburn.wednet.edu
<mailto:gbrown@auburn.wednet.edu> >; Gayman, Anne
<agayman@auburn.wednet.edu <mailto:agayman@auburn.wednet.edu> >;
Communications <Communications@auburn.wednet.edu
<mailto:Communications@auburn.wednet.edu> >
Subject: On with the school year, more child abuse...

This email originated outside of the organization and contains a Web link or attachment. Please use caution. – ASD Tech

To whom this may concern.

What is Washington's plan/goal concerning the mask mandates for school-age children? Is there a plan besides wear them 'because I said so' (aka mandate)? I demand that you update the guidance to still allow for those children that are scared to get sick, wear them, but change the guidance to 'recommended', not mandatory. There is NO science data that has been collected to warrant this abuse across the board. Especially state-wide.

As of 7 September, posted on the WA DOH website it shows that 73.9% of residents have at least one dose and 67% are FULLY vaccinated against COVID. The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates.

How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources?

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that parents should have the CHOICE whether to mask or unmask our children.

Thus far, I have spoken with the schools, school district and even email coordination with DOH with nothing but passing me nonsense with no proof that our kids are 'super-spreaders'... I look forward to your conversation on this matter.

Concerned parent,
Josh Daugherty

From: coriibelle@gmail.com
Sent: 2/11/2022 8:28:34 AM
To: DOH WSBOH
Cc:
Subject: Concerning requiring COVID19 vaccines for schoolchildren

External Email

To the Washington State Board of Health,

I am writing to urge you to vote NO on requiring COVID19 vaccines in order for children to attend school. The data does not support this decision; further, it is overreach.

Children are the least susceptible to severe illness and death from this virus. They are more likely to die from the flu than from COVID19. Further, there are now multiple forms of early treatment that are effective in preventing severe illness and death from COVID19, including hydroxychloroquine, ivermectin, budesonide, and supplements of Vitamins C, D, zinc, and quercetin.

Parents and their physicians should be the ones to make this decision. COVID19 is no longer a mortal threat to the majority of the population, least of all children; additionally, the available vaccines are still under EUA approval for children and there is a risk in getting them. The VAERS database is full of reports of adverse effects from these vaccines (more so than the side effects from any other approved childhood vaccine), including serious heart conditions in young people. Personally, I have a friend who developed a neurological condition after receiving the shot. Where there is risk, there must be choice. Parents and physicians MUST have the autonomy to make this decision for the children in their care; not the state.

I urge you to consider this statement (<https://doctorsandscientistsdeclaration.org/<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/>https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/>>) signed by over 17,000 doctors and scientists. Also, please take a look at some of the data concerning the risk of these vaccines to children:
<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/home/supporting-evidence/#children>https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/home/supporting-evidence/#children>
evidence%2F%23children&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C88efb876b3734b5e7e7f08d9ed

It is of vital importance that you look into this matter closely. The decisions thus far made by the TAG group are concerning, including the vote on Criteria #5 which states that these vaccines prevent disease. That is patently untrue. These vaccines do not prevent COVID19, as we have seen with the latest Omicron variant; further, the manufacturers never claimed that they would produce a sterilizing effect. The vaccines were intended to reduce symptoms.

Because there is still so much unknown about the long-term effects of these mRNA vaccines, they carry risk, and there are other treatments available, parents and physicians must be able to make their own informed decisions without interference from the state. If you proceed to make these vaccines a requirement for school, parents will be forced to pull their kids out of school.

Please proceed with caution, and consider the data. I urge you to leave this decision up to parents.

Sincerely,

Cori Belle

From: DOH Information
Sent: 2/10/2022 12:41:14 PM
To: DOH WSBOH
Cc:
Subject: Vaccine comment



attachments\2B0DC5EB166F465A_image002.png

Hello,

This is feedback intended for the Board.

Thank you

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov

800-525-0127 | www.doh.wa.gov

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F)

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Wednesday, February 9, 2022 2:15 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I AM AGAINST THE USE OF MASKS AND VACCINE MANDATES FOR CHILDREN, WANT IT KNOWN PRIOR TO THE COMMITTEE VOTING ON IT.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

RODNEY THOMPSON

Email:

RODTHOMPSON52@HOTMAIL.COM <mailto:RODTHOMPSON52@HOTMAIL.COM>

Telephone:

(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

RODTHOMPSON52@HOTMAIL.COM <mailto:RODTHOMPSON52@HOTMAIL.COM>

From: Khushdip Brar
Sent: 2/11/2022 1:43:49 AM
To: DOH WSBOH
Cc:
Subject: Public Comment on vaccination as part of school immunization requirement

External Email

For what it is worth, is anyone in the TAG group a doctor? How many? If not, then it would be kind of each one of you to not comment on matters that pertain to our children's health. If there are physicians in this group that are pediatric, I would humbly request of you to give your children/grandchildren these shots first so we can know how safe and effective they would be, if they are. The fact that your opinion, regardless of it's authenticity, will have consequences that innocent children will have to bear directly, which come at no remorse to you. As you take decisions, put yourselves in the place of our children. What would you if it was you? Take your decisions with that thinking in mind so you not only use your brains but also your heart and soul in making better health decisions for our children.

My stand on the issue:

I got vaccinated and wore masks daily, but nothing stopped my whole family from getting Omicron. Hence, I will make a better and informed decision for my children to not get the shot, since it hasn't been researched on, studies on, and experimented on long enough like other vaccines developed for children. My children are not guinea pigs and if you think the vaccines work, lead by example with your own children and grandchildren. Also, where health is concerned, it should always be a matter of personal choice and not a government one. ONE SIZE DOES NOT FIT ALL.

Thank You!

Regards,

Khush
P: (360) 543-3980
E: brarkhushdip@yahoo.com

From: Heidi Wiester
Sent: 2/9/2022 8:21:40 PM
To: DOH WSBOH
Cc:
Subject: Covid vax for school requirements

External Email

I am a parent of two daughters. I will not allow my daughter who is still in school to receive the vaccine for covid. My daughter has made it clear to everyone in our family she doesn't want the vaccine!

We are prepared to pull her from school if she is forced to take something that has not had proper data, testing, and is still in a study faze! She has watched her father and I have reactions to the vaccine. She also lost both of her grandparents (my parents) from being vaccinated! A lot of us parents will protect and protest you and the state of WA!!

Sincerely
Heidi Wiester

From: Lynn Brimhall
Sent: 2/10/2022 10:15:04 AM
To: DOH Secretary's Office
Cc:
Subject: NO MANDATORY VACCINATION FOR CHILDREN OR ANYONE!!!

External Email
NO ABSOLUTELY NO FOR REQUIRING PROOF OF VACCINATION FOR ANYONE!!!

Lynn

John L Scott, Covington, Kent, Maple Valley
253-740-6921
lynnbrimhall@johnlscott.com
Certified Negotiation Expert
Certified Seller Marketing Specialist
Seattle Magazine Five Star Award winner-Best in Client Satisfaction
Accredited Home Staging Specialist

For a market snapshot of your neighborhood-Download my app by clicking on the link
from your phone: WWW.JLSAPP.COM/LYNNBRIMHALL

From: Jessica Stober
Sent: 2/11/2022 7:47:59 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: TAG

External Email

I and many other parents who tuned in yesterday were appalled. Numbers were skewed to present a narrative. This shot does not in any way meet criteria #5. And I think you all know that. The last question of your meeting pertained to transmission and the woman who answered could not present any measurable data on the shot preventing transmission.

#6 is also not applicable because the shot has not been proven to reduce transmission from any measurable data source study. And again, children are at virtually zero risk of dying from this disease. They are however at risk of heart issues and unknown long term effects. We know it can affect menstrual cycles.....but definitely not fertility?? How would you feel if an entire generation was infertile? These are the types of issues on your shoulders with a shot with no long term studies.

I have heard that your committee was appointed by our governor....who seems to have a monetary (not health) interest in vaccinating every living thing, natural immunity or not.

We as parents beg you to reconsider moving forward. My family could up and move since we own a home in another state, but many families who have already been hit hard will lose more education when they are pulled from school. As you probably heard when you allowed public comments last month many of us will NEVER inject our children with this product.

Thank you for your consideration and doing the right, moral thing and not allowing yourself to be paid or coerced.

From: Lisette Caire

Sent: 2/10/2022 8:39:36 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), DOH WSBOH, Thai, Nathaniel J (SBOH)

Cc:

Subject: Do not approve the vax!!

External Email

Dear Board of Members,

No CDC guidelines, OSHA regulations or health officer order can suspend our rights. "We the People" and do not consent. We do not give you the authority to force any medical procedures on our children, elderly, or on any human being that does not choose of their own free will your offerings of "public health" in a vaccine trial.

Your chapter 246 - 100 and rule making petition for 246 -105 try to confuse, coerce, intimidate, threaten and harass us. This is called retaliation and discrimination, and that is against the law.

We have the right to determine what is the best for our families and what is done with our body and it doesn't matter whether the vaccine only has an "emergency authorization" or not.

The masks and the testing are also "emergency use authorization" but even if they weren't, we cannot be forced into complying. Only a licensed medical doctor can suggest a medical treatment such as a mask, covid testing or a vaccine. You or school administrator has no authority to do so.

We have the constitutionally-protected and GUARANTEED right to life and the right to determine what it's done to our body.

We are covered under ADA laws and our needs would have to be accommodated by law.

You are not a medical professional and, therefore, you are unlawfully practicing medicine by prescribing, recommending, and using coercion to insist on this experimental medical treatment.

Whereas:

1. The Nuremberg Code, codified into US Federal Law, prohibits forcing or coercing anyone, under any circumstances, to participate in a medical experiment; and the Code states "the voluntary consent of the human subject is absolutely essential."
2. Phase 3 clinical trials of COVID-19 vaccines are not yet completed. C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026 and hence qualify as medical experiments. People taking these treatments are enrolled in clinical trials.
3. The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials, and NOT the same formulation that has been administered to all other age groups under EUA. So even when current ongoing clinical

trials are complete, the results cannot be assumed to be relevant to the safety or effectiveness of the new formulation.

"The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials." Source: <https://www.fda.gov/media/153717/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

4. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year.

5. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models. The participants in clinical trials involving children aged 5-11 received "two doses of 10 µg BNT162b2 or placebo (saline)", not the new formulation.

Source: <https://www.fda.gov/media/153447/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153447/download>

6. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, myocarditis, and antibody dependent enhancement leading to death. I have friends dealing with COVID-19 vaccine injuries.

7. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and injuries to children and youth have already occurred in the COVID-19 injection clinical trials.

8. FDA admits safety unknown. Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: ". . . but we're never going to learn about how safe this vaccine is unless we start giving it."

Source: @6:52:33

https://youtu.be/laaL0_xKmma

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FlaaL0_xKmma&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6523f3a6f57849a2db5508d9ecb3eb74%7C11d0

9. International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates:

"Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates."

Source: <https://globalcovidsummit.org/news/thousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fthousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C6523f3a6f57849a2db5508d9ecb3eb74%7C11d0>

10. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting System (VAERS), than deaths in the last 10 years from all vaccines combined and only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID vaccines is unknown as there is a significant delay in uploading reports to the VAERS database.

The risk associated with COVID-19 vaccinations is extremely dangerous to the health and well-being of all children and this form of treatment unnecessary.

Any coercion or pressure tactics used for students to be vaccinated contravenes the Nuremberg Code, the Helsinki Declaration and Federal Law.

Any use of "implied consent" by any minor child under the age of 18 is defined in law as gross, contributory, and culpable criminal negligence.

Any party found to be involved in vaccination coercion when entrusted with the care of our children such as all school staff, school board members and executive, and any other adults who may have access to our children while under their care. This includes the assistance of outside school staff, contractors, public health nurses, or health officials could be prosecuted to full extent of law and you may be held personally and criminally liable for any injuries or deaths that may occur.

We are forced to err on the side of spiritual caution and refuse to harm our temples in honor of Gods Holy Word.

The 1st Amendment of the constitution has protected these exact claims before the Supreme Court on many occasions. Even State governments have faced this glaring truth during the Covid crisis as they attempted to pass mandates and laws that violated this basic principle only to have their wrong decisions righted before the Courts, with financial penalties.

While, as Christians, we strive to be at peace with all humans beings and to obey all laws and mandates from a Legitimately elected government. We do not do so in violation of Gods Holy Laws, of which the protection of my body is one of those spiritual laws that supersedes all manmade laws in my religious conscience.

Sincerely

I extremely concerned dad that is willing to take out his kids from school to protect them.

From: Audra Puccini
Sent: 2/10/2022 12:13:16 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Are you going to have any presentations on why not to require this shot to attend school or is this a biased presentation like the government? If you are to make an informed decision you should hear from both sides.

Thank you Audra

Sent from my iPhone

From: Bruce Hood
Sent: 2/11/2022 10:05:19 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

TAG,

Re: Decision to recommend Covid Vaccine to list of required Immunizations.

I listened in on the zoom meetings. I do not believe your group looked fairly at the issue. Your delivery of the information was manipulated to produce a particular outcome without regard to competing options.

To be brief;

1. The covid vaccine is UNESSESARY and UNNEEDED for a number of reasons among which are:

- a. Throughout the entire 'pandemic' our young are at virtually zero risk of significant illness or worse.
- b. The covid mRNA platform has not endured long term thorough testing and analysis.
- c. Every indication is that Covid has effectively run its course. It continues to be less virulent with very few children, (or adults), becoming substantially ill, rather most experience very mild short lived illness.
- d. There is more and more indication that the vaccine does nothing to prevent infection nor does it prevent transmission.

2. Dr. Malone, recognized as the primary inventor of the mRNA platform **STRONGLY RECOMMENDS AGAINST** administering the vaccine to all children in general and especially in particular to all females and young males.

3. TAG has not considered any of the science and studies which indicate alternative effective prevention of infection such as personal health choices and vitamin and mineral supplements; e.g. the issue of overweight and obesity should be discussed in our schools as well as the overwhelming evidence that Vitamin D levels are inherently vital, (and more effective than the vaccine), to our natural immune system health.

4. There are many known and unknown risks to vaccinating our children against covid which far outweigh any perceived benefits.

Bruce Hood

Onalaska, WA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2Ffor%2FWindows>

for Windows

From: Betsie Elliott
Sent: 2/11/2022 10:28:53 AM
To: DOH WSOH
Cc:
Subject: Re: Comments: Immunization TAG

External Email

<https://www.reuters.com/business/healthcare-pharmaceuticals/eu-investigates-reports-menstrual-disorders-after-mrna-covid-shots-2022-02-11/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fbusiness%2Fpharmaceuticals%2Feu-investigates-reports-menstrual-disorders-after-mrna-covid-shots-2022-02-11%2F&data=04%7C01%7Cwsboh%40soh.wa.gov%7Caa781182c9714ef252e308d9ed8c5a0e%7C11d0e>>

On Fri, Feb 11, 2022 at 10:05 AM Betsie Elliott <betsie.elliott@gmail.com>
<<mailto:betsie.elliott@gmail.com>> > wrote:

You all seem to be in a rush to recommend the COVID vaccine for children to attend Washington State schools, however as a whole every single person in this group doesn't seem to care about studies out there unless it suits their agenda. Your agenda was very telling yesterday by what was presented by the "experts" yesterday. There are many "experts" with the same impressive credentials that could present another side to the story. These people are left out of the conversation because the leaders of the TAG and the State of Washington aren't interested in what they have to say. Why is this? Your decision will greatly impact every single child in Washington.

You all say this vaccine is "safe" and "effective" but yet every day I see articles such as this posted without me even looking. These studies are largely ignored. Why aren't conversations about the safety of this vaccine happening? Do you all just assume because the FDA/CDC deemed it safe that it actually is? Plenty of other countries say the risk of vaccinating children with the covid vaccine far outweighs the benefit - why is this? Why do we have such a different approach? Is it because many of you get funding from BigPharma or the NIH? I don't believe one person that sits on this TAG genuinely has the best interest of my children at hand, rather they have an agenda to push.

Do better and be honest. My children do not deserve to have their life destroyed by people like you all.

-Betsie Elliott

From: J Scott
Sent: 2/10/2022 11:54:48 AM
To: DOH WSBOH
Cc:
Subject: COVID shot mandates

External Email

Hello,

I would like to go on record to say any and all COVID shot mandates for schools should be denied and voted down.

The statistics show kids are extremely well protected against COVID with their natural immunity and forcing a shot will only hurt them and your bottom line. If this is voted in then I will be pulling my child from our government run schools and enrolling them elsewhere.

Thank you,

-Joseph
Parent of a current child enrolled in public schools
--

-Joseph

From: Sarah Carossino

Sent: 2/9/2022 8:51:46 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Feb 10th Meeting to discuss Covid-19 vaccination requirements for schools

External Email

Dear Sirs and Madams,

I am writing to communicate my opinion and concern over mandating child Covid-19 vaccines for schooling, as well as utilization of a health officer to enforce involuntary quarantine for people or families if they refuse to comply with recommendations, which include the Covid-19 vaccines.

Covid-19 shots should never be mandated for anyone in our country, and especially our children. This vaccine, which is actually genetic therapy, is still under experimental emergency use authorization, and a mandate for vaccination tramples the freedoms we have as individuals and parents to do what we feel is best for OUR OWN children. It has been shown that children are extremely low risk to contract or get severely ill from Covid-19. It has also been shown there are high risks for heart muscle damage in kids who take the vaccine. PLEASE REJECT the mandate.

Government agencies should not be given power to decide who should and should not be vaccinated, and then use force to make it happen by use of mandates. This is a dangerous blanket requirement for children (and anyone of any age) regardless of their medical professional's opinion or direction. Also, this does not take into account NATURAL IMMUNITY, which has been shown in studies from Israel and John's Hopkin's University to give equal or superior protection against Covid-19.

Again, the requirement for an experimental vaccine, that does not prevent the disease it is intended for, does not take into consideration a parent's own right to make well informed decisions for their child's health, and does not take into consideration a child's existing natural immunity from prior Covid-19 infection, tramples our freedoms established in our great country and does not "follow the science."

Thank you for your service, and I am praying for wisdom for you all. Please vote to keep our freedoms in tact in this state. As a parent, I am extremely concerned with the direction our state is headed.

Sincerely,
Sarah Carossino
Cosmopolis, WA

From: Glasoe, Stuart D (SBOH)
Sent: 2/11/2022 2:08:32 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine for children

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 2:06 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Covid-19 vaccine for children

External Email

Good day,

I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis?

Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I reccomend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2F00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8d93f26add474e54aabc08d9edab09fe%7C11d0e21>>
8674(22)00076-9

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in it's entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 7:03:13 AM
To: DOH WSBOH
Cc:
Subject: FW: NO VACCINE MANDATE!

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

From: Mariah Neighbors <mjneighbors@gmail.com>
Sent: Thursday, February 10, 2022 7:43 PM
To: Mariah Neighbors <neighml@puyallup.k12.wa.us>; Jeremie <milkmanj@gmail.com>

Subject: NO VACCINE MANDATE!

External Email

State Board of Health Representatives,

We do not support vaccine mandates of any kind within our state- vaccine passports, and vaccine requirements for school attendance and employment. Anything one puts into their body must remain personal choice, and even more so when the vaccine in question is still in early stages of use, without a vetted history of safety, and is showing much higher rates of vaccine injury and death than any other vaccine since the data has been tracked by VAERS.

If you choose to vote for vaccine mandates in our state it will not be well received by our citizens. I implore you to be mindful of the people's desires in this matter.

Mariah and Jeremie Neighbors

Sent from my iPhone

From: Adam Thiede
Sent: 2/11/2022 6:31:53 AM
To: DOH WSBOH
Cc:
Subject: Inclusion of COVID-19 Vaccine in Immunization Rule

External Email

Hello, fellow Washingtonian.

Please understand that I write this in good faith. I understand why this is being pushed. You probably truly believe you're doing the right thing, and I respect that.

If you have any power by which you can do so, do not include the existing mRNA COVID-19 Vaccines in the immunization rule. If you do, you will lose control of a good chunk of the population. The people who want the shot can get it, good on them. But those who do not, you will turn into outsiders who have no respect for the rule of law; it will be seen entirely as a power grab and everything you say henceforth will be ignored.

We all know COVID poses no serious threat to children, and to adults, both vaccinated and unvaccinated alike, it's becoming less harmful as time goes on. The experimental medicine being pushed by the Big Pharma is not something I'm comfortable letting into the Temple that God gave me. Doing so would be disrespectful to my creator, who put me here in the first place. I will do my best to shield my family from it as well.

The last two years have shown us that all the rules in place for COVID haven't really stopped people from behaving how they wished, and have just made those who do not like the rules dislike and disrespect the government. Those who want to wear masks, vaccinate their kids, and take a booster every 6 months can get it. I think that's fine. That's what freedom in this country is about. But what about the other half? Those of us that don't want it, or at least want to wait a bit longer until a traditional vaccine that works comes out? You're showing us that we're acceptable losses, and that's dangerous.

Anyway. I want you to know I respect you, appreciate you trying to make our state safer, but please stop this. So many have expressed a strong distaste for this. Those who want the vaccine can and should be enabled to get it, and those who don't should also be allowed to hold off. It's my home too. I want to stay in my house, send my kid to school here, and enjoy everything our great state has to offer. I really want to stay here but this is making it hard for me, and others like me.

-Adam Thiede

From: Jennifer goldsworthy
Sent: 2/10/2022 1:20:11 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please vote no re: mandatory covid-19 vaccinations for school children. Covid-19 is not a great danger to children. The Omicron variant is generally mild except to those individuals with 4 or more comorbidities. The general population has had access to the vaccine for many months now. The vaccines have no long term studies and no FDA approval. There are many instances of the vaccines causing adverse reactions in children and this needs further study. Many families, including my own, will leave the state if faced with this decision.

Sincerely,
Jennifer Goldsworthy

Sent from my Iphone

From: Angela Pifer

Sent: 2/14/2022 6:12:54 PM

To: Reykdal, Chris

(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org

Micheala,Plaja,

Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us

Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy

(GOV),maraldom@issaquah.wednet.edu,schoolboard@issaquah.wednet.edu,weavers@issaquah.wednet.edu

Subject: SuperBowl & The Big Game - LWSD Parent



attachments\80570A125B294EAF_image007.png



attachments\EC573FEE72A44822_image003.jpg



attachments\16591B0D3B804847_image001.png

External Email

I found it very interesting how 70K people can gather without masks on and simply enjoy an afternoon cheering their team on, without a care in the world.

I called the King County Health Department today and discussed masking with them. They state that the only masks that truly protect people from a respiratory virus are N95. They stated that cloth and surgical masks do not protect me from a respiratory virus. So, 95% of our children, who are wearing cloth masks are wearing face jewelry. I would like to know, do any of you wear a mask for 6-8 hours straight each day?

The CDC is putting out misleading advice - this is their study, and this is their graphic. At first glance, it looks like cloth masks reduced transmission by 56%. Yet, there is an asterisk on this and the note reads 'not statistically significant' - PLEASE STOP MASKING OUR CHILDREN.

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7106e1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F71%2Fwr%2Fmm7106e1.htm>>

I love Ellen - I am sharing these two images, to highlight the hypocrisy of all of this. Two weeks ago "wear masks when you go out" and two weeks later, hmmm.

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: becca Russell
Sent: 2/10/2022 12:50:19 PM
To: DOH WSBOH
Cc:
Subject: vaccine mandates for children

External Email

Dear BOH,

After watching the panel of guests it is obviously apparent that vaccination for children is not a long term effective solution and thus should not be integrated into school policy.

Dr Lim's a lack of longevity with a vaccine. And the reliance on a vaccine for upcoming variants is foolish. The other data points from participants showed that children are at nearly zero risk even if this latest variant is more contagious. There has been no discussion as to the health of the children who were hospitalized ie did they have prior conditions before Covid. There is CDC studies that show that obesity is the largest factor in hospitalizations. Also, the discussion of minority increase in hospitalization is directly related to obesity rates in children of various ethnicities which was also ignored.

There is plenty of statistical evidence that vaccines at this point have a decreasing positive contribution for long term effects and will continue to decrease with upcoming variants.

Thank you,
Rebecca Russell

From: wendy@cossetteid.com
Sent: 2/12/2022 8:30:48 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 addition to the children's vaccine schedule



attachments\55A2151A06074FC7_TAG COVID-19 criteria failure.docx

External Email

Dear Board members,

Please see the attached document commenting on the addition of the COVID-19 shots to the children's vaccine schedule for Washington State.

Regards,
Wendy Cossette

From: John Figueroa
Sent: 2/10/2022 1:54:05 PM
To: DOH WSBOH
Cc:
Subject: WSBOH - BOARD MEMBER ALERT

External Email

Realize the gravity of the position you are all in. As elected officials you cannot ignore the data from VAERS and the harmful effects this injection is causing. Do not proceed to impose harmful, experimental drugs upon innocent children. We the people will judge you based on your decisions.

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/9/2022 12:06:34 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Covid vaccines

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:02:34 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Casey Hughes
Sent: 2/10/2022 11:41:35 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please don't make covid vaccines a requirement for public schools. Kids have mild symptoms and the teachers can be protected since they were mandated to be vaccinated. It should be the parents choice what is put into our children's body and for some homeschooling is not a good option. But I see many parents having to make the hard choices to do so . They will leave there jobs. Thank you for your consideration
Casey and Brad Reynolds

From: Testify Online Survey
Sent: 2/13/2022 6:19:15 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/17/2022

2.

Agenda Item or Issue:

COVID19 inoculations

3.

Your Name:

Tricia Asher

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

8819 Quinault Loop NE Olympia, WA 98516

7.

Email:

pianotricia@aim.com

8.

Phone Number (Include Area Code):

360-219-3547

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

To make COVID19 inoculations mandatory for school aged children.

11.

Are you Pro or Con on the proposal?

2. Con

The COVID19 inoculations have not been properly tested as other vaccines have in the past. Also, kids are at a very, very low risk of dying of COVID19. In fact, they have a much higher risk of an allergic reaction to the shot, or dying from the shot than actually dying of the disease.

From: Lobat Kimiai
Sent: 2/14/2022 5:18:01 PM
To: David Rubino, Julie Olsen, Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

It's time to think about the psychosocial impacts of these masks on our kids. This unscientific monkey business should stop immediately. Enough is enough.

In health,

Lobat Kimiai
Sr. Consultant
206.900.2339 | AlchemyHC.com

From: David Rubino <tigger@live.com>
Sent: Monday, February 14, 2022 5:07:24 PM
To: Julie Olsen <julie.olsen02@me.com>; Tanya Goodman <goodman_tanya@outlook.com>
Cc: superintendent@k12.wa.us <superintendent@k12.wa.us>; sarrafans@bsd405.org <sarrafans@bsd405.org>; watsonc@bsd405.org <watsonc@bsd405.org>; shuij@bsd405.org <shuij@bsd405.org>; chewc@bsd405.org <chewc@bsd405.org>; arasj@bsd405.org <arasj@bsd405.org>; jarvisa@bsd405.org <jarvisa@bsd405.org>; pattersony@bsd405.org <pattersony@bsd405.org>; gallingerh@issaquah.wednet.edu <gallingerh@issaquah.wednet.edu>; weavers@ussaquah.wednet.edu <weavers@ussaquah.wednet.edu>; mullings2@issaquah.wednet.edu <mullings2@issaquah.wednet.edu>; mooorea@issaquah.wednet.edu <mooorea@issaquah.wednet.edu>; maraldom@issaquah.wednet.edu <maraldom@issaquah.wednet.edu>; thieler@issaquah.wednet.edu <thieler@issaquah.wednet.edu>; schoolboard@issaquah.wednet.edu <schoolboard@issaquah.wednet.edu>; jholmen@lwsd.org <jholmen@lwsd.org>; elaliberte@lwsd.org <elaliberte@lwsd.org>; mstuart@lwsd.org <mstuart@lwsd.org>; sbliesner@lwsd.org <sbliensner@lwsd.org>; ccarlson@lwsd.org <ccarlson@lwsd.org>; lchoi@lwsd.org <lchoi@lwsd.org>; boardmembers@lwsd.org <boardmembers@lwsd.org>; michaela.miller@k12.wa.us <michaela.miller@k12.wa.us>; jenny.plaja@k12.wa.us <jenny.plaja@k12.wa.us>; maria.flores@k12.wa.us <maria.flores@k12.wa.us>; cindy.rockholt@k12.wa.us <cindy.rockholt@k12.wa.us>; jon.mishra@k12.wa.us <jon.mishra@k12.wa.us>; veronica.gallardo@k12.wa.us <veronica.gallardo@k12.wa.us>; amber.palmer@k12.wa.us <amber.palmer@k12.wa.us>; kcexec@kingcounty.gov <kcexec@kingcounty.gov>; wsboh@sboh.wa.gov <wsboh@sboh.wa.gov>; maddy.thompson@gov.wa.gov <maddy.thompson@gov.wa.gov>; yutao.pku@gmail.com <yutao.pku@gmail.com>; gulick.alissa@gmail.com <gulick.alissa@gmail.com>; Alisaroseyuen@gmail.com <Alisaroseyuen@gmail.com>; ams0808@hotmail.com <ams0808@hotmail.com>; amyandrea30@hotmail.com <amyandrea30@hotmail.com>; amysahagian@msn.com <amysahagian@msn.com>; the5brainards@yahoo.com <the5brainards@yahoo.com>; amya@425fitness.com <amya@425fitness.com>; andrewgustafson@live.com <andrewgustafson@live.com>; angelap@siboguru.com <angelap@siboguru.com>; ahasheva@gmail.com <ahasheva@gmail.com>; anib@keystonerei.net <anib@keystonerei.net>; art.n.jury@gmail.com <art.n.jury@gmail.com>; theweiners@outlook.com <theweiners@outlook.com>; barbpender@comcast.net <barbpender@comcast.net>; barbarajean816@gmail.com <barbarajean816@gmail.com>; barnali.basu@gmail.com <barnali.basu@gmail.com>;

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Kimiai <lobat@alchemyhc.com>; lokeshmd@me.com <lokeshmd@me.com>;
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curran.t@comcast.net <curran.t@comcast.net>; paula_brierley@hotmail.com
<paula_brierley@hotmail.com>; icarus@snappyreports.com
<icarus@snappyreports.com>; purrfectpetserviceswa@gmail.com
<purrfectpetserviceswa@gmail.com>; thenobs@hotmail.com <thenobs@hotmail.com>;
ramseyramerman@gmail.com <ramseyramerman@gmail.com>; Rbayala@hotmail.com
<Rbayala@hotmail.com>; reba8311@gmail.com <reba8311@gmail.com>;
Beccousa@gmail.com <Beccousa@gmail.com>; regan131@hotmail.com
<regan131@hotmail.com>; jreneecam@gmail.com <jreneecam@gmail.com>;
richard8780@gmail.com <richard8780@gmail.com>; risamae84@yahoo.com
<risamae84@yahoo.com>; robth@directionsonmicrosoft.com
<robth@directionsonmicrosoft.com>; russell007@comcast.net
<russell007@comcast.net>; sadie.arnold@gmail.com <sadie.arnold@gmail.com>;
fleurdesara@outlook.com <fleurdesara@outlook.com>; sbyeman@gmail.com
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shannontreynolds@outlook.com <shannontreynolds@outlook.com>;
burtshelly@yahoo.com <burtshelly@yahoo.com>; budda331@prontonmail.com
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sophiedolezel876@gmail.com <sophiedolezel876@gmail.com>; daum@msn.com
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dryael101@gmail.com <dryael101@gmail.com>; chori84@gmail.com
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jmcarthur86@hotmail.com <jmcarthur86@hotmail.com>; kellyrad@gmail.com
<kellyrad@gmail.com>; Brklyndavis@gmail.com <Brklyndavis@gmail.com>;
Shamralee@hotmail.com <Shamralee@hotmail.com>; brittneyahinojosa@gmail.com
<brittneyahinojosa@gmail.com>; yeagers2011@outlook.com
<yeagers2011@outlook.com>; stephanie.adams@comcast.net
<stephanie.adams@comcast.net>; catchristensen4@gmail.com
<catchristensen4@gmail.com>; tararickycrabbe@icloud.com
<tararickycrabbe@icloud.com>; janetnelsonbanks@gmail.com

<janetnelsonbanks@gmail.com>; TLitz@vectorrecorp.com <TLitz@vectorrecorp.com>;
Karilynd@me.com <Karilynd@me.com>; Monica.legatt@gmail.com
<Monica.legatt@gmail.com>; Bowic999@gmail.com <Bowic999@gmail.com>;
newsdesk@973kiro.com <newsdesk@973kiro.com>
Subject: RE: SuperBowl & The Big Game

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com>
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH,

and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Davis, Michelle (SBOH)
Sent: 2/11/2022 9:57:35 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccine

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website| Facebook |Twitter

-----Original Message-----
From: Heather Clerget <heatherc2828@gmail.com>
Sent: Thursday, February 10, 2022 9:28 PM
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: Meghan Carpenito
Sent: 2/10/2022 4:00:15 PM
To: DOH WSBOH
Cc:
Subject: No vaccines for k-12

External Email

No vaccines for k-12
There is no need for children to be vaccinated for covid.

Sent from my iPhone

From: Hisaw, Melanie (SBOH)
Sent: 2/11/2022 2:54:07 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine for children

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 2:10 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Covid-19 vaccine for children

External Email

Good day,

I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis? Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I reccomend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc29f5e2c757e4bdec68c08d9edb1687e%7C11d0e21](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc29f5e2c757e4bdec68c08d9edb1687e%7C11d0e21)

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in it's entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Robert Holte
Sent: 2/11/2022 2:29:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Glasoe, Stuart D (SBOH)
Sent: 2/9/2022 10:56:57 AM
To: DOH WSBOH
Cc:
Subject: FW: Not today Satan

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Becca Naro <narobbecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:43 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Fwd: Not today Satan

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobbecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:34 PM
Subject: Not today Satan
To: <stuart.glasoe@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots. I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level). Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school. Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense. There isn't a Covid pandemic. There are people with power pulling pandemic. Horrible people that do not respect the constitution. As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: Christina Mori
Sent: 2/14/2022 6:26:36 PM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

I do love me some football but you want to know what I don't love? I don't love my daughter going to school in fear because adults that she does not know nor has never had the chance to develop a relationship with, are masked and barking demands all day long while she complains of headaches day in and day out because she has a mask pressed up against her tiny little face. Do any of you remember what it's like to be a kid? Try to focus and 'do what your told' when the demands are coming at you muffled and with no context of facial expressions. Sounds damn right confusing and scary doesn't it?

That has been the reality for countless youth with these pointless mask mandates.

You have the power to change that. Unmask our children.

Kind regards from an outraged momma bear-

Christina

On Mon, Feb 14, 2022 at 4:52 PM Tanya Goodman <goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: tony lombardi
Sent: 2/11/2022 10:49:16 AM
To: DOH WSBOH
Cc:
Subject: Survey regarding covid 19 vaccination in schools

External Email

Hello, when will you be releasing the results of the surveys recently conducted regarding adding the covid-19 vaccination to the list of mandatory vaccinations for public school?
Thankyou

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Betsie Elliott
Sent: 2/10/2022 10:31:06 AM
To: DOH WSBOH
Cc:
Subject: Comment on Immunization TAG

External Email

TAG Committee -

Before you vote

"#6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority."

Was not covered in Dr. Lim's presentation. It was just an add on to criteria #5.

From: Amber Belanger
Sent: 2/9/2022 11:55:37 AM
To: DOH WSBOH
Subject: Feb 10th Meeting @ 9am

External Email

To Whom It May Concern:

I am writing to inform you that I am completely against any of the proposed Covid Policies that are over reaching and immoral. I completely stand against the proposed WAC: WAC 246-105.

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

- * Children are at extremely low risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- * The vaccine apparently does not stop the spread of the disease

I hope that you take my thoughts into consideration. Thank you for your time.

A Concerned Parent,

Amber Belanger

From: Debbie Fike
Sent: 2/9/2022 5:15:49 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 Mandates

External Email

Please NO mandates for school age children!!

Concerned Citizen

Debbie Fike

From: Robert Holte
Sent: 2/12/2022 3:13:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: drbenlynch@icloud.com
Sent: 2/14/2022 11:15:23 PM
To: Jessica Stober,Tanya Goodman,maraldom@issaquah.wednet.edu,schoolboard@issaquah.wednet.edu,weavers@issaquah.wednet.edu

Subject: Re: SuperBowl & The Big Game

External Email

Your mandates are harming developing children.

These developing years are never ever repaired once passed.

Your refusal to push against these mandates is cowardly.

The teacher's union needs to be second to these kids.

You're basically using masks on our kids to appease teacher's fears of a virus that has mutated itself into the common cold.

Stop the mandates now.

Kids are leaving WA state schools in mass numbers.

You'll be out of a job because of it.

End the mandates.

Now.

Dr. Lynch

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Jessica Stober <jessica.stober@gmail.com>
Sent: Monday, February 14, 2022 7:04 PM
To: Tanya Goodman; maraldom@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; moorea@issaquah.wednet.edu
Cc: superintendent@k12.wa.us; sarrafans@bsd405.org; watsonc@bsd405.org; shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org; pattersony@bsd405.org; gallingerh@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; mooorea@issaquah.wednet.edu; maraldom@issaquah.wednet.edu; thieler@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; jholmen@lwsd.org; elaliberte@lwsd.org; mstuart@lwsd.org; sbliesner@lwsd.org; ccarlson@lwsd.org; lchoi@lwsd.org; boardmembers@lwsd.org; michaela.miller@k12.wa.us; jenny.plaja@k12.wa.us; maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us; jon.mishra@k12.wa.us; veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us; kcexec@kingcounty.gov; wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov; yutao.pku@gmail.com; gulick.alissa@gmail.com; Alisaroseyuen@gmail.com; ams0808@hotmail.com; amyandrea30@hotmail.com; amysahagian@msn.com;

the5brainards@yahoo.com; amya@425fitness.com; andrewgustafson@live.com;
angelap@siboguru.com; ahasheva@gmail.com; anib@keystonerei.net;
art.n.jury@gmail.com; theweiners@outlook.com; barbpender@comcast.net;
barbarajeane816@gmail.com; barnali.basu@gmail.com; beckieknapp55@gmail.com;
drbenlynch@icloud.com; mspufkin@hotmail.com; brknutson@comcast.net;
candacehulse@johnlscott.com; carolynmmell@gmail.com; chadwridout@gmail.com;
cpirozokpse@gmail.com; chris@calvary-ranch.com; christianannelson@gmail.com;
christieallen@live.com; moricm2015@gmail.com; cin-cin@comcast.net;
clairespiano@yahoo.com; ldcope3@gmail.com; cynthiadvn@yahoo.com;
tigger@live.com; debbiemyoung@msn.com; deetole67@gmail.com;
destineytompkins@comcast.net; ddsprings@gmail.com; dionneirvin@gmail.com;
dlange@windermere.com; ladyquacker@gmail.com; doron9528@gmail.com;
lin.muimui@gmail.com; ecrumpacker@yahoo.com; ericacoogan1@gmail.com;
egemm1617@gmail.com; erin.penberthy@yahoo.com; feliciaann32@hotmail.com;
kylefran.clark@gmail.com; gennzee@yahoo.com; gina-kevin@comcast.net;
g.canada@hotmail.com; greggsmitjr@hotmail.com; heathertate@rocketmail.com;
irena.pashchenko@gmail.com; jacq.lmn@gmail.com; jamielynn0221@yahoo.com;
jywang@hotmail.com; janetn@comcast.net; jharris8682@outlook.com;
jdpez@hotmail.com; jennlynn.w@gmail.com; farinasj@hotmail.com;
jennifergauthier@hotmail.com; jgoldsworthy01@gmail.com;
jeremy_munn@hotmail.com; jesselhatfield@gmail.com; jessicaeisenman@gmail.com;
jkmorris21@yahoo.com; jing_ever@yahoo.com; jody.isaac100@gmail.com;
ellek6@comcast.net; josephkristyberthierjr@gmail.com; juliekennedy1414@gmail.com;
info@hoffmanforseattle.com; Julie.Granahan@gmail.com; julie.olsen02@me.com;
justin1elin@gmail.com; mail2kanu@gmail.com; crabbykc22@gmail.com;
karoljones500@gmail.com; kathwa@gmail.com; talleykathleen@msn.com;
ksandvig@gmail.com; klane@lanecoburn.com; jordan345@hotmail.com;
kimzmail@tutanota.com; jkclarks@msn.com; kbb7072@live.com; kirbyapel@gmail.com;
kregkendall@msn.com; kristen_magnuson@isomedia.com; kristenrieb@gmail.com;
Kristinnelson7@protonmail.com; krmashkek@yahoo.com;
kristinevanbuskirk74@gmail.com; kristy213Lynn@gmail.com; laceylisbeth@hotmail.com;
Lorabella4@aol.com; laurytelt@gmail.com; Ljpetc@protonmail.com;
laurieenglund@earthlink.net; leahchill@gmail.com; ghettalia@yahoo.com;
lilivaz79@hotmail.com; northrivercat@protonmail.com; lisa.templeton@outlook.com;
lisa@brettmelton.com; lobat@alchemyhc.com; lokeshmd@me.com;
majaarnold13@gmail.com; mnartea@protonmail.com; drmarkadams@protonmail.com;
lindsayclan@outlook.com; melissa_jenkins@outlook.com; michelle.wilbur@gmail.com;
michellej@windermere.com; michelle.chattin@gmail.com; michelle_giles@live.com;
mmutzel@gmail.com; mindi@barrettfincial.com; monicazone@yahoo.com;
nml1976@gmail.com; naomi_tar79@outlook.com; nicolecwork@gmail.com;
noraberry@hotmail.com; marquiss_24@hotmail.com; pabbage@hotmail.com;
pmc47@comcast.net; pamigarrett@hotmail.com; pactide@msn.com;
curran.t@comcast.net; paula_brierley@hotmail.com; icarus@snappyreports.com;
purrfectpetserviceswa@gmail.com; thenobs@hotmail.com;
ramseyramerman@gmail.com; Rbayala@hotmail.com; reba8311@gmail.com;
Beccousa@gmail.com; regan131@hotmail.com; jreneecam@gmail.com;
richard8780@gmail.com; risamae84@yahoo.com; robth@directionsonmicrosoft.com;
russell007@comcast.net; sadie.arnold@gmail.com; fleurdesara@outlook.com;
sbyeman@gmail.com; vuralseda@gmail.com; shannontreynolds@outlook.com;
burtshelly@yahoo.com; budda331@protonmail.com; shirley.pho@gmail.com;
sophiedolezel876@gmail.com; daum@msn.com; stephlecovin@outlook.com;
wine.stew@gmail.com; sundimathewson@comcast.net; taimayjones@gmail.com;
theresalane@comcast.net; thotton@icloud.com; tinalpalmer@gmail.com;
venitabenitez@yahoo.com; walgs@hotmail.com; williamwidmer@yahoo.com;
dryael101@gmail.com; chori84@gmail.com; Brooke.alles@icloud.com;
jmcarthur86@hotmail.com; kellyrad@gmail.com; Brklyndavis@gmail.com;
Shamralee@hotmail.com; brittneyahinojosa@gmail.com; yeagers2011@outlook.com;
stephanie.adams@comcast.net; catchristensen4@gmail.com;

tararickycrabbe@icloud.com; janetnelsonbanks@gmail.com; TLitz@vectorrecorp.com;
Karilynd@me.com; Monica.legatt@gmail.com; Bowic999@Gmail.com;
newsdesk@973kiro.com
Subject: Re: SuperBowl & The Big Game

It's time to end the almost 2yrs of suffering and burden put on our children. It's time to stop taking monetary bribes and threats and putting money and fear above our children's mental and physical health and well being. We as parents are no longer going to sit by while harmful protocols are forced on our children. Our children's future is in your hands and will be on your conscience forever. We beg you to do the right thing.

On Mon, Feb 14, 2022 at 4:52 PM Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH,
and King County Commissioner.

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We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Sharon Damoff
Sent: 2/12/2022 12:06:50 AM
To: DOH WSBOH
Cc:
Subject: No covid vaccine mandates!

External Email

Dear Board of Health,

I am writing to oppose any covid vaccine mandate--but I especially oppose it for children.

Here's what we know: Children are at virtually no risk from covid. We've known that for almost two years.

Here's another thing we know: Young males are at greatly increased risk of myocarditis from the vaccine, and young females have experienced altered menstrual cycles.

Here's what we don't know: What exactly are the long-term effects of the vaccine? It is impossible to know this because the vaccine has been around for only a year. What will be the long-term effects on males' hearts? What will be the long-term effects on female fertility? What other long-term effects might come up in five or ten years?

It makes absolutely no sense to give children a vaccine they do not need (because the disease is not bad for them), when the vaccine already has known negative effects for young people.

I'm not some anti-vaccine wacko. I made my own risk/benefit analysis based on my own age and situation, and I decided to get vaccinated. But the case is entirely different for children and young adults.

Parents should be able to make their own risk/benefit analysis for their own kids. If a child is overweight, has diabetes, or has some other medical condition, the parents might decide to vaccinate their child.

But the state has absolutely no right to mandate a covid vaccine as a condition of receiving the education the state has a duty to provide to all children who want it. Covid poses virtually no risk to children, while the vaccine might.

Government overreach has to end. The state should not be mandating covid vaccines even for adults. It is now abundantly obvious that even vaccinated people can get and transmit covid, so there is no justification for mandates.

I hope you will not bow to pressure from teachers unions or others. Put the interests of the children first, and refuse to mandate vaccines.

Thank you,
Sharon Damoff
Mukilteo, WA

From: Jody Isaacson
Sent: 2/14/2022 8:13:59 PM
To: Tanya Goodman
Subject: SuperBowl & The Big Game

External Email

☐ Good evening,
LWSD, ISD, BSD, OSPI, WA State Ed, WABOH, and King County Commissioner:

A feeling of both joy and dread settled over me this morning as I prepared my daughters for school. Wasn't it refreshing to see smiling faces, hugs, and high fives on live TV, last night? Wow! Yet, despite the fun and games, the dark cloud of hypocrisy that the Super Bowl festivities highlighted has loomed overhead. While adults play, children and their teachers continue to be masked all day, everyday.

We ask our children to follow rules yet we, as adults, do not adhere to the very principles we preach. How, as educators and leaders in education can you continue this charade? Please, I beg of you, take the baton and lead us out of this insanity. We all know masks do not prevent the spread of COVID in schools. I know you have read the data. Children can no longer shoulder a burden that was never theirs to carry. You have the power to stand up against Gov Inslee's mandates. Join us in saying, 'Enough is Enough!'

Respectfully,

Jody Isaacson,
Parent Advocate

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman <goodman_tanya@outlook.com> wrote:

☐

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Mandy
Sent: 2/9/2022 12:28:37 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

I am writing to express my thoughts on the potential COVID-19 vaccination requirement for school age children. I am an individual who is in favor of vaccines and have all my children vaccinated as recommend, with the exception of the COVID -19 vaccine. My husband and I are also vaccinated for COVID. My children all got very mild cases of COVID prior to there being an available vaccine for them. As data is showing and as is usual with almost every virus/infection, natural immunity rises above the coverage a vaccine can give. I do not at this point, feel the need to get the vaccine for my children, especially until we know what and if there are any long term effects as the result of vaccination.

Please consider halting the requirement until we have ample information on the long term effects, especially in children. Children are at low risk for this virus and I feel that the decision to vaccinate should be left to the parents and children themselves as it is with the flu vaccination. If the data shows no long-term (5 or more years) ill-effects, I would not be opposed to a requirement then.

If we say we are following the science, then we do understand that even vaccination doesn't stop you from getting or spreading it. It only makes it less severe. Almost all cases in children are mild and not much more than cold-like symptoms. It should be up to each individual and family to decide what their risk is and take the necessary actions to protect themselves.

Please, please consider these opinions before we implement an unknown.

Thank you,
Mandy Van Hofwegen

Sent from my iPhone

From: Rosalia McDonnell
Sent: 2/10/2022 9:02:46 AM
To: DOH WSBOH
Cc:
Subject: I OPPOSE: Bill to deciding Covid Mandates to require for daycare and elementary schools.

External Email

I am a concerned citizen who is entering a comment for the first time. I greatly oppose the state of Washington requiring all daycare and Elementary Children to be vaccinated from the Coronavirus, or any vaccinations. I believe it is the parent's choice as to what vaccines to give them based on their doctor's recommendations. Also, the vaccine is still an Experimental vaccine, and heart problems are being seen in young people especially men. No one knows the long term effects, especially on children!! Many children could have allergic reactions to the covid vaccine, like they do with other vaccines.

PLEASE DO NOT REQUIRE CHILDREN TO BE VACCINATED IN DAYCARES AND SCHOOLS RUN BY THE STATE OF WASHINGTON.

I ALSO WANT TO COMMENT THAT I THINK ALL MASK MANDATES SHOULD BE REMOVED FROM ALL CHILDREN OF ALL AGES IMMEDIATELY.

Thank you very much.

Rosalia C. McDonnell

Rosalia Cardenas McDonnell, M.A.,L.M.H.C.,N.C.C.
Licensed Mental Health Counselor, #LMH00005183
National Certified Counselor, #48301
NPI # 1770618647
P. O. BOX 13199
Mill Creek, WA 98082
email: rosaliamcdonnell@yahoo.com
(425) 359-8750 (cell)

Confidentiality: This electronic message and accompanying documents contains information that is confidential and protected from disclosure, by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521. The information is intended only for the individual named above. If you are not the intended recipient, or an agent of the recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action based on the contents of this information is strictly prohibited. If you have received this in error, please notify me by email and delete the original message you received from me. Thank you.

From: Debra Wells

Sent: 2/10/2022 9:28:31 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: 49603475-4133-4BC1-86B1-5D1D6A053D8B

External Email

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Mary McEachern
Sent: 2/12/2022 8:47:05 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Annette MacLaren
Sent: 2/10/2022 11:11:58 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 shots for public school students

External Email

To Whom it May Concern,

I am extremely opposed to vaccinating children and have been horrified by how much the schools are pushing it. At least once a week I get an email that is pro-vaccinating children from the school district. This is must stop. This is a virus and is highly survivable. Children are more at risk of dying in car accidents or suicide. Please use some common sense and stop the propaganda and politics; use science.

Sincerely,
Annette MacLaren

From: Ying Pei

Sent: 2/9/2022 3:52:56 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Covid Vaccination for Kids

External Email

To all board members and staff,

I am writing to you to oppose adding COVID Vaccination as a requirement for school. This vaccination did not go through long term testing. The long effect on health is not yet known. Kids should not be required to take this medical test to enter school. My family will either move or start home schooling if this will become a requirement for public education.

Thank you.

Ying

From: Herendeen, Lindsay (SBOH)
Sent: 2/9/2022 10:16:30 AM
To: DOH WSOH
Cc:
Subject: Fwd: Covid vaccines

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:03:44 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Melissa Jenkins

Sent: 2/9/2022 6:20:48 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vote NO - WSBOH Public Meeting agenda on 9-Feb to discuss "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC"

External Email

Dear Washington State Board of Health,

Re: WSBOH Public Meeting agenda on 9-Feb to discuss "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC"

To the Washington State Board of Health,

I wish to formally state my objections to the forthcoming proposal on mandating the experimental Covid-19 vaccinations for childcare and school entry. It is well documented through government sanctioned resources, such as the CDC's VAERS and the World Health Organization, as well as numerous international government bodies, that have reported on the efficacy of this experimental mRNA gene therapy, currently authorized for emergency use only, as being unsuccessful in reducing the spread and severity of the virus, including all variants. This is further evident in the continued increase in recorded breakthrough positive cases amongst the fully vaccinated throughout the state.

It is the role of this board and institution to thoroughly evaluate the risks vs. the benefits of these experimental vaccinees and protect our children from harmful medical intervention. It is beyond clear that these experimental vaccines have not been properly tested and peer-reviewed for safety, as required to ensure the protection of our children, and therefore presents an unacceptable risk to their wellbeing. I would further call to your attention the high risk to our children of adverse reactions from the experimental vaccines as reported by the CDC's VAERS systems which has documented hundreds of thousands of adverse reactions to the vaccines and over 20,000+ deaths (US data <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2F&data=04%7C>, Dec 2020).

Furthermore, in September 2021, the CDC changed the definition of the terms "vaccine" and "vaccination" to accommodate for the experimental mRNA gene therapy (see reference below). These new definitions...

* No longer cite that a vaccine produces immunity, rather, cites they now stimulate

an immune response.

* No longer cite that vaccination produces immunity, rather, cites they will now produce protection.

As a result of the new CDC definitions, the experimental Covid-19 vaccinations are not in compliance with RCW 70.290.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault> which states the following:

"Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective and recommended by the advisory committee on immunization practices of the centers for disease control and prevention for administration to children under the age of nineteen years.

Effective immediately, the WSBOH shall be put on notice that by making the experimental Covid-19 vaccinations compulsory for childcare and school entry, you will be in violation of the Washington State Constitution (RCW 70.290.010).

Finally, this mandate will have a detrimental effect on Washington State citizens, families and children, most notably:

- * Washington State parents pulling their children from both public and private institutions at an even more alarming rate than experienced to date (4.5% lower, or over 50,334 reported in Nov 2021, <http://www.cfc.wa.gov/Documents/ForecastNarratives.pdf> <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cfc.wa.gov%2FDocuments%2F>).
- * Decrease in federal funding for Washington State public education system.
- * Increase in parental hardships securing new education system(s) and/or institutions for their children.
- * Increase in mental and physical health issues for families.

It is of the utmost importance our children's safety is the top priority of this board.

Regards,

Melissa Jenkins

In God We Trust

REFERENCES

1. Reference: "Vaccine" Definitions

CDC DEFINITIONS – MAY 2018 thru SEPT 2021

CDC DEFINITIONS – REVISED SEPT 2021

RCW 70.290.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>
DEFINITIONS

Vaccine: A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce immunity to a specific disease.

Vaccine: A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

"Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective and recommended by the advisory committee on immunization practices of the centers for disease control and prevention for administration to children under the age of nineteen years.

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:25:10 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid experimental treatment

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

From: Christy Keneally <christyk1975@keneally.net>
Sent: Thursday, February 10, 2022 7:32 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; nathaniel.thai@sbohwa.gov; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: Covid experimental treatment

External Email

Ladies and Gentlemen,

As a concerned parent, I write to say, making the covid vaccine a requirement for school, is not in the best interest of our children. There has not been enough time to see the long term affects of using mRNA technology. To even consider risking our children on something experimental is beyond my comprehension. It is a virus that has already changed multiple times, requiring 3-4 shots, that is insane. Vaccinated or unvaccinated, you can have covid, you can spread covid. It does NOT stop the spread. The risk for serious illness is small in children. It is beyond ridiculous that our state is even considering this. This is not about our children. It's about power in the wrong hands. Too much power given to the wrong people. Look at the Data. High vaccination rate does not equal lower covid cases. It's everywhere you want to look, if you are paying attention. Do not make it mandatory to attend school. Our schools have lost so much already. This will be a bigger blow to the education system. You will loose so many students.

Sincerely
Christy

From: Jimi James
Sent: 2/10/2022 3:44:52 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

I think this is bullshit what you people are doing. If you go back to your charts covid wasn't in the top ten for kids deaths. The flu had killed more kids then it but you don't make kids go and get that to go to school. Also maybe you guys should be looking at the suicide numbers of these kids cause that was top 3 for all list. You guys should be helping kids get mental health not pushing poison in to them. Way are you guys not talking about the kids that are dying from the shot.I? Question if my son's get this and die because you guys feel they needed it can I trun around and sue you guys because that's was going to happen when this all goes backwards guess you will be seeing alot of people in court but I know my kids won't get this because we will be leaving this state cause you guys don't care about the kids only the money in your pockets form the drug companies. Thank you have a good day
- jimi Gagner-

From: Gina M.
Sent: 2/9/2022 10:06:05 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Susan Sutton
Sent: 2/11/2022 3:09:55 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Meghan Jones
Sent: 2/9/2022 1:16:43 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

NO MORE MASKS ON OUR CHILDREN.
NO COVID VACCINES FOR CHILDREN.

Sent from my iPhone

From: Jill Ott
Sent: 2/9/2022 1:21:50 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Students have a 99.98% chance of survival against COVID19. Kids should not be required to get this vaccine. Please refrain from adding this vaccine to the list already too long for students to attend school in the State of Washington. It is unnecessary.

Jill Ott

Sent from Mail
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

From: Robert Holte
Sent: 2/10/2022 1:32:41 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jon Dykes
Sent: 2/9/2022 9:12:02 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

NO forced vaccinations of schools and children. Unethical and science shows we don't need it and doesn't work.

END the covid mandates. You are making us more unhealthy. The "cures" are worse than the disease.

-Jon

From: Joy Whipp
Sent: 2/13/2022 6:59:32 AM
To: DOH WSBOH
Cc:
Subject: covid 19 shots for

External Email

children. As a cytotechnologist myself, I am unusually aware of some of the chemistry and affects of such products compared to many people. This is an emergency use product and the idea of approving this for young children is extremely inappropriate.

This is and will continue to come back to haunt the medical community and families of so many persons that are being negatively affected by this product and the idea of adding another age group to this product for usage is absurd.

A. Joy Whipp, BA, CT(ASCP)

From: Schreiber, Tracy N (SBOH)
Sent: 2/9/2022 9:40:27 AM
To: DOH WSOH
Cc:
Subject: FW: Local control to lift mask mandates

Tracy Schreiber (she/her/hers)
tracy.schreiber@sboh.wa.gov
360-463-9069

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

From: Erica Teodoro <erica@harborgreensmarket.com>
Sent: Monday, February 7, 2022 2:07 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Local control to lift mask mandates

External Email

Dear Ms. Schreiber,

My name is Erica Teodoro and I am the parent of two students in the Peninsula school district.

I am writing to you today to ask that you please consider giving local control to the Washington school districts as to whether or not to lift mask mandates in schools. Schools around the country are starting to create exit plans for the mask mandates and it seems reasonable that our schools should be allowed to do the same should they see fit.

My kids have noticed a stark decrease in morale at their schools compared to pre-pandemic due in part to teachers having to use precious education time instead to police masking. They didn't sign up for this, they aren't trained for this, and everyone's patience is wearing thin.

Please, help our students get back to the business of growing and learning and thriving in their schools by allowing the individual districts to make the choice to lift mask mandates.

Thank you for your time,

Erica Teodoro

Sent from my iPhone

From: Kathleen Schwartz
Sent: 2/10/2022 1:19:33 PM
To: DOH WSBOH
Cc:
Subject: criteria 5 and criteria 6

External Email

Vote NO on criteria 5
Vote NO on Criteria 6

It is proven that the covid jabs have a far greater health risk and side effects than the benefit. There is no COVID emergency for children. Children have a 99.995% recovery rate from COVID and healthy children are not dying from COVID. Not only is this injection medically unnecessary for this younger age group, but there are clear signals coming from U.S. government sources that the risk to human health is real, and that adverse events to this vaccine are not rare.

The COVID jab will NOT protect you from severe illness and death. Mounting evidence suggests it might actually destroy your natural immune function, especially after the third dose. In fact, cancers, strokes, and other diseases are affecting people who got the shot at an alarming rate. This mandate must stop now! These so called vaccines are dangerous!

Kathleen Schwartz
I want a world that values truth, honesty, and justice

From: William WilliaCorrin m
Sent: 2/11/2022 3:59:40 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Greg Brewer
Sent: 2/10/2022 3:31:22 PM
To: DOH WSBOH
Cc:
Subject: Tag Meeting 02-10-2022

External Email

Hello,

I watch the compete Tag meeting today, Its nice they show fancy graphs and data about the Delta virus. They can't prove that Vaccination of school age Children will stop or reduce the spread of Covid-19. That is the point of having a shot for school. 28A.210.060

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&id=28A.210.170>>
through 28A.210.170

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&id=28A.210.170>>

All teachers are now vaccinated and several teachers at the school they attend has had covid-19 in the last few months including the principle.

No data showing that vaccination will stop the spread or reduce the spread of covid-19. The numbers they provided do not take in consideration the health of the children that have died with covid.

Will Dept of health be liable for any child that dies or has long term health effect from the shot? The Governor? Shot manufactures? NOPE

Is the Dept of health in charge of my child's health? More children have committed suicide in the past 2 years than have died from Covid-19. Are you doing anything about this? Nope

Long term effects of the shot? Nope

How do vaccines work?

When a person gets an infection, the body reacts by producing antibodies. These antibodies fight the disease and help the person recover from the illness. Antibodies stay in the body, even after the disease is gone, and protect the person from getting the same disease again. This is called immunity.

Vaccines work in a similar way, by preparing your child's immune system to fight a disease without actually giving your child the disease. When a child gets a vaccine, her or his body makes antibodies against the disease. These antibodies will recognize and fight the real disease if she or he is ever exposed to it.

Immunize:

- * To prevent common but serious illnesses. Some diseases, like pertussis (whooping cough), flu, varicella (chickenpox), and rotavirus, are very common in the U.S. Choosing not to vaccinate is a choice to risk getting a serious and sometimes deadly disease.
- * To prevent diseases that still exist. Some diseases, like measles and mumps, still occur in the U.S. at low levels. If fewer people are immunized against these diseases, outbreaks can occur.
- * To prevent diseases that are common in other parts of the world. Although some diseases, like polio, are rare or do not exist in the U.S., they are still common in other parts of the world. With frequent international travel, these diseases are literally only a plane ride away.

To protect others in your family and community. By immunizing your child, you also protect those who:

- * Have weak immune systems.
- * Are not fully immunized.
- * Cannot get shots because of a medical condition or because they are too young or too old.
- *

In enacting RCW 28A.210.060

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&context=legislation&id=28A.210.060&ipRedirectedFrom=28A.210.170>>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&context=legislation&id=28A.210.060&ipRedirectedFrom=28A.210.170>>, it is the judgment of the legislature that it is necessary to protect the health of the public and individuals by providing a means for the eventual achievement of full immunization of school-age children against certain vaccine-preventable diseases.

Covid-19 Is not preventable

WAC 246-105-030 Vaccine-preventable diseases children must be protected against for full immunization. In accordance with the conditions of this chapter, a child is required to be vaccinated against, or show proof of acquired immunity for, the following vaccine-preventable diseases before attending school or a child care center: (1) Chickenpox (Varicella); (2) Diphtheria; (3) German measles (Rubella); (4) Haemophilus influenzae type B disease; (5) Hepatitis B; (6) Measles (Rubeola); (7) Mumps; (8) Pneumococcal disease; (9) Polio (Poliomyelitis); (10) Tetanus; and (11) Whooping cough (Pertussis).

Greg Brewer

Gregory Brewer Insurance Agency, Inc.

4418 Ne St Johns Rd

Vancouver, WA 98661

360-694-8391 office

360-694-5965 Fax

Brewerinsurance@hotmail.com <<mailto:Brewerinsurance@hotmail.com>>

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From: Wendy
Sent: 2/9/2022 12:12:12 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID vaccines mandate for children

External Email

To WSBOH, et al.,

I am writing to ask that you seriously step aside from your personal biases & look at your own data. The WSDOH removed the demographic of COVID deaths by age from the COVID data dashboard. Why?? I'll tell you. Because there are less than 2 deaths in ages 2-19 and there are no children being hospitalized. The data does not support the narrative and had to be removed in order for WA State to continue its governor's power trip which is now heavily corrupted by various sources of 'COVID relief funds.'

A peer-reviewed July 2021 study revealed that COVID cannot be transmitted asymptotically & it was not transmitted from children to adults. I am sure you can find the one off study or data point that shows otherwise, but policies are made for the majority, not the single data outlier.

We all know that the board will try to compromise the situation and offer the vaccine mandate in exchange for dropping the mask mandate. This is not an exchange!!! All mandates are unwarranted, not supported by any data and need to be dropped immediately.

I have personally watched our children suffer in anguish over masks & bullying and witness their parents be shunned and segregated while their medical choices are publicly displayed against their will.

I am including an email sent to our local school board to ensure it reaches you. It was composed by a fellow citizen, Janice Haney, and copied here for your serious consideration as you ponder making harmful life-altering decisions for our youth.

'Healthy children are not at risk for severe disease or death due to COVID. According to the CDC, the COVID fatality rate for children is 0.002%. We need to quit asking our children to bear the burden of COVID for adults. Have we lost all common sense and empathy for our children? We certainly are no longer focusing on science. The cloth masks typically worn by school children do not work. They do not stop the transmission of COVID. The only mask that works is a KN95 and even then, they have to be properly fitted, properly worn and changed out on a regular basis. Additionally, there are NO studies that show masking children is necessary for the safe operation of schools, but there is data from Florida, Tennessee, North Dakota, Texas, the United Kingdom and Spain that confirms you can safely operate schools without a mask mandate. So, tell me, what are the benefits of putting our kids in a mask for eight to ten hours a day? I can't think of one. And if there were a benefit, shouldn't the benefit outweigh the harms? Masks hinder communication and speech development, they interfere with social interaction between the teacher and the child and between the child and their peers. Facial expressions are an important part of human connection. Mask can be uncomfortable and make it harder to breathe and harder to see for those children wearing eyeglasses. A study from Oxford Clinical Infectious Diseases found that "single-use medical masks were preferable to cloth masks for which there is no evidence of

protection and which might facilitate transmission of pathogens when used repeatedly without adequate sterilization." Dr. Marty Makary, professor at the Johns Hopkins Bloomberg School of Public Health, wrote this about the adverse effect of masks on kids: "In March, Ireland's Department of Health announced that it won't require masks in schools because they "may exacerbate anxiety or breathing difficulties for some students." Some children compensate for such difficulties by breathing through their mouths. Chronic and prolonged mouth breathing can alter facial development. It is well-documented that children who mouth-breathe because adenoids block their nasal airways can develop a mouth deformity and elongated face. A study published June 30th, 2021 in the Journal of American Medical Association Pediatrics section, found that the wearing of nose and mouth coverings by children leads to an increase in carbon dioxide levels in both inhaled and exhaled air while wearing a mask. The authors, a group of physicians from Germany, Poland and Austria, concluded that the findings "suggest that children should not be forced to wear face masks." In December of 2021, the U.S. Surgeon General Vivek Murthy issued a public health advisory on the mental health crisis impacting our youth. Murthy called for action to address what he called an emerging crisis exacerbated by the pandemic. Symptoms of depression and anxiety have doubled during the pandemic, with 20% of youth experiencing anxiety symptoms and 25% experiencing depression symptom. Suicides attempts for boys were up 4% and girls were up 5% from 2019. Studies confirm the negative impacts on children's mental and physical health due to social distancing, masking, school closures, lockdowns and the resulting isolation.

Our kids and grandkids deserve more from us. The RSD Board is worried about losing state and federal dollars, but what has RSD done to push back on the school related COVID mandates? What has RSD done to stand up for mask choice? Have you partnered with any other like minded schools? Have you written a letter to the DOH and Governor Inslee in protest of mask mandates and provided them with the scientific information that masks and the various restrictions are harming our children? It is time to do the hard thing. It is time to be a profile in courage for what is right. We can not ignore what is right over what is convenient, over the path of least resistance. What's next? A state COVID vaccine requirement to attend school? We aren't protecting, we are harming. It is true, that evil prevails when good men do nothing and history is not going to view us in a good light concerning all the decisions we have made pertaining to COVID, but history is going to be appalled at the decisions those in charge have made related to our children. We are not helping, we are harming our children to protect adults. Enough is enough. I am requesting that the RSD Board bring forward a resolution requesting the Governor lift the state mandate for COVID.'

Janice Haney

I am a youth coach to over 200 children weekly. The damage I am seeing in my students will be difficult to recover from. Mandates must end now and our children be given back their childhood & our workers have their livelihoods reinstated. People, hypocrites, travel all over the USA mask & vaccine free. COVID does not stop at the state border. I demand the WSBOH to do the right thing & break the glass walls of WA so we are part of the FREE USA again and our children can be raised as FREE courageous Americans.

Respectfully,

Wendy Robbins

Sent from my iPhone

From: LISA BOE
Sent: 2/9/2022 10:40:17 AM
To: DOH WSBOH
Cc:
Subject: Oppose Covid vaccine mandate

External Email

Good morning-

I'm asking that the board not recommend adding COVID-19 vaccine to the school vaccine schedule.

I'm a registered Democrat residing in Thurston county and the mother of three school-age children.

Kindly
Lisa Kramer

Sent from my iPhone

From: Lisa Smith
Sent: 2/10/2022 11:26:01 AM
To: DOH WSOBH
Cc:
Subject: Mandating vaccine for school entry

External Email

Hi,

I've been listening to the TAG meeting and wanted to provide my feedback. The below points may be addressed later in the meeting but as a parent and not a doctor, these are my two biggest concerns/questions.

* Is this really a vaccine? - For other vaccines that are mandated for school, they are truly vaccines and don't need to be given every year. Should the covid shot really be considered a vaccine? It's clear that the effectiveness of the covid shot decreases with time so would you require a booster shot for children every year? I would consider getting my child vaccinated if it were one or even two and done but I'm not willing to get them boosted every year especially since my kids just had covid and barely had a headache and runny nose.

*

* Risk/benefit - Whenever there is risk involved, there should be choice. As a parent, I believe I have the right to choose what is best for my children based on their personal health and my own experience. My brother had myocarditis after his second shot and I'm very concerned about my pre-teen son. I'm more concerned about myocarditis from the vaccine since it happened to a relative vs being concerned about getting it from covid especially since my son already had covid and is fine. I also had a disruption to my menstrual cycle after getting the vaccine which makes me wonder and be concerned with what impact would have on my daughter. These are all things that parents weigh in their minds and we should have the right to make decisions for them. I don't believe there is a one-size-fits-all. Some kids with underlying health issues should definitely get vaccinated and I'm happy my 100 year old grandma and my parents are vaccinated but I don't see the benefit outweighing the risk for my healthy children.

I know many parents in my community feel the same as me and I think in the country that is why the vaccination rates are so low for children. I know quite a few people who will pull their children from public school if there is a vaccine mandate. I already pulled my children from public school this year which I never thought I would do but I wanted them to have as normal of a school year as possible without all of the rules and I also wanted more control over their environment at school. I really want to come back to public schools but not if the government takes away my ability to make health choices for my children.

Thanks for considering my feedback.

Regards,
Lisa

From: Crystal Gordon
Sent: 2/11/2022 9:34:06 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern,

You will see a large number of unenrollment should you make this mandatory. Please leave it optional so that kids can continue to participate in the public school system.

Thanks,

From: Kyle Koehn
Sent: 2/11/2022 5:51:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mike Kromer
Sent: 2/13/2022 2:04:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: ashley kinney
Sent: 2/10/2022 2:54:43 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccine

External Email

Good Morning-

I am emailing You in regards yo no COVID "vaccine" for kids to attend school! The mandate is disgusting that it would even cross your mind! I'd you are really into "following the science" you will see that the survival rate for everyone is higher then the death rate and for kids that rate is even higher! It is absolutely unacceptable to inject our healthy children with a poison that doesn't even stop a disease that has a 99% survival rate! The vaccine adverse reactions are far higher than the non existent efficacy of this shot! STOP this absolutely backwards way of thinking! NO COVID shot for kids!! Make it a parents choice!

You need to look at real data for Myocarditis! Look at the real facts! Do not make this a requirement for our children to attend school!

Ashley Maravilla

From: Heidi Langendorff
Sent: 2/9/2022 10:50:48 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine schools

External Email

Please make the Covid vaccine a required vaccination for all school students in Washington state.

Thank you,
Heidi Langendorff

Sent from my iPhone

From: Marjorie Byrd
Sent: 2/10/2022 11:36:03 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Regarding Covid vaccinations for school children. They are giving a lot of information from multiple sources, but nothing from any scientific professionals who do not agree with vaccinating school age children, so how is this a balanced discussion and how will everyone make an informed decision if not all sources are being presented? After listening to all these speakers I still do not understand how the state can even think they should be able to decide for parents how they should handle ANY vaccinations for their children. I'd like to know what gives ANYONE the right to take away a parents choice on vaccinations.

Thank you

Margie Byrd

From: Debra Wells

Sent: 2/10/2022 10:47:06 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH)

Cc:

Subject: Re: COVID 19 vaccines, school requirements

External Email

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells <debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

https://www.aier.org/article/all-cause-mortality-in-the-
united-states-during-2021/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-
cause-mortality-in-the-united-states-during-
2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C45b2d2692711461a3a5b08d9ecc58223%7C11d

All Cause Mortality in the United States During 2021

aier.org/article/all-cause-mortality-in-the-united-states-
during-2021/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-
cause-mortality-in-the-united-states-during-
2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C45b2d2692711461a3a5b08d9ecc58223%7C11d

January 30, 2022

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<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk
Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C45b2d2692711461a3a5b08d9ecc58223%7C11d0e2>

– January 30, 2022

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-search-results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C45b2d26927114
Reading Time: 5 minutes

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The CEO of the OneAmerica insurance company recently disclosed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-age-people-up-40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C45b2d2692711461a3a5b08d9ecc58223%7C11d0e2>
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the deaths were not attributed to Covid.

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Figure 1: US weekly deaths by age group. Data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2F>
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2F>
for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021

by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus-in-the-us> were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This time period was the decline phase of the winter outbreak that peaked around January 18, 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot plausibly attribute the above average deaths for the 25-44 age group during this time period to Covid. What was responsible for these deaths?

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Figure 2: Weekly US mortality by Cause Group. Data <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2F> is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a

respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C45b2d2692711461a3a5b08d9ecc58223%7C11d0e2>

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Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

AIER

Get notified of new articles from Gilbert G. Berdine, M.D and

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around

for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

children under 18.

Please vote NO on requiring Covid vaccines for

Debra Wells

From: Kevin Penney
Sent: 2/9/2022 10:14:30 AM
To: DOH WSBOH
Cc:
Subject: School vaccination

External Email

I stand with parent choice. The mountain of evidence by well respected and published virologists, epidemiologist and other medical professionals from MIT, Yale and other prestigious colleges continue to point to not vaccinating young children and young healthy adults. It is clear BOH and other institutions do not concur but it is our rights as parents to choose what medical choices we will pursue for ourselves and children. Many parents/citizens have completely lost faith in our government and schools to preform their basic function. We will not subject our children to a medical procedure with minuscule and manipulated data under any circumstance. As you known the MRNA does nothing to stop the spread of the Covid virus and as additional variants ultimately move thru society the science shows the mRNA has less, to zero efficacy . The lies of virus stopping from mRNA are over and overall effects of the mRNA is dismal at best; and are unjustified in children.

You know cdc data says you're 6 times more likely to suffer an injury from the MRNA then you are to end up hospitalized from COVID as a child.

Our children will be removed from school before they are subjected to a unnecessary mRNA shot. There is ZERO long term data on children and reproductive effects from MRNA.

The word is spreading it won't long before the attempts to completely control the narrative is not containable.

COVID is 99.9975 % harmless towards children; everyone in Washington state government knows it.

Take note we are paying and parents will be protecting their children !

Respectfully, Kevin.
Sent from my iPhone

From: Stephanie Lansdale-Troxler
Sent: 2/11/2022 9:03:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kathy Egbert
Sent: 2/9/2022 12:11:03 PM
To: DOH WSBOH
Cc:
Subject: Adding Covid-19 vaccines to the list of required vaccines for WA State preschool/school age children

External Email

For ALL the reasons stated in the Informed Choice WA letter submitted to the WA BOH regarding mandating the Covid-19 vaccines for all preschool/school age children, I wish to go on the record as stating that these vaccines should NOT be made mandatory, but left up to the parent(s) choice.

Given the ever increasing volume of evidence from renowned physicians, the growing number of adverse reactions/deaths and the lack of short and long term safety studies, there is no way this should be made a mandatory shot for the children of Washington State.

Thank you,

KathyEgbert15@gmail.com <mailto:KathyEgbert15@gmail.com>

Abraham Lincoln once said, "America will never be destroyed from outside. If we falter and lose our freedoms, it will be because we destroyed ourselves."

Freedom is never more than one generation away from extinction. We don't pass it on to our children in our blood. It must be fought for, protected and handed to them by our example or one day we will spend our sunset years telling our children and our children's children what it was once like in the United States when men were free. Ronald Reagan

From: DAM PHAM
Sent: 2/10/2022 7:08:37 AM
To: DOH WSBOH
Cc:
Subject: Medical freedom for all, including children

External Email

Dear Sir or Madam,

Washington State has recently begun pushing the vaccine policy on our children, and it seems that it is with or without parents' permission! The question is, "ARE YOU GOING TO LET THAT HAPPEN?" It's not yet a mandate, but based on the way that other campaigns have gone, it's just a matter of time before they attempt to make it mandatory for everyone.

I've noticed a disturbing pattern has emerged during these challenging times. It seems that politicians have completely absolved themselves of their duties and responsibilities to the people that have elected them. They are totally relying on those so-called "health experts" to make their decisions. Our system of government was not designed to be governed by unelected bureaucrats, who are often more concerned with lining their pockets than their concern for society. It looks like politicians have turned a blind eye to the conflicts of interest over financial motives that involve many of these so called "medical experts."

I'd like to remind everyone that during WW2, many doctors who were so-called "experts" were involved in the systematic extermination of the Jews. They were also involved in gruesome medical experiments, which included forced injections of experimental and often lethal drugs. DOES THIS RING A BELL? We seem to have forgotten that highly-educated people who are not guided by a clear conscience or moral compass have become some of the most evil and prolific murderers in history.

I hope that you will think about these issues and pray that it will help you in making the morally-right decisions on what is best for Washington State children.

From: Kahler, Kelie (SBOH)
Sent: 2/9/2022 1:13:46 PM
To: DOH WSBOH
Cc:
Subject: FW: Against mandate

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Wednesday, February 9, 2022 1:04 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Against mandate

External Email

For the record Hannah. I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort. By the way, it is NOT a vaccine, it's a flu shot.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

We will continue to flood your office with phone calls, emails and oppose any mandate on social media.

We will not give up or back off.

Julie Kissick Malloy

From: Hoff, Christy Curwick (DOH)

Sent: 2/9/2022 10:06:27 AM

To: DOH WSBOH

Cc:

Subject: FW: Covid vaccines

From: Gina M. <gina-kevin@comcast.net>

Sent: Wednesday, February 9, 2022 10:02 AM

To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>

Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: jason homan
Sent: 2/10/2022 7:42:10 AM
To: DOH WSBOH
Subject: Re: Comments for the Immunizations Technical Advisory Group

External Email

Heres a link which contains several links regarding mask use:

<https://www.dailyveracity.com/2021/12/04/the-only-study-claiming-surgical-masks-work-has-just-fallen-apart/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dailyveracity.com%2F2021%2F12%2F04%2Fthe-only-study-claiming-surgical-masks-work-has-just-fallen-apart%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca452b85415e24fc8ad8b08d9ecabddbd%7C11d>>

On Thu, Feb 10, 2022, 4:03 AM jason homan <jasonhoman33@gmail.com>
<<mailto:jasonhoman33@gmail.com>> > wrote:

Over 1000 peer reviewed papers regarding adverse reactions. Tell me why we should be ignoring this? Let me know if you need more, as they are coming out daily. This has to STOP!!!

From: Pskowski, Samantha L (SBOH)
Sent: 2/14/2022 8:35:47 AM
To: DOH WSBOH
Cc:
Subject: FW: Please Hear Me Out

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:12 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children

to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful, ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: Janet McCormick
Sent: 2/11/2022 6:44:42 AM
To: DOH WSBOH
Cc:
Subject: Mandates unwarranted for children

External Email

There is no empirical evidence to support mandates to give mRNA injections to our youngest population.

This is dangerous territory to enter, particularly at this time.

Stop the pursuit.

Janet McCormick

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: LINDA HERMAN
Sent: 2/10/2022 7:48:12 PM
To: DOH WSBOH
Cc:
Subject: Feb. 10th meeting on vaccination in children criteria

External Email

Dear Board of Health,

Today I listened to the meeting discussing criteria 5 and 6, for adopting the covid vaccine in children. I do not understand the TAG team members or how any of these people qualified to be on such a committee? None seemed to know anything about medicine, let alone vaccine development or virology? I'm not sure why these folks were selected to represent the citizens of the state of Washington, especially regarding important medical decisions?

Things not discussed: the changing data, the genetics of Sars Cov2, the population at high risk from serious covid, the population at low risk of serious covid, the side effects of the vaccines, the lack of any long term data, the nature of respiratory viruses in general? I was dumbfounded at the lack of information and knowledge?

Covid risk is extremely high in the elderly and some very specific risk factors, it is extremely low in children. To date, the flu poses a much greater risk of severe illness in children. The vaccines were developed for a variant that no longer exists, the vaccines are leaky and the vaccinated still spread covid, the rate of which has not been determined. Omicron was so transmissible that a very high percentage of children have had it and developed natural immunity which has been proven to be a robust and varied immunity. Future variants are likely to be much more like a cold, and the prediction amongst many experts is that covid will just be another cold virus.

Vaccination for respiratory viruses have never in the history of vaccines been very effective, it is the reason we have never had a cold vaccine. This type of virus replicates exponentially and immunity from vaccination is very short lived, thus the need for boosters in those who are high risk. Other respiratory viruses have led to enhanced auto body immunity, where future exposure results in worse illness. The Dengue fever vaccine killed children and only after a lengthy court battle was the vaccine removed from the market. RSV vaccination has met a similar fate.

Criteria 5: This must be a no vote, the antigen was developed for the original covid strain, no longer in circulation, to date there are no studies that show it works for Omicron or quickly changing variants. This can not possibly be a yes vote, it does not meet criteria?

Criteria 6: Children have not been studied in regards to transmission and vaccination. Children have different immune systems than adults, and respond differently to covid than those at high risk. The vaccine data is not on children and not even on high risk and is only short term data? This must also be a no vote based on the criteria?

You have a committee of people who are NOT following criteria? I listened to the discussion on how there is no long term data of this nature, and the conclusion amongst some was that they can give a yes vote since there isn't data. That's not how a scientific discussion works? The absence of data means you wait until clear data is available to make a confirmatory decision!

I have a medical background, for the past 3 years I've served on the Department of

Defense Medical Review Board for rare diseases. We evaluate and score grant proposals, it is the gold standard in medicine. We utilize a set of criteria, even the patient population that serve as stakeholders are required to adhere to the set criteria and if anyone goes off course, as most did in today's meeting, the moderator reminds them of the criteria they are obliged to follow.

We never make decisions based on our feelings, premonitions, wanting to have a decision in the fall to stay ahead of covid? We are led by a strict scientific process. The discussion that took place today was absurd at best, had no current data, no decision making based on metrics and standards?

The vaccines are a great fete for high risk patients. Children, absolute risk considerations, side effects, the unknowns, are critical and not being discussed, in fact totally ignored? Many pediatricians are against this vaccine in children, it has no long term data!!!!

I'm following a RNA treatment for a disease my family has, it's been in phase II trials for over 2 years. There's no way on the planet anyone would consider giving that drug to children? Are all of you completely unaware of the normal drug approval process in children? These vaccines have not gone through the rigorous process of all other treatments and vaccines? It is totally absurd that at a time other states are dropping mandates, the state of Washington is considering vaccinating children with an unproven vaccine with a lengthy list of side effects for a patient population at extremely low risk?

If this kind of rogue, half hazard, crazy decision making is what defines our governmental processes for important things like vaccinating our kids, we are headed for great trouble? I fear the trucker scene as parents who are quite aware of the number of cases of myocarditis will backfire on your efforts?

You will all be held accountable as parents simply won't stand for this!

Linda Herman

From: Ramona Aboul Hosn
Sent: 2/11/2022 10:44:41 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines for WA Children

External Email

Dear Board of Health members,

As you well know (and we citizens are weary of providing you proof after proof), children are not harmed by Covid-19 any more than they are by catching a cold.

Covid-19 vaccinations are not FDA approved.

If you mandate an experimental medical treatment you are breaking many laws, and you will be held accountable.

We are sick and tired of fat tyrants like you sitting around mandating unnecessary, risky, experimental medical interventions on us and our children!

This is not science; it is political science.

We see you; we see the monetary remuneration from which you are profiting to push unlawful medical practices on people.

Enough. Stop. No vaccines, no masks. We're done.

Sincerely,

Ramona Aboul Hosn
Redmond, WA

From: Julanne Burts
Sent: 2/9/2022 12:58:42 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom this may concern for the meeting Thursday feb 9 2022
Again no to vaccine mandate for our children. They don't need it they are not at risk for covid. Please do not force our children to get it to be able to go to school. This should be left up to the parents not the government. The risk of myocardialitis is greater than covid 19. The vaccines are still in emergency status. If a child gets myocardialitis this is permanent heart condition that does not go away, then who is responsible?
The pandemic is ending so it is over. If you decide to mandate the shot you will see even more parents pulling thier kids out.

Thank you
Julanne Burts
21 rowan st east wenatchee wa
5098602886
Julanneburts@gmail.com <mailto:Julanneburts@gmail.com>

From: Testify Online Survey
Sent: 2/14/2022 6:41:02 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2 17 2022

2.

Agenda Item or Issue:

Compulsory Covid vaccines for school attendance

3.

Your Name:

Melodie Noyes

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

12011 SE 276th St. Kent WA 98030

7.

Email:

melodienoyes@gmail.com

8.

Phone Number (Include Area Code):

253 709 8728

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Mandatory covid 19 vaccines for school attendance

11.

Are you Pro or Con on the proposal?

2. Con

We do not know long term effects. Risk benefit profile shows no benefit, only risk. Vaccine ineffective. We will be leaving the public school system/possibly leaving the state if this becomes mandatory. We see that our government has been bought, paid for and controlled by big pharma. Put these vaccinations on the childhood schedule and it further removes culpability from the vaccine makers for bad science/ bad effects from the vaccine. We haven't even been given a chance to see the research from the trials yet. What are they hiding?

From: Robert Holte
Sent: 2/10/2022 1:34:47 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tanya Goodman

Sent: 2/14/2022 4:52:59 PM

To: Reykdal, Chris

(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org

Micheala,Plaja,

Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us

Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)

Subject: SuperBowl & The Big Game

External Email

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Teresa Lange
Sent: 2/10/2022 5:11:51 AM
To: DOH WSBOH
Cc:
Subject: Children STOP the madness covid vax

External Email

- * FDA has ONLY approved Covid vaccines for children under Emergency Use in children 5-11 and cannot be required or mandated, under law. It must be an individual's choice. Vaccine Status Discrimination is unlawful.
- * Children have minuscule risk of severe Covid-19 with a recovery rate of 99.997%
- * 19,000 deaths reported from Covid vaccines, more than all other vaccines combined in 30 years
- * Pfizer's data shows a 5x increased risk from fatal heart attacks among the vaccinated
- * US Government reports 18,461 deaths+ 875,653 adverse reactions from the shot as of 11/5/2021
- * An estimated 8% of the US Population (including kids) is at risk of anaphylactic shock to Covid-19 vaccines with PEG
- * Alarming rates of Myocarditis and Pericarditis are occurring in adolescents post-injection (similar to a heart attack)
- * While healthy children don't die from Covid, they do die from myocarditis. The younger you are, the greater the risk of cardiac inflammation per VAERS
- * There have been no long term studies on humans using mRNA technology in vaccines
- * Our children are not government guinea pigs!
- * Vaccinations are a private choice to be decided between Doctors and Parents
- * Other nations, including the UK, have banned vaccinations of children declaring the benefit does not outweigh the risk

From: Janine Johnson
Sent: 2/10/2022 1:01:11 AM
To: DOH WSBOH
Cc:
Subject: NO on Covid vax requirement for school

External Email

Good morning,

This email is to inform you of my opinion for you to not take a vote, or vote NO on any vote taken in response to adding the Covid-19 shot for school aged children to the required immunization list.

I am a pediatric RN of 21yrs, 17 of those at Seattle Children's. I will NOT be vaccinating my 5 and 9 yr old boys, for the following reasons, and I strongly urge you to throw out voting on this topic or strongly oppose adding this shot to the immunization requirement for public schools in WA.

1) The Covid vax is EUA only for the 5-11yr range. Therefore, it is still in the drug research phase, and requiring it for minors of any age in this period is grounds for medical malpractice. The claims that it prevents severe disease or death in this age group is unfounded as the risk of death in children who acquire Covid19 is 0.002%. Leading cause of death in this age bracket is lead by accidents, ingestions, suicide, homicide, cancers, flu & pneumonia and more. Covid is barely on the list it is so far down.

2) Long term side effects in any population have not yet been researched and established as we do not yet have data. Truthful informed consent has not been provided parents in this state as the push to vax kids has been coordinated and deliberate without any real or meaningful conversations between pediatrician and children's families. Currently, research is showing that severe side effects from the vaccine is more risky to previously healthy kids ages 5-18 than getting Covid.

3) Acquired Immunity has proven to be the most effective response to the pandemic for PHC. They handle Covid exceedingly well and have more and longer lasting antibodies than those receiving 1,2,3 or more injections of the so-called vaccine. Their created immune systems do the job they were created to do without the interference from manmade gene-therapy.

4) We can look to Israel to see how the most vaxxed and boosted country in the world is handling Covid and vax side effects: their population is widely vaxxed, and boosted twice, yet they have the highest percentage numbers of Covid cases. They have also had huge increases in heart disease (MCI, myocarditis, cardiomyopathy), CVA, hypertension, neurodevelopmental changes, and other negative outcomes. Studies have found that those who get Covid and then get vaxxed have worse outcomes than those who get Covid and don't get vaxxed. Many of our youth by this time have had a mild Covid case; requiring them to vax to be able to get an education is both putting them at what is now a KNOWN risk and grounds for medical malpractice.

5) Until Pharma or DOH or someone responsible for any mandates on the so-called vaccines will be held legally and ethically accountable for direct short or long term harm, including sudden MCI/CVA associated with these injections, no one should be requiring anybody be injected with them, and especially not our most vulnerable in the population, our children. And even more so as the carrot on the stick to acquiring their right to an education.

6) The pandemic currently appears to be ending, and mandating a shot that has proven to harm male youth and not be effective at preventing and spreading disease is foolish and an error in judgement.

Mandating a Covid vax for school attendance at this point in time is at best unnecessary and foolish, and at worst malevolent and grounds for a lawsuit against the state DOH.

Please use prayer and wisdom to stand for truth and reason, go against political pressure, overcome fear, listen to We The People, and do what is right for the children and families in this great state.

Thank you for your time and work you do.

Janine Johnson, RN, BSN
Newcastle, WA

From: Schreiber, Tracy N (SBOH)
Sent: 2/14/2022 7:51:39 AM
To: DOH WSOH
Cc:
Subject: FW: Please Hear Me Out

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:14 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber

of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful, ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: Lynsie
Sent: 2/9/2022 11:49:00 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hi TAG team

Good morning! I am writing to voice our families strong opposition against adding the requirement for a Covid-19 vaccine to the child immunization schedule. We have been opposed to this ideal and topic as the medical need has not been proven, the effectiveness of the vaccine has not been proven, and the efficacy of the vaccine is of massive concern and will continue to be for our family. It is absolutely unacceptable to require a vaccine that is only of consideration due to the state of emergency we continue to be held under. It is criminal to ignore science and data and to withhold information especially when directly related to health and medical decisions and care. The risk benefit analysis has yet to be proven and so the COVID-19 vaccine requirement for school-age kids should not even be a topic of conversation at this time. Please focus on more important matters for our students than spending federal funding, taxpayers dollars, the boards precious time and drop this topic at this time. Parents must have visibility to all science data in order to be able to make an informed decision about their child's medical treatment and needs and that is not happening and continues to be repressed from the public. Please help support your families and students of our future generations and stop the vaccine discussion at this time. Please be loyal to your position of power and privilege and work for the people and show us we can trust you and that you have integrity and honor. Please do the right thing by our kids!! The time to act is now and the action is demanded by the parents of our children.

"When there is risk - there MUST be choice"

Lynsie Holt
206-818-0251
Sent from my iPhone

From: Nicole Finehout
Sent: 2/14/2022 4:51:09 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Members of TAG, as American citizens and representatives you have an obligation to the people to uphold their freedoms as outlined by our constitution. As a voice of the American people you have a duty and obligation to uphold our constitution and vote "NO" to include COVID-19 vaccine in chapter 246-105 WAC as it would force our children to get the COVID-19 vaccine which AMERICAN parents should be free to choose if they want their children to take or not take. Therefore you must vote "NO" on any mandate that would go against our constitution stripping us of our rights/liberties and freedoms.

Thank you for voting "NO" on behalf of every free American in our great nation, AMERICA, the land of the free and home of the brave.

From: Kristi Dickinson
Sent: 2/9/2022 11:08:40 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please do not require the covid shot for children to attend school. If this becomes a requirement, our child will be pulled out of school.

Thank you,
Drue & Kristi Dickinson

From: Cori Fluetsch
Sent: 2/11/2022 6:23:19 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I see the WSBOH and TAG has recently voted in favor of adding the Emergency use only Covid 19 vaccine to the requirement for public schools. WAKE UP. Where did we get these people? Are they Zombies? Where is the common sense? Does anyone at WSBOH care about children anymore? Everyone involved in this decision need to evaluate their mental health as well as the scientific studies because obviously neither were considered. Stand up , do your research, do the job we pay you to do and protect the children. If you don't know don't vote. Each and every one will be held accountable. This is absolutely unacceptable.

WTF OVER,

Leonard Fluetsch

Get Outlook for iOS

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From: mikki bosman
Sent: 2/11/2022 2:39:36 PM
To: DOH WSBOH
Cc:
Subject: Comments on TAG 2/10/22 Meeting



attachments\4E95C2FAE7954639_325ED097806C41029C40FC4F319C83E4.jpg

External Email

Respectfully to the State Board of Health, 2/11/22

We should have huge concerns about including any COVID vaccines in our childhood immunization rules. Considering the first and most important category of criteria on the effectiveness of the vaccine should stop us dead in our tracks!

One professional on your team meeting stated there is "not enough evidence". These vaccines have not been time tested. We do know the effectiveness wears off at approximately 6 months. (This only stands to benefit the pharmaceutical companies who continue to promote boosters.) We are witnessing now that they do not actually "protect against infection" as claimed. Dr Bryan Ardis admits, "If we stop vaccinating - the virus would stop."

The studies the expert on your TAG team brought forth as "projections" do not necessarily depict the realities. According to epidemiologist Dr. Alexander, "Double vaccines actually increase the viral load and transmission factor 250%." Drug companies are making vaccines which they know can shed to others. The vaccines are now becoming known to be a factor in transmission. They do not meet the criteria for #6 of "reducing the risk of person-to-person transmission". Myself, and many I know, have become sick from exposure to those who had recent vaccinations.

The effectiveness of COVID vaccines continues to prove controversial. Why is there a big push to vaccinate our children when the statistics prove this virus is over 99% survivable? Let's look at A Study From: "Deaths in children and young people in England after Sars Co-V2 infection during the first pandemic year." Article in "Nature Medicine" Journal.

This graph compares the number of CYP who died of SARS-CoV-2, the number of CYP who died with a positive SARS-CoV-2 test and the number of CYP who died of all other causes. (March 2020- February 2021)

We can see here that the number of children who actually died of the COVID virus is reportedly very low compared to deaths by all other diseases and other factors. There is NO "significant morbidity and/or mortality in this population" to fit the criteria #5 for adding this vaccine as a requirement.

Now let's talk about the risks. Your TAG team member, Dr Eric Lufgreen, displayed a chart which showed on one line there were young patients showing up with 9 / 9 adverse events (or reactions) to the vaccines. Another professional on your meeting claimed we are "projected to see more myocarditis from vaccines than from the infection." These are

huge statements that are being glossed over.

What if your child or grandchild became one of the few with an adverse reaction or died due to a vaccine for a virus that has already proven to be over 99% survivable in the age group of 5 years old and under. Parents should not be forced to choose between a public education or a dangerous vaccine for their child.

Please, I beg you, look at the surrounding facts. Such as, how vaccine makers including Pfizer cannot be held liable for injuries and deaths following an emergency use vaccine. There should be great concern here for the public!

Please do not take any action in moving this vaccine to be included in childhood immunization rules. We and our children will prove to regretfully pay for this extremely bad choice.

Humbly,

Mikki Bosman

Sent from Mail

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for Windows

From: Jenn Starns
Sent: 2/14/2022 8:20:41 PM
To: DOH WSBOH
Subject: Leader of WSBOH at Superbowl with 70k other unmasked people



attachments\D9429A442AC1449D_Screenshot_20220214-110001_Facebook.jpg



attachments\52BCE69B4EF542E6_received_502083324680207.jpeg

External Email

The hypocrisy of unelected person, accountable to no one, tweeting about how much fun they are having (with 70k other unmasked people) at a very expensive Superbowl game is asinine. Meanwhile my three kids are still suffering from acne, face impetigo, and social anxiety the very next day. They have been forced daily to wear a mask in trade to receive an education in the state of Washington. A simple look at any map of the United States shows 98% of other states have lifted these same restrictions for quite a while now already. Washington bureaucrats have been dragging their very slow feet on this matter. Some states have been mask free for over a year. You are not following the science. You are following the money. You are bribing school districts with money to comply with abusive restrictions on healthy children. You will be counted on the wrong side of history about this. Free our children now. Enough is enough. You had your fun at the Superbowl let our children have their childhoods back. Thank you.

Jennifer S.
Parent of three teenagers

From: Richard Kinnison
Sent: 2/14/2022 11:56:57 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good morning,

I am emailing you all to voice my opinion of the poor leadership(Gov. Inslee), and the idiotic consideration of a vaccine mandate for children. This virus causes next to no actual danger for children. More children die from the flu than they do from covid. According to VAERS data, the children are more likely to have a violent reaction to the vaccine than they are to be harmed by the virus itself. The vaccine doesn't keep them from getting it, nor spreading it. That along with the almost 0 percent chance of serious illness from it should be all the reason and common sense you need to understand requiring the vaccine is in piss poor taste and judgment. It should be a choice and not a requirement. Plain and simple. Listen to your people of the entire state. Not just King county and Olympia. Despite what they might think, there are people who live outside these areas and Seattle/Olympia do not constitute the state of Washington. Please push for this vaccine mandate to be shut down, along with all Katherine mandates regarding this vaccine. We know primaries are coming up soon, let's start the push now to get things back right.

R,
Richard

Sent from Yahoo Mail on Android

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From: Robert Holte
Sent: 2/10/2022 1:36:18 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:23:20 AM
To: DOH WSBOH
Cc:
Subject: FW: Please Hear Me Out

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:12 PM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful,

ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: Kathryn Czerniak
Sent: 2/9/2022 7:12:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Connor W
Sent: 2/9/2022 12:30:42 PM
To: DOH WSBOH
Subject: Concerns about COVID Vaccine Mandate for School Entry

External Email

Dear DOH Board Members and expert advisors,

I'm a concerned mom of elementary student. I oppose the potential COVID-19 vaccine mandate to children.

My child has been vaccinated for all childhood vaccines. However, my trust to our public health system will forever be damaged if COVID vaccine become a mandate.

The reasons for my opposing COVID vaccine mandate are:

1. Long term risks from the vaccines are unknown. Short term the vaccine can cause myocarditis and pericarditis and other adverse effects. Experts didn't know the protection by the vaccine will diminish after few months. Government initially told the public to take vaccine to protect other people and it turns out not true. Current mRNA based vaccines are so new and the data of long term effects is honestly and simply not available.
2. Current vaccines don't prevent a person from getting the disease and don't stop the vaccinated from spreading the disease. So get vaccinated for COVID is a personal protection measure. Mandating it to every child is not going to prevent the disease from spreading.
3. The vaccine efficacy is in preventing severe diseases from COVID. Children's risk of severe diseases is so small, it doesn't warrant mandating to every child.
4. Each individual's risk from COVID is different. Parents should have the right to evaluate the benefit and risk factors from the vaccine and make their decision that best for their child.

Please protect our children, be cautious of potential long term risk and only give the vaccine to our children when you are confident they don't cause harm. Please help me to preserve my faith in you as public health authority.

If you think any of the reason above are not true, don't simply regard them as misinformation. Please openly debate with experts that hold different opinions and show the evidence to prove them wrong. I'm willing to be persuaded, not forced.

Thank you,

Li

Sent from Mail

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for Windows

From: Testify Online Survey
Sent: 2/10/2022 2:50:14 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

covid vaccine requirements

3.

Your Name:

Susie Fox

4.

Do you have a professional title?

1. Yes

retired educator- 33 years

5.

Are you representing an organization?

2. No

6.

Address:

PO Box 38 Manson, Wa 98831

7.

Email:

susiekfox777@gmail.com

8.

Phone Number (Include Area Code):

509-467-8075

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

That parents make the decision whether or not to vaccinate their child/children. It is a vaccine without enough data to commit our children's health!!!

From: Nicole Mills
Sent: 2/10/2022 11:41:07 AM
To: DOH WSBOH
Cc:
Subject: No covid19 vaccine school mandates

External Email

Hello,

Please vote no on adding the Covid-19 injection to the childhood vaccine schedule. There is not enough scientific evidence that the vaccine is effective in children. This is an emergency use vaccine and still needs to go through the proper testing. The side effects of this vaccine are far worse than the side effects of a child getting covid-19. For those families who wish to give their child the covid-19 vaccination, they already have or plan to when their child is of age. There is no reason to require it for all children. I truly believe our young children do not benefit from this particular vaccine.

Please vote no of adding the covid-19 injection to the childhood vaccine schedule.

Thank you

Nicole Mills

Sent from Mail

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for Windows

From: Edward Smith
Sent: 2/9/2022 3:06:56 PM
To: DOH WSBOH
Cc:
Subject: Make Rational Decisions for our Kids

External Email

What do you think you would be vaccinating against? A cold virus? Because that is what this is now. Sure. People, mainly the elderly that are near end of life, get colds every year and for some they die while they have a cold. That is how it has been before Covid and there is no evidence that any covid virus in the future would be any more than a cold.

The argument that getting this vaccine will stop transmission (of a cold by the way) is not at all a solid scientific fact and evidence is to the contrary with many studies showing it does not stop the spread.

From: Gracey Hartley
Sent: 2/11/2022 5:10:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Darleen Christopher
Sent: 2/11/2022 3:17:54 PM
To: DOH WSOB
Cc:
Subject: Fwd: Breaking: FDA Postpones Meeting on COVID Shots for Kids Under 5 + 6-Year-Old With Vaccine-Induced Myocarditis 'Unable to Walk'

External Email

Begin forwarded message:

From: Children's Health Defense <team@childrenshealthdefense.org
<mailto:team@childrenshealthdefense.org> >

Subject: Breaking: FDA Postpones Meeting on COVID Shots for Kids Under 5 + 6-Year-Old With Vaccine-Induced Myocarditis 'Unable to Walk'

Date: February 11, 2022 at 2:41:46 PM PST

To: Darleen Christopher <christopherslamp@yahoo.com
<mailto:christopherslamp@yahoo.com> >

Reply-To: team@childrenshealthdefense.org
<mailto:team@childrenshealthdefense.org>

Having trouble viewing this email? View it in your web browser
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February 11, 2022

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TOP NEWS OF THE DAY

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Breaking: FDA Postpones Meeting on COVID Shots for Kids Under 5 After Pfizer Says Not Enough Data. But Don't Let Up!

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6-Year-Old With Vaccine-Induced Myocarditis 'Unable to Walk,' as Reports of Deaths, Injuries After COVID Vaccines Climb Steadily

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Ontario Declares State of Emergency, as GiveSendGo Defies Order to Withhold Donations to Truckers

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Two Lawsuits Challenge NYC's COVID Vaccine Mandates as 4,000 Municipal Workers, 700 Educators Face Termination

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Open Letter to the Canadian Truckers.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT4d16fe6a83a-428c-b1e6-fe37a002d4d9%2Fdc0f7db7-4555-4304-ad07-

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4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1562039bb8e450ddb6d08d9edb47a3e%7

Liberal Americans Didn't Used to Trust the FDA. Why Did COVID Change Their Minds?

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FTe62ec2fcb-4537-a2ee-c1118530c8b7%2Fdc0f7db7-4555-4304-ad07-

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Senator Who Took Donations From Big Pharma Blocks Vote on Bill to Lower Drug Prices

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Children's Health Defense depends on generous donations from our community. Large or small, every donation gets us closer to achieving our goals.

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Our mission is to end the childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable, and establish safeguards so this never happens again.

Children's Health Defense
1227 North Peachtree Pkwy, Suite 202
Peachtree City, Georgia 30269
Contact us

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FTb3e7cae1dc-45d9-a22c-58598dde6c4a%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce1562039bb8e450ddb6d08d9edb47a3e%7>

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From: Claire Nelson
Sent: 2/10/2022 10:45:43 PM
To: DOH WSBOH
Cc:
Subject: School Vaccine Requirement

External Email

I and many other parents beg of you to not implement this mandate. I will remove both of my two school-aged children guaranteed if you put this through. This is NOT a vaccine and cannot even prevent the damn thing. You are toying with children, their lives and so much more. This is absolutely sick that we are even discussing such an issue when children have little to no risk of having long-term issues from COVID but do have possible long-term risks with a "vaccine" that hasn't gone through proper testing and true FDA approval. If you can't guarantee the safety, you can't require it. Who pays the price? Our children!

The FDA also said a laundry list of things were safe later to find out they are dangerous.

Sent from my iPhone

From: Courtney Taylor
Sent: 2/9/2022 1:11:35 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom this may concern,

I will not give my children a shot that is against our families morals and beliefs. This is not the place for government to overstep our constitutional rights. It hasn't cleared appropriate health trials for certain age brackets. This is completely against everything in my soul as a mother. I will not stand for it.

Courtney Taylor

Sent from my iPhone

From: Jim Benson
Sent: 2/9/2022 2:32:59 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I've been a resident of one of the Tri-Cities for over 20 years, working professionally and an engineer during that time. I have moved away and always returned for the cost of living and excellent schools this area has to offer.

I am opposed to mandates that are a condition for employment or education. I have freely chosen to get vaccinated prior to mandates for employment. I do not believe that access to education should be limited or restricted by mandates for vaccination for my children or any students.

Thank you,

Jim Benson

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Rob and Destry Roper
Sent: 2/11/2022 12:22:57 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Vaccine for school

External Email

Hi, if you mandate the Covid vaccine next year to go to school we will simply pull our kids and leave the state! I have a senior next year! Please let them graduate!!!! It's agony for her to have to think about leaving her high school and state just to finish school. The vaccine is very high risk for little protection if any as the virus mutates. Thousands of kids are going to leave if you Mandate this for next year! Destry Roper

From: Jessica Stober

Sent: 2/14/2022 7:04:37 PM

To: Tanya

Goodman,maraldom@issaquah.wednet.edu,schoolboard@issaquah.wednet.edu,weavers@issaquah.wednet.edu

Subject: Re: SuperBowl & The Big Game

External Email

It's time to end the almost 2yrs of suffering and burden put on our children. It's time to stop taking monetary bribes and threats and putting money and fear above our children's mental and physical health and well being. We as parents are no longer going to sit by while harmful protocols are forced on our children. Our children's future is in your hands and will be on your conscience forever. We beg you to do the right thing.

On Mon, Feb 14, 2022 at 4:52 PM Tanya Goodman <goodman_tanya@outlook.com> <mailto:goodman_tanya@outlook.com> wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Kahler, Kelie (SBOH)
Sent: 2/10/2022 8:40:04 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not approve the vax!!

From: Lisette Caire <lamachacachacadelosmochis@gmail.com>
Sent: Thursday, February 10, 2022 8:39 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Do not approve the vax!!

External Email

Dear Board of Members,

No CDC guidelines, OSHA regulations or health officer order can suspend our rights. "We the People" and do not consent. We do not give you the authority to force any medical procedures on our children, elderly, or on any human being that does not choose of their own free will your offerings of "public health" in a vaccine trial.

Your chapter 246 - 100 and rule making petition for 246 -105 try to confuse, coerce, intimidate, threaten and harass us. This is called retaliation and discrimination, and that is against the law.

We have the right to determine what is the best for our families and what is done with our body and it doesn't matter whether the vaccine only has an "emergency authorization" or not.

The masks and the testing are also "emergency use authorization" but even if they weren't, we cannot be forced into complying. Only a licensed medical doctor can suggest

a medical treatment such as a mask, covid testing or a vaccine. You or school administrator has no authority to do so.

We have the constitutionally-protected and GUARANTEED right to life and the right to determine what it's done to our body.

We are covered under ADA laws and our needs would have to be accommodated by law.

You are not a medical professional and, therefore, you are unlawfully practicing medicine by prescribing, recommending, and using coercion to insist on this experimental medical treatment.

Whereas:

1. The Nuremberg Code, codified into US Federal Law, prohibits forcing or coercing anyone, under any circumstances, to participate in a medical experiment; and the Code states "the voluntary consent of the human subject is absolutely essential."

2. Phase 3 clinical trials of COVID-19 vaccines are not yet completed. C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026 and hence qualify as medical experiments. People taking these treatments are enrolled in clinical trials.

3. The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials, and NOT the same formulation that has been administered to all other age groups under EUA. So even when current ongoing clinical trials are complete, the results cannot be assumed to be relevant to the safety or effectiveness of the new formulation.

"The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials." Source: <https://www.fda.gov/media/153717/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

4. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year.

5. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved

for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models. The participants in clinical trials involving children aged 5-11 received “two doses of 10 µg BNT162b2 or placebo (saline)”, not the new formulation.

Source: <https://www.fda.gov/media/153447/download>

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15344>

6. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term

effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots,

cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis,

myocarditis, and antibody dependent enhancement leading to death. I have friends dealing with COVID-19 vaccine injuries.

7. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and

injuries to children and youth have already occurred in the COVID-19 injection clinical trials.

8. FDA admits safety unknown. Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: “. . .but we’re never going to learn about how safe this vaccine is unless we start giving it.”

Source: @6:52:33

https://youtu.be/laaL0_xKmmA

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FlaaL0_xKmmA&data:

9. International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates:

“Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates.”

Source: <https://globalcovidsummit.org/news/thousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fof-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb5330589feb246865c2608d9ecb3fced%7C1>>

10. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting

System (VAERS), than deaths in the last 10 years from all vaccines combined and only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID

vaccines is unknown as there is a significant delay in uploading reports to the VAERS database.

The risk associated with COVID-19 vaccinations is extremely dangerous to the health and well-being of all children

and this form of treatment unnecessary.

Any coercion or pressure tactics used for students to be vaccinated contravenes the Nuremberg Code, the Helsinki Declaration and Federal Law.

Any use of "implied consent" by any minor child under the age of 18 is defined in law as gross, contributory, and

culpable criminal negligence.

Any party found to be involved in vaccination coercion when entrusted with the care of our children such as all school staff, school board members and executive, and any other adults who may have access to our children while under their care. This includes the assistance of outside school staff, contractors, public health nurses, or health officials

could be prosecuted to full extent of law and you may be held personally and criminally liable for any injuries or deaths

that may occur.

We are forced to err on the side of spiritual caution and refuse to harm our temples in honor of Gods Holy Word.

The 1st Amendment of the constitution has protected these exact claims before the Supreme Court on many occasions. Even State governments have faced this glaring truth during the Covid crisis as

they attempted to pass mandates and laws that violated this basic principle only to have their wrong decisions righted before the Courts, with financial penalties.

While, as Christians, we strive to be at peace with all humans beings and to obey all laws and mandates from a Legitimately elected government. We do not do so in violation of Gods Holy Laws, of which the protection of my body is one of those spiritual laws that supersedes all manmade laws in my religious conscience.

Sincerely

I extremely concerned dad that is willing to take out his kids from school to protect them.

From: tdjsma
Sent: 2/8/2022 11:50:19 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

As your department has stated, there is currently no published literature on pediatric Covid-19 vaccine effectiveness in the K-12 school setting. If this is the case, and it is, then why should it even be a considered measure to take? Vaccines should not be required for this age group. What I do see in death reports is a huge uptick in teen suicides. If saving lives is truly your goal, prevention of teen suicide should be what your focus is on. Death by Covid in this age group is extremely far down the the line in number compared to suicide. Please redirect your focus to what is needing attention.

Thank you,
J. Tiemersma
253.245.7133

From: Anna Yan

Sent: 2/9/2022 11:29:16 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Fwd: Do Not add the EUA Covid-19 vaccine into WA schools Requirement



attachments\6B52A0518FC7455B_557209255-Senator-Ron-Johnson-let_PRDTOOL_NAMETOOLONG.pdf

External Email

Dear BOH members,

As a long-time Washington resident and a parent of school kids, I sincerely oppose adding the Covid-19 vaccine into the WA schools requirement list.

The reasons are below:

1. For ages 5 to 12 kids, The covid vaccine is still on EUA, and there is no long-term side effect data of that. Even the FDA experts admit "we don't know the side effects until we roll it out." That is totally irresponsible to do this to children. We only offer safe medicine to our children, not something we don't know what the side effects could be.

2. Children have low rate of covid. The CDC shows the covid survival rate of children is about 99.9995%, the covid is mostly like the normal flu to children. They don't need to get the covid vaccine.

3. There are so many deaths and severe damage reports about the covid vaccine around the world.

1). 382 Athlete Cardiac Arrests, Serious Issues, 222 Dead, After COVID Shot (until 12/27/2021)

<https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2F%2Fathletes-suffer-cardiac-arrest-die-after-covid-shot%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca7b956147edc4f5273a808d9ec670831%7C11d0>>

<https://openvaers.com/covid-data>

3. Some data about adolescents died within 10 days after the covid vaccine.

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1854668>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865389>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1890705>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1576798>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1633205>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1668800>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1702154>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1737907>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1845034>

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1862946>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865979>

12 year old boy, on day of Pfizer injection:

<https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1865979>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?IDNUMBER=1865979>

4. Robert Malone's brief explanation of why we should oppose Covid vaccinations of children.

<https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Flive-stream-event-physicians-alerting-parents&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca7b956147edc4f5273a808d9ec670831%7C11d0e>

Besides, In a February 1, 2022 letter addressed to DOD leader Lloyd Austin, Senator Ron Johnson cites the "dramatic increases in medical diagnoses among military personnel," as well as evidence that the "diagnoses of myocarditis had been removed from the database."

An alarming increase in cancer, miscarriages and myocarditis was found in addition to many other diseases (as outlined in Senator Johnson's letter):

- * Hypertension — 2,181% increase
- * Diseases of the nervous system — 1,048% increase
- * Malignant neoplasms of esophagus — 894% increase
- * Multiple sclerosis — 680% increase
- * Malignant neoplasms of digestive organs — 624% increase
- * Guillain-Barre syndrome — 551% increase
- * Breast cancer — 487% increase
- * Demyelinating — 487% increase
- * Malignant neoplasms of thyroid and other endocrine glands — 474% increase
- * Female infertility — 472% increase
- * Pulmonary embolism — 468% increase
- * Migraines — 452% increase
- * Ovarian dysfunction — 437% increase
- * Testicular cancer — 369% increase
- * Tachycardia — 302% increase

For your convenience, I attached Senator Ron Johnson's letter to this email.

How can you say this vaccine is safe when you look at these astonishing numbers?

And the covid vaccine is not effective either, so many people with 2 jabs or even 3 jabs are also infected with the Omicron variant. The breakthrough rate is so high.

Look at the data from Israel:

Israel reports record deaths, 60% above previous record a year ago, despite quadruple vaccination of at-risk groups.

75-80% of severe cases in ICU appear to be vaccinated, most "at least three times".

How can this possibly be if the vaccine is effective?!

<https://www.israelnationalnews.com/news/321674>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2F>

Please think carefully. Do not add covid vaccine into the WA school requirements. By doing that, you are breaking the law, we the people of WA will not allow it!

A concerned parent: Anna

From: Frank Durocher
Sent: 2/10/2022 8:36:21 AM
To: DOH WSBOH
Cc:
Subject: 2/10/22 TAG Meeting

External Email

Hello, it's my understanding that this morning we will be discussing the merits of including the COVID vaccine into WAC 246-105.

I appreciated that the last time a similar discussion took place, on whether or not to adopt a ban on emergency vaccinations from being included, the group's general consensus was essentially "We don't know enough right now to enforce a ban on responding to unknowns in the future." That is a very sensible approach!

And here we are again, and I'd ask the same question: do we know enough about the long-term impact to enforce the opposite, either? I appeal to your sensibilities and implore you to NOT include the vaccine into 246-105 WAC.

What we *do* know, however, is the following:

1. The vaccines do not prevent infection
2. The vaccines do not prevent the spread of infection
3. The efficacy of the vaccine does not even last the duration of a school year
4. Kids are the *least impacted* population by this virus

There are simply too many unknowns still to enforce something this far-reaching, and we cannot experiment with kids as the mechanism to address this pandemic. Kids cannot pay the price to keep the fear of adults at bay. The schools have done an incredible job of handling cases and doing everything necessary to keep our kids in the classrooms, and I applaud them for that.

Vaccines should remain highly available to every single individual that deems it necessary for their own well-being, and I encourage those that make the choice to get the vaccine. Enforcing it for kids at this time is just not the way to go.

Thank you for your time, and I look forward to the discussion!

Frank Durocher

909.225.0575

From: S H
Sent: 2/10/2022 12:52:35 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members/ School Covid-19 vaccine requirement for school entry.

External Email

Re: School Covid-19 vaccine requirement for school entry. (CON)

To whom it may concern, It is too soon to make this very permanent decision, there is too much polarization, and most importantly not enough long term study regarding this particular vaccine on our children! There are side effects that one must admit, if they are being truthful and following the cases, that are very unnatural and dangerous, damaging, or if nothing else, scary and even requiring hospitalization. True, they are not commonplace, but they are much more than previous immunizations cause, that were in trials and studies for much, much longer. An example of a previous vaccine released and given to children/infants that had been suspended after appx a year of use in children and infants(!!)

| (ex:Rotavirus: The Government said: "Events surrounding the withdrawal of the Rotashield vaccine illustrate how well this system functions in practice. ... In the space of about one year, a vaccine was licensed and recommended for routine administration, adverse events raised a concern, further studies were conducted, and the manufacturer withdrew the vaccine knowing the government and physician community were ready to respond." (Brief 2010, 23-24))

The point is, we have no long term (even short, long term studies on this particular Covid-19 vaccine in our innocent children! They have no choice. They must do what their parents say or what the government or school system tells their parents to do. They are the long term test, themselves. Many parents will say No. Record levels of parents have already pulled their children from the WA school system during this pandemic. Mandating these vaccines will not change it improve that, and in fact will make the issue even worse for the State school system enrollment issues.

Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. With such studies having not even been done yet-and no long term health studies as of yet- why would we want to risk our children, the futures of America? To nearly every child, the risk of COVID-19 severe sickness, is almost non-existent when you look at the numbers. To them it is a cold. And parents of immunocompromised children have the option to protect them with the vaccine and/or further with other measures.

The number of vaccines we are already required to put into our children is staggering! And with this vaccine, they are still able to contract and spread! Many parents will choose to willingly vaccinated their child. Nearly as many will choose not to. According to Washington Department of Health, K-12 currently are required a minimum of about 21 doses of various vaccines into their bodies.

Please do not force yet another, particularly this newer vaccine. I personally know quite a few right now that it would be the breaking point for them. They WILL pull their child out of the public school system, (or keep them out as the case may be) or even are ready to move from the area or state so their child can have an education. (This is not meant to appear in any way as a threat, it's just simply the truth.) The adults are largely vaccinated, the teachers are already required.

I sincerely and respectfully ask that you please respect the many parents who believe in this case we should leave the children with their own immune systems, which is already proving (and has proved) to be very, very strong against this virus. It has not even been around long enough to know how their immune student systems will build over time! Or how the virus may weaken over time. There is too much unknown to mess with our precious children's amazing natural immune syst Ultimately, this decision belongs between the parent and their child's doctor, not the State, political or school system.

Thank you for reading and considering.

Respectfully,
Shawnene Hersey
WOODINVILLE, WA. King County

From: Mindy Earley
Sent: 2/10/2022 1:01:41 PM
To: DOH WSBOH
Cc:
Subject: Technical Advisory Group to Consider COVID-19 Vaccination for Children

External Email

I am so disappointed in this panel and how it is all one sided. How dare you even think you can rule on this when this is NEW!!!

You will be losing a ton of children going to public school so therefore your funding will go down. Not that this indoctrinated public school system is anything to shout about!

My child will be taken out if you pass this, but do you really care... NO you are all in it to get your \$\$\$\$\$. So disgusted..

Mindy E.

From: Smila Public Relations
Sent: 2/11/2022 11:52:40 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please remember the public is watching what each one of you decides regarding our children and how you use the funds and responsibilities allocated to you.

There is no logical or scientific reason for vaccine requirements for children (or anyone for that matter). 17,000 doctors agree. Whether you do or not, people will follow the money regarding your decisions so I suggest you do the right thing and look at science, not agenda science.

The public is fed up with tyranny, tens of thousands of students have been unenrolled from the WA public school system and any more will follow. Your decisions will make an input on these children's lives who are no longer able to come to school. This will affect public school funding.

Again, I ask you to look at science, not agenda science before we go down a politically motivated hole from which there is no return.

Thank you.

Sent from Outlook Mobile

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fblhgte&data=04%7C0>

From: Delila Anderson
Sent: 2/11/2022 9:31:45 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Monika Boyd
Sent: 2/11/2022 12:48:51 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Why would anyone want to make a vaccine/gene therapy that has no long term safety study mandatory to kids? Kids have a 99.997 chance to survive if they catch Covid but have 1 in 2700 kids chance to get heart inflammation which is never mild but leaves scaring?

Please vote know and safe our children.

Sent from my iPhone

From: Tina Terada
Sent: 2/14/2022 10:58:04 AM
To: DOH WSBOH
Cc:
Subject: Do not make the Covid Vax a requirement for our kids

External Email

Do not make the Covid Vax a requirement for our kids. As you well know, this is not a traditional, proven vax and it is highly controversial. Do not make it a requirement! It has not been proven and it is likely that any harm that comes to children will result in legal action against those who participated in its mandate.

Thank you.

I am a resident of Washington and will stand to support any action against any mandate of the Covid Vax for anyone. I believe in the right to choose. If you are true American's you will support our freedom and right to chose.

Tina

From: Hisaw, Melanie (SBOH)
Sent: 2/11/2022 4:11:34 PM
To: DOH WSBOH
Cc:
Subject: FW: Please Hear Me Out

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:10 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful,

ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: marylou johnson
Sent: 2/10/2022 5:25:16 PM
To: DOH WSBOH
Cc:
Subject: Vaccines.

External Email

Please discontinue this request for illegal vaccines on children and adults. We are not in a state of emergency and
The authorization to inject harmful untested mRNA materials into the general population is a violation of the Nuremberg code.

Mary Lou Johnson

From: Dorismeyer

Sent: 2/10/2022 9:02:03 AM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: Vote NO

External Email

Hello Representatives,

Please vote NO to make the RNA Vaccines for Covid compulsory for students. This vaccine is NOT protecting people from the catching the virus or spreading it in both the vaccinated and unvaccinated.

Also, I personally know people that have been harmed by these vaccines. There is NO LIABILITY for corporations. If they believe wholeheartedly in their vaccine then why do they not back them up? The other thing that is not been talked about enough is that many people have already been exposed to the virus and have natural immunity.

Most importantly to take into account is that we do not have long term analysis of what the vaccines will do to our children. In fact, the studies have been hidden from the public. Again, I ask if these are so safe and effective why do the corporations have zero liability ? Why will they not show us the outcomes and studies on children ?

I have done my own risk analysis as a parent. The chance of children dying from Covid is next to none. With the RNA vaccines there are too many unknowns and the risk is too great. Parents need to be able to make this decision for their own children.

Regards,

Monika Meyer
810 Fir St
Port Townsend,
WA 98368
360 385 9002

From: Testify Online Survey
Sent: 2/10/2022 6:41:23 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

Adding Covid 19 vaccine to recommended vaxx schedule for public schools.

3.

Your Name:

Jenifer Short

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1050 5th ave S, apt 406 Edmonds Wa 98020

7.

Email:

alestria33@hotmail.com

8.

Phone Number (Include Area Code):

206-460-9289

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Adding Covid 19 vaxx to public school vaxx requirements.

11.

Are you Pro or Con on the proposal?

2. Con

Wa is losing mass amounts of children from school every day! Parents are fed up with pandemic mandates. You will have empty schools if you go ahead with adding Covid vaccines to requirements for school kids wa will lose thousands more students. I pulled my 10 year old and he loves homeschooling! We will never go back!! Ever!!

From: Pskowski, Samantha L (SBOH)
Sent: 2/11/2022 1:30:25 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid requirements

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: David Lemke <lemkedm72@gmail.com>
Sent: Friday, February 11, 2022 10:36 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid requirements

External Email

Please vote no on any measures requiring masks and the covid shot to attend school, public or private.

Thank you,

Informed Father

From: Julia Orme
Sent: 2/9/2022 10:54:00 PM
To: DOH WSBOH
Cc:
Subject: Comments for he TAG meeting Criteria 5 & 6

External Email

To the BOH:

I understand you're discussing criteria 5 and 6 as you consider adding the covid vaccine to the school schedule. The covid vaccine does not meet these criteria.

I will keep my comments short. As to number 5, the vaccine does not prevent covid. the CDC director and Dr. Fauci have stated that.

As for number 6, the covid vaccine does not reduce the risk of person-to-person transmission. Consider that highly vaccinated King County is following the same transmission curves as less vaccinated neighboring counties. We all know people who have gotten covid post-vaccination. Even if it temporarily reduces transmission, how often will kids need to be boosted to maintain that benefit?

In addition, please consider my perspective as a mother to a baby. I have two older kids who are fully vaccinated and a new baby. The push to add the covid vaccine to the childhood vaccine schedule has made me hesitant to vaccinate my baby for other diseases. I used to judge so-called anti-vaxxers, and I never questioned the vaccines I gave my kids. If the covid vaccine is approved, I will lose all faith in our medical establishment in this state. My dad and brother are doctors - I want to trust our medical community, but I cannot if this vaccine is mandated for students when it so clearly does not meet the criteria for inclusion on the childhood schedule.

Thank you,

Julia Orme

From: Christiana Nelson

Sent: 2/15/2022 8:58:24 AM

To:

maraldom@issaquah.wednet.edu,schoolboard@issaquah.wednet.edu,weavers@issaquah.wednet.edu,mullin@issaquah.wednet.edu,Chris

(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org,

Micheala,Plaja,

Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us,

Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)

Cc:

Subject: Stop the Mask Mandate

External Email

Greetings,

As the Kettle Falls example proves, school districts do not have to and should not be enforcing the mask mandates because they are useless and harmful to our children.

1. The District's mask mandate is purely for show – even the CDC has now acknowledged that cloth masks are effectively useless. The District's policy permits cloth masks and thus compliance is purely decorative – the policy does not provide any meaningful protections. Studies are showing the bacteria and fungus that are growing on these masks.

2. The mask requirement stunts the students' educational development. For all of human history up until Spring 2020, there was universal recognition that facial cues provide a distinct and important aspect of human communication. Part of your mission is to help our children develop strong communication skills and you are stunting that learning by requiring them to hide their faces and those important communicative cues under these useless masks.

3. The mask requirement is causing affirmative harm to students. Children are becoming dependent on masks and experience anxiety when confronted with large groups of maskless persons. When Covid ends, our children will have to interact with the maskless. By causing our children to become dependent on masks, you are straddling them with anxieties that they will have to overcome to interact in the maskless world. School is supposed to help prepare our children to face the world, not make them afraid to face that world

The time has come to allow parents to make that decision for their own children and stop mandating a flawed one-size-fits-all policy. Especially when that one-size-fits-all policy is harmful; a policy that only serves to make some people to feel better without providing any meaningful benefit to our children. Please follow Kettle Falls' lead and stop enforcement of the mask mandates.

Lastly, if 70,000 fans can be maskless indoors at the Superbowl with the WA State Secretary of Health in attendance, masks must be removed from our children immediately.

Christiana Nelson, parent of a LWSD student

From: Julie Olsen
Sent: 2/14/2022 5:01:13 PM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.
-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman <goodman_tanya@outlook.com> wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Testify Online Survey
Sent: 2/11/2022 10:15:57 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/17/22

2.

Agenda Item or Issue:

Covid Vaccine requirement for schools

3.

Your Name:

Jennifer Rana

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

17522 Trombley RD Snohomish WA 98290

7.

Email:

jtrana30@gmail.com

8.

Phone Number (Include Area Code):

206-913-3059

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Considering COVID-19 for Inclusion in chapter 246-105 WAC

11.

Are you Pro or Con on the proposal?

2. Con

Please consider that the president that this inclusion would set is potentially very dangerous. The risks of covid for children are extremely minimal and the current vaccines offer no transmission reduction therefore a requirement to vaccinate is pointless and imposes significant risk. Also, coercing or forcing vaccination is absolutely irresponsible. Forcing children to participate in a trial medical experiment should be considered a crime. Also, there is so much talk of equity and inclusion lately but mandates of this type disproportionately affect the poor and families of color. Mandating this experimental medical procedure will additionally negatively impact families who will be unable to access the education they need for their children if they do not "comply" which studies have shown will impact low income and minority families most. Please do not mandate something especially that contains no societal benefit and will only further divide and segregate our community. DO NOT add COVID-19 for Inclusion in chapter 246-105 WAC

From: Pamela flettre
Sent: 2/14/2022 1:10:12 PM
To: DOH WSBOH
Cc:
Subject: Vaccine for children

External Email

With the meeting coming up shortly I just think it's ludicrous to even think about mandating a vaccine that we really don't know the long term outcome on when the numbers show kids aren't even in danger of the virus. At this point with this last surge most kids at our local school have already had it. Please for the health of children don't push this through. We're counting on you to protect them!

Pamela Flettre

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

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From: Regina Simon
Sent: 2/12/2022 10:02:50 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sarah Mahan
Sent: 2/9/2022 11:58:40 AM
To: Reykdal, Chris,mayor@spokanecity.org,public_comments@srhd.org,DOH WSB0H
Cc:
Subject: Mandates

External Email

To the Board of Health, The District, The State, The Superintendent, and all the staff:

These covid testing and masking mandates and requirements for school children in the state of Washington are ridiculous and need to come to an end now. I'm emailing today to comment on them because those that are vaccinated can and do still get and transmit covid. To give them preferential treatment and a different set of rules regarding attendance in public school is discrimination and you are actively segregating our children.

All we are teaching our children is to treat others differently depending on their medical status and personal choices. That is not what we should be doing. We should be teaching our children to stand up for what they believe in, look at the science, be tolerant of others when they think differently than you do. Those are some important aspects of being good human being and Americans. We are allowed to have control over our own bodies and make choices based on facts and science, and what is right for ourselves and families.

You are all doing a major disservice to our children and are not doing what you were elected or hired to do. You are teaching and allowing segregation and discrimination. Mental health is worse, anxiety is worse, test scores and IQs are lower. You are teaching our kids to judge others for their different opinions, teaching them to comply without question, ignore science, and keep their heads down. These are not the qualities we want in good strong people, Americans, leaders, people who strive for excellence and who become teachers, doctors, engineers, and scientists. You all need to stand up for our kids, do what is right, allow the parents to choose. We are not co parenting with the board, health department, government, or principals and you all need to grow a set or two and stand up to the absolute bullshit happening in our country, our state, and our schools. The emergency mandates must end. We are not in a state of emergency. We need to go back to our normal daily lives, remove the face decoration, and stop instilling fear into our children.

You are all failing the kids, the district, and our future. Our kids are wanting to be with others, want to see faces, read social cues, see smiles, and they want to go back to normal. 2 weeks turned into 2 years and you should all be ashamed of yourselves. My 7 year old has never seen her teacher without a mask, she has never seen a teacher smile at her. That is sad and unacceptable.

If you can't actually take the time to respond normally and not cut and paste a response, don't bother responding at all. I expect better from you all and I'm mad every day to see the kids looking out the windows of the busses and schools, with sad eyes, and their mouths covered. It is devastating and disastrous how this is affecting them. You might say kids are resilient, but you don't actually know that. Not all kids or people are resilient. Not everyone will bounce back. Neuro divergent kids will not just move on. People who have tough home lives will not just bounce back. Kids and parents who have hurt themselves or have tried to will not bounce back.

We are at a time in history where we need to stand up and change what we are doing for

the greater good. We need to say no to the state rules. You might say you can't, but I would argue that you can and should. You need to show the families that you are working for, the families who are raising this next generation, that you actually support us, that you hear us, that you care about us. You must realize that many are considering pulling their kids out of public schools, if they haven't already. People are looking into homeschooling and moving out of state. People will not vote any of you back in and will not vote for any levy that will give money to the schools if you don't show us change and support.

The overreach that our state has made over the last 2 years needs to come to an end.

Sarah Mahan

Mother of 2 Washington State Mead School District students.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Kelly Anderson
Sent: 2/11/2022 4:11:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Smith, Edward A
Sent: 2/9/2022 3:36:31 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



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attachments\C133CD39A50A4396_image003.png



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External Email

The narrative that the “vaccine” does anything other than to protect the vulnerable elderly is a lie. It should only be a personal choice for those that feel they are vulnerable. Here are clips from the latest news;

(Kids aren’t at risk of dying from Covid so the vaccine does them no good)

From: Amber Stol
Sent: 2/10/2022 2:24:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern:

I strongly OPPOSE the mandatory vaccine requirements that you are considering for our children. This is NOT a choice that you should be making.

PLEASE OPPOSE!!

THANK YOU.

Amber Stol

WASHINGTON RESIDENT

From: Michelle Ranous
Sent: 2/9/2022 10:55:41 PM
To: DOH WSBOH
Cc:
Subject: Do NOT require c0vid vaxxx

External Email

There is no reason to require this at this time. Stay out of my right to decide what is best for this illness that does not warrant vaxx for for children.

Michelle Ranous

From: Sue McDaniel
Sent: 2/9/2022 9:37:53 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov
Cc:
Subject: Fwd: Information regarding heart issues in children post vaccination

External Email

----- Forwarded message -----

From: Sue McDaniel <dbkbam05@gmail.com <mailto:dbkbam05@gmail.com> >
Date: Wed, 9 Feb 2022 at 09:34
Subject: Information regarding heart issues in children post vaccination
To: <allegra@berkconsulting.com <mailto:allegra@berkconsulting.com> >, <eric.lofgren@wsu.edu <mailto:eric.lofgren@wsu.edu> >, <stevelim@uw.edu <mailto:stevelim@uw.edu> >, <hannah.febach@doh.wa.gov <mailto:hannah.febach@doh.wa.gov> >, <lora.davis@doh.wa.gov <mailto:lora.davis@doh.wa.gov> >, <laura.newman@doh.wa.gov <mailto:laura.newman@doh.wa.gov> >, <chas.debolt@doh.wa.gov <mailto:chas.debolt@doh.wa.gov> >

As you meet to consider forcing the unnecessary Covid vaccine on children, who statistically have very little to fear from Covid infection, please consider the real world consequences of your actions. Please see a first hand account of a nurse at a hospital in California:

Tawny Buettner, RN, worked in the Cardiothoracic Intensive Care Unit (CTICU) of a major children's hospital in San Diego, California for more than 12 years.

Before the vaccine rollout, they'd see 4 or 5 myocarditis cases a year in the CTICU at the hospital where Tawny Buettner works that she was aware of (see 2:15 in the video).

In the last half of 2021, she is aware of 33 cases (at 4:15 in the video).

That's an increase of over 10X in the rate of cases of myocarditis cases since the vaccines rolled out.

Not only that, the troponin levels of the kids were extremely high (start watching at 3:15), from the teens to up to the 30's. Note that after a heart attack your troponin levels might hit 5 and then return to normal after a few days. So these troponin levels were elevated by something more extreme than a heart attack. Those levels can stay elevated for months. Troponin is released when the heart is damaged.

The increased rate of myocarditis cases and excessive troponin levels didn't happen by chance. It only started after the COVID vaccines rolled out.

The CDC says there is only a "slightly elevated" risk of myocarditis after the vaccine and they claim it is lower than the rate due to the virus.

Someone is lying to you.

Comment

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We rely on those in positions of power to uphold the values of protecting life. Please be on the right side of history and say no to mandating a vaccine that has generated over one million reported adverse side effects to the VAERS reporting system. Our children need to be protected from this.

Sincerely
Sue McDaniel

From: Kim
Sent: 2/11/2022 1:30:12 PM
To: DOH WSBOH
Cc:
Subject: Pfizer Update

External Email

"In a striking reversal, federal regulators said on Friday that they would wait for data on whether three doses of Pfizer-BioNTech's coronavirus vaccine are effective in children younger than 5 before deciding whether to authorize a vaccine for the age group...

... Pfizer-BioNTech said that their three-dose trial for young children was moving briskly, and that the new timetable would allow the F.D.A. to get more data and thoroughly review it. Results are expected in early April.

"Given that the study is advancing at a rapid pace, the companies will wait for the three-dose data as Pfizer and BioNTech continue to believe it may provide a higher level of protection in this age group," the companies said." ¹

This explanation makes no sense. The clinical trial is not "moving briskly" and "advancing at a rapid pace." It is moving at the only pace it can after the company decided to try giving a third dose to children under five at least two months after their second dose. Pfizer presumably has been waiting for two months to pass, then giving the children their third dose, then measuring the antibody response. By Pfizer's own admission, the trial is not big enough to measure the vaccine's ability to protect against infection and disease. Antibody production is the only goal.

In any case, the FDA meeting that was originally scheduled for Tuesday, Feb. 15 has now been postponed until at least April.

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for Windows

From: Derek Higgins
Sent: 2/9/2022 3:37:02 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I am a parent and writing to note my opposition to any COVID-19 vaccination mandate for children. COVID-19 is of very little risk to most children and the long term effects of this vaccine are unknown. It is also up to parents to decide how much risk their children should be exposed to, not the state.

Thank you.

From: Doris Ragsdale
Sent: 2/10/2022 11:05:58 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Christina Penland
Sent: 2/10/2022 3:50:19 PM
To: DOH WSBOH
Cc:
Subject: School vaccines

External Email

I'm a parent of school age children that is very concerned and against the possible addition of Covid 19 vaccine for the children attending schools.

#1 The vaccine is only approved under EAU. It is still not approved under FDA guidelines. This is a definite concern. Do not mandate an injection that is not approved.

#2 My child has been in contact sports and attendance of school and still has not had it. The percentage of children effected by this Virus is under 1%! That means those that get it are 99% resolve from it and have natural immunity!

3 I myself got the shot and have been dealing with neurological issues, bleeding, and almost stroked! I went from being completely healthy to having to deal with Latent affects from this injection. I do not want to place my children under risk from the side effects when they out weigh the benefits.

#4 FDA has acknowledged the high significance of Cardiomyopathy in young males and females. This is permanent HEART damage! Why would you want any child to incur such a hardship when they are just starting!

#5The children are minors and it should and always be the parents decision at a medical appointment during wellness checks that it should be considered due to health history and the decision of their own PCP not the government choice.

In conclusion my children will NOT be getting this injection as aforementioned to why above.

The children should not be mandated for this vaccine under NO circumstances.

Thank you for your time
Christina

Sent from Yahoo Mail for iPhone

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From: Robert Holte
Sent: 2/11/2022 2:33:46 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dan & Elissa Galusha
Sent: 2/9/2022 6:35:16 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 Shots for School Entry

External Email

No parent should have to risk their child's health to attend public school. Consider the following:

- * Alarming rates of Myocarditis and Pericarditis are occurring in adolescents post-injection (similar to a heart attack)

- * While healthy children don't die from Covid, they do die from myocarditis. The younger you are, the greater the risk of cardiac inflammation per VAERS

- * There have been no long term studies on humans using mRNA technology in vaccines

- * Our children are not government guinea pigs!

- * Vaccinations are a private choice to be decided between Doctors and Parents

- * Other nations, including the UK, have banned vaccinations of children declaring the benefit does not outweigh the risk

Many parents with sufficient income will leave the public school system for private education. Those that can't afford to transfer their children to private schools will worry everyday what will happen to their child's health. You will be responsible for any illness caused by the vaccine. Can you live with that?

From: Kahler, Kelie (SBOH)
Sent: 2/11/2022 3:42:43 PM
To: DOH WSBOH
Cc:
Subject: FW: Please Hear Me Out

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:15 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful,

ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: David Rubino
Sent: 2/14/2022 5:07:32 PM
To: Julie Olsen,Tanya Goodman
Subject: RE: SuperBowl & The Big Game

External Email

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com>
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH,
and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Pj Graham
Sent: 2/14/2022 8:00:11 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Ladies and gentlemen of the board:

After review of your agenda and criteria regarding inoculating 6mo olds to 5 year old children I find it hard to agree with what you are saying and proposing.

My background is that of a mother and grandmother at 76 years of age. My children along with myself have been inoculated for many serious diseases.

We are happy survivors of them all.

Today our challenge is very different, I think you will agree. Contrary to much belief there are many vacillating opinions concerning Covid 19 omicron masks etc. from governing bodies to mainstream news.

Now we are here as citizens of Washington state, reasoning not on an agenda but on babies being made vulnerable to protocols that 'will' effect their growing and adult years.

At this moment there is no testing of 6 month olds to 5 year olds that has had time to see any beneficial result's.

Relying on the fear factor of parents is a cruel and inhuman tactic.

Reading your agenda made me realize how poorly you have attended the people of our state. Let alone children. A 14 year old criteria that you updated finally got around to in 2017... amazing

THREE CATAGORIES OF CRITERIA.... You should be ashamed of this!

I. Effectiveness of vaccine, second paragraph..... FDA APPROVED RESEARCH.....large trials ..community based analyses after FDA approval.... Population based effectiveness.... 6 month old to 5 year olds with brand new immune systems ?? There is no research there is NO DATA.

I question your motives I question your knowledge I question the fact that you do not question or reason. I personally feel you want to be part of an agenda who is following very poor data.

I challenge you to present your data.... Not opinion. Actual raw data ... credentialed data.

I am against your INCLUSION OF INOCULATION FOR 6mo to 5 yr olds.

Your opening statement of John S. Mill ... this he also said "actions that lead to peoples happiness are right and those that lead suffering are wrong...

So looking for balance in our times is a challenge when force is the action of the day.

Paula Graham

Sequim wa

From: painthair@aol.com
Sent: 2/13/2022 4:50:43 PM
To: DOH WSBOH
Cc:
Subject: Vax

External Email

To whom it may concern:

Please dont add the covid vax to child vaccines! I know so many people that have had sever side effects from this vaccine. Its a trial vaccine that they dont want to release the ingredient list none of these should be required for children knowing what we know now this is pure child abuse!

Sent from AOL Mobile Mail


From: Stephen
Sent: 2/10/2022 9:24:05 AM
To: DOH WSBOH
Cc:
Subject: No need for Covid vaccine to be added to required vaccinations!

External Email

Of the 907,000 deaths from Covid only 847 school aged children have died. I don't have the data on which of those had co-morbidities, but I'll give it a conservative number of 50% which means since the beginning of the pandemic only 423.5 children have died of covid which is lower than what is typical for a single season of the flu. That being the case I do not know why we would think it's necessary to add covid to the list of required vaccinations.

Also, it is well known at this time that with the vaccine Covid can still be contracted and spread so why force a vaccine that does not stop the spread.

From: JULIE WALCH
Sent: 2/9/2022 9:09:32 PM
To: DOH WSBOH
Cc:
Subject: Chapter 246-105 WAC

 [attachments\0C3C43A2D8B24890_processed-50d42932-3204-4b54-9815_PRDPOOL_NAMETOOLONG.jpeg](#)

External Email

Good evening,

To all of you attending this meeting on whether to make children get a experimental vaccine I would like to express my concerns and my absolute anger!

This is absolutely not acceptable as the research shows that children have a death rate of .05 percent. There is a way larger number of suicides then from Covid. The danger from the shot is extremely greater then the actual virus.

Last meeting you were all calling this a disease to make it sound worse then it really is but we all know that it is a virus so please reference it the proper way.

In the last meeting there was very little truth and no references to the actual known problems from the vaccine. Let me just put that in here for you. (please see attachment above □□)

I vote no on this and because i am a tax payer that counts! I pray that God convicts you to do the right thing for our children. You all will have to answer to him eventually so I would fear that over man!

Please do the right thing here because you all know the real science and if you don't do your research because it is there for all to see.

I will be listening in on the call.

Thank you for your time.

Julie Walch

Sent from my Verizon, Samsung Galaxy smartphone

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Ashley Corbin
Sent: 2/9/2022 9:26:40 PM
To: DOH WSBOH
Cc:
Subject: Mandatory vaccination

External Email

Hello,

I am writing to say we are completely against using any unproven vaccinations. There is no long term data on how it will affect our children. We have a right to informed consent, and that means to have the option to say no. I realize the board may completely ignore our concerns, but it will only mean a mass exit from the school system. Please hear Us in that we do not want to give something to our children when we have no idea what long term results will be. There has also been a lack of transparency when it comes to information gathered about the vaccines the last two years. We want our medical freedoms. Thank you.

-Ashley Vowels

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Kristen Lipton
Sent: 2/12/2022 9:29:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Janis Burke
Sent: 2/9/2022 10:05:01 PM
To: DOH WSBOH
Cc:
Subject: Stop vaccines!

External Email

The adverse reactions are overwhelming. That 'officials' would even consider giving these vaccines to our precious children shows you have not looked at the data and you do not care about human life!

Do NOT give these vaccines to our children!

Anyone who feels this is a good idea should be held accountable for crimes against humanity!

You should all be aware that Nuremberg trials are underway in Brussels...

Do the right thing and stop these vaccines!

Sent from my iPhone

From: L G

Sent: 2/10/2022 8:56:19 AM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH),kwangett@uw.edu,DOH OS PHIP,DOH PCH OI School Information,Kcranfield,londeck@nasn.org,Calder, Allegra (DOHi)

Cc:

Subject: Registered Nurse urges TAG to vote NO on covid shots for school kids

External Email

Good morning,

I am writing to urge you to vote NO on adding the COVID-19 experimental shot to the state school immunization schedule. As a mother and registered nurse serving Washington state since 1996 in public health, neonatal, and maternal-child health, I am deeply concerned that this shot does not meet the 9 criteria of the BOH. There is not enough evidence to prove that these injections are safe or effective. There are very concerning signals worldwide that these products may do more harm than good. Do you remember the thalidomide debacle? These shots could be the next thalidomide. Please consider your person responsibility for potential long-term adverse effects, and vote NO. There is no public health emergency in 2022. We have ample time to exercise caution and to consider data over coming. years. Vote NO for the sake of safety and caution. As my colleague and pharmacokinetics expert Dr. Zana Carver writes, "The COVID-19 experimental biological products are touted as safe and effective, yet the FDA and Pfizer are currently fighting in court (again) to delay releasing the safety data. What is there to hide? Where is the transparency? Why can't independent scientists review the safety data? Is an immunobridging control group in a different age category really sufficient for this important data? What about the lop-sided data exclusions that overwhelm the effect size in Pfizer's pivotal clinical studies or the unblinding of the control group? If you look at the original data in the supplemental file, these injected products cause a significant increase in overall mortality.

We need to acknowledge that clinical trials are ongoing and some are scheduled to be concluded within two years, other studies will take longer. The novel mRNA experimental products have not been studied in children under age 5, pregnant and breastfeeding women, immunocompromised patients, patients with co-morbidities (COPD, diabetes, chronic neurological disease, and cardiovascular disorders), patients with autoimmune or inflammatory disorders, interactions with other vaccines, or any long term safety studies. In addition, the risks of anaphylaxis, myocarditis and pericarditis, and vaccine-associated enhanced (VAED) and vaccine-associated enhanced respiratory disease (VAERD) have not been properly assessed.

Reproductive toxicity has not been properly evaluated. There have been NO studies for genotoxicity and NO studies for carcinogenicity. Animal studies are incomplete and inadequate.

From the Nonclinical Evaluation Report and biodistribution study:

"Parturition: One ~ in the BNT162b3 group was euthanized on LDI showing hunched posture, pale, marked piloerection, bleeding at the vulva, distended/purple abdomen. One ~ each in the BNT162bl and BNT162b3 groups were euthanized due to all stillborn pups or total litter death. No macroscopic findings were noted in maternal necropsy."

Fetal malformations/variations were found in the pups of dams in the treatment groups.

There has been insufficient testing of the novel lipid nanoparticles; 2-[(Polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159) and ((4-hydroxybutyl)azanediyl) bis(hexane-6,1-diyl)bis(2-hexyldecanoate) (ALC-0315) are novel excipients and are not listed on the TGA's ingredient database.

ALC-0315 (the ester formulation) was minimally metabolized and only 1% was excreted

ALC-0159 (the amide formulation) was more completely metabolized and only 50% was excreted

These novel LNP have very long elimination half-lives, especially ALC-0315 (the ester formulation), which is extremely concerning.

These data prove that the LNP are distributed systemically, not broken down efficiently, and stay in the body for a long period of time. Not only that, but the spike (S) protein expression can occur anywhere in the body, reaches high levels of expression, and may be of long duration (possibly mimicking the length of time antibody titers remain elevated.)

The biodistribution study is also very alarming because it shows that these LNPs accumulate not only at the injection site but also immediately to the liver, spleen, kidneys, and lymph nodes with rising concentrations (at 48 hours, the longest timepoint measured) in the ovaries, bone marrow, thyroid gland, pituitary gland, heart, and lungs.

The S1 subunit of the spike glycoprotein that the mRNA instructs cells to produce has been shown to cause hypercoagulation, microclots, inflammation, and structural changes to fibrin(ogen), complement 3, and prothrombin in several studies. Additionally, the S1 (spike subunit) can dysregulate tight junctions and cross the blood-brain barrier, blood-air barrier, blood-testis barrier, and blood-placental barrier. It can also cause downregulation of ACE2 receptors, impair mitochondrial function, increase oxidative stress, impede DNA damage repair, and inhibit V(D)J recombination in vitro."

Please do not allow our children to be guinea pigs for these experiments!

References

1. <https://standforhealthfreedom.com/action/under5/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstandforhealthfreedom.com%2Faction/under5/>>
2. https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ema.europa.eu%2Fen%2Fdocuments/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd6d98cea46814634a1b208d9ecb602d9%7C11d06.pdf>
3. Nonclinical Evaluation Report: BNT162b2 [mRNA] COVID-19 vaccine (COMIRNATY™) 2021. Submission No: PM-2020-05461-1-2 Sponsor: Pfizer Australia Pty Ltd.
<https://www.tga.gov.au/sites/default/files/foi-2389-06.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tga.gov.au%2Fsites%2Fdefault/files/foi-2389-06.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cd6d98cea46814634a1b208d9ecb602d9%7C11d06.pdf>>
4. <https://phmpt.org/pfizers-documents/>

From: Tasha Zabel
Sent: 2/10/2022 11:52:26 AM
To: DOH WSBOH
Cc:
Subject: Covid vax

External Email

To whom it may concern...

I have two children in the public school system. I along with most I know will be pulling our kids out if this experimental "vaccine" is required. There is absolutely NO reason our kids need this. It's causing so much more harm than good. Check the science.. Hell will freeze over before my children are subjected to this poison. Enough of all this crazy already!!! You work for us and somehow you all have forgotten that. Thousands more kids will exit the school system than already have & be homeschooled. Will be hard, but so much better than having to put up with this crap any longer.

Sincerely from one pissed off parent!

T.O.

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/9/2022 12:52:48 PM
To: DOH WSBOH
Cc:
Subject: Fwd:

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From: Lenzi Malloy <lenziannamalloy@gmail.com>
Sent: Wednesday, February 9, 2022 10:16:55 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Testify Online Survey
Sent: 2/14/2022 7:42:14 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

17 and 24

2.

Agenda Item or Issue:

Mandatory covid shot for students

3.

Your Name:

Heather Hadfield

4.

Do you have a professional title?

1. Yes

Teacher

5.

Are you representing an organization?

2. No

6.

Address:

2623 Grant St Bellingham 98225

7.

Email:

Scotthadfield66@msn.com

8.

Phone Number (Include Area Code):

360-319-8355

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

This shot is still experimental and has caused damage and death to many young people.
This virus was dangerous for old people or people with co morbidity but not for children.
Our families need your help with increased drug use. Please make that your priority.

From: Darin Padur
Sent: 2/10/2022 8:24:37 PM
To: DOH WSBOH
Cc:
Subject: Stop the madness

External Email

Do not mandate Covid vaccines for kids. I will pull my children out of the system and encourage others to do the same. Many families have not vaccinations their kids because the risks of the vaccines outweigh the benefits. Give us a choice and let us control our own health decisions. Kids have had Covid and have natural immunity. This isn't doing anything to help. Complete tyranny to try and implement this.

Darin Padur
dpadur@comcast.net
(253) 335-7917

From: Lanette Richardson
Sent: 2/10/2022 11:42:38 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine

External Email

To whom this may concern;

I am writing this to voice my opinion about the Covid Vaccine for children. There is no need to mandate a vaccine for children when they aren't being harmed by the virus! This nonsense has to stop! You are harming children and adults by mandating a vaccine that doesn't even prevent you from getting it or spreading it!

NO MANDATES FOR COVID VACCINES FOR CHILDREN! NO MANDATES FOR SCHOOLS!!!!

Stop the madness now!

Lanette Richardson

Sent from my iPhone

From: Stephanie McCarty Stylist
Sent: 2/10/2022 8:43:38 PM
To: DOH WSBOH
Cc:
Subject: Student immunization requirements

External Email

Obviously students should not be forced to take a vaccination that is experimental and doesn't even do what they created it to do. It's insane that this is being pushed and I will never send my kids to a school that requires it. It makes me sick that the powers that be, especially in education, are pushing this nonsense. Honestly I'll probably never send my kids back to public school either way. I oppose this idiocy though. So that is what I am writing to say. Thanks
Stephanie McCarty

From: Juliana Rowan
Sent: 2/15/2022 2:59:38 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Matthew Weeda
Sent: 2/9/2022 8:45:20 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern:

I wish to respectfully ask the board and TAG members to refrain from making the current vaccines mandatory for our children to attend school. Please don't put us parents or our children or our schools in such a position. I'm just one hard working dad asking you to not take my daughters out of school. They need the social and intellectual development so they too can some day live the American dream as you and I have. Please don't make vaccines mandatory. Thank you for taking time for this!

God bless you all!

--

Matthew Weeda

Researcher - Editor - Writer - Historian
1301 Garden Circle
Lynden, Wa, 98264
360-201-8789

From: Lori Boyd
Sent: 2/11/2022 12:37:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am very against even the thought of trying to pass this emergency new technology MRNA vaccine requirement for an education for our children children. I very relieved to know my 5 year old grandson was pulled from public education (taking his federal money away) and is taught at home due to the crazy and harmful requirements that the state of Washington has thrust on to the citizens and especially our most vulnerable.. our kids. He will not be part of the horrific experiments of masking and potentially requiring experimental vaccine with no long term health studies done. What is this state even thinking? They are not thinking and it has become evident to more and more Washington state citizens!

Facts—we are seeing that from the vaccine, the people who are most likely to get ill, or to die, are young people...Covid-19 tends to kill very old people with comorbidities, but the vaccine tends to hurt, to harm and to kill people who are young, who are at the beginning of their lives. And the people who get myocardial infarction from this, myocardial diseases from this, are never healing. Their Hearts simply turn into this scar tissue and will not heal. One of the studies probably the most important is MERCK's clinical, Pfizer's clinical trial, for its Covid-19 vaccine. And we now have six months of data that Pfizer was required to file with FDA, and to show to the public. And what anybody who can read can see from that data is the very, very striking confession that there is no all cause mortality benefit from this vaccine. And what that means is that the people who took the vaccine more of them died than the people who took the placebo. And if you go into the granular or analysis of the vaccine, what it shows is that the vaccine does prevent a small number of deaths from Covid 19. But for everybody who's life was saved from Covid 19, for every life that was saved by the vaccine from covid 19, three people died from heart attacks. In the vaccine group there were 20 deaths, and in the placebo group there were 14 deaths.

The Johns Hopkins study shows that it's virtually impossible to find any healthy child in the world who has died from Covid 19. Children have a zero risk, a healthy child has a zero risk from this disease, and yet the risk from the vaccine, it's very high!

Why in the name of everything that's right would you even contemplate requiring this questionable efficacy and proven dangerous vaccine with no long term studies on our children? YOU MUST VOTE NO and if you don't and this passes and children are harmed WE THE PEOPLE will not be silent.

Sent from my iPhone

From: Vernon Wagner
Sent: 2/9/2022 7:51:15 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I do not believe there is substantial proof that covid 19 vaccines are needed for children, age two through eighteen. NO vaccine mandate for kids in school.

Thank you.

NO VACCINE MANDATE!

From: Jean Clark
Sent: 2/11/2022 5:08:06 PM
To: DOH WSBOH
Cc:
Subject: Comments on WA BOH TAG Meeting Thursday 2-10-2022

External Email

As a parent and citizen of WA state and an info tech professional I have had an opportunity to listen to the am portion of the TAG meeting on Thursday. I admit I am not a doctor, nor academic or research scientist but am voicing my concerns as a suburban mom with an undergrad degree who has done some home health care in the senior/developmentally disabled community and substitute taught for grades K-12. I work with information in technology now as a profession but understand people's individual health profiles do not come with a one size fits all solution. As seen with my mom who had stage 3c Cancer and is a survivor. Doctors advised chemo and radiation for my mother and after careful research and talking to several doctors we knew the chemo may kill her at her low weight with her comorbidities so we went with two forms of radiation instead. She has been in remission for 10 years. From this experience I understand where there are risks, there must be choices.

I have major concerns about adding the Covid 19 vaccine to the list for school children. Apart from the fact that Covid is not a childhood disease (adding the Covid 19 vaccine to the list would be like adding the flu shot to the list). Healthy kids are not the demographic for this RNA flu virus. Seniors are. IFR for healthy kids is about 20 in 1 million <https://github.com/mbevand/covid19-age-stratified-ifr>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgithub.com%2Fmbevand%2Fcovid19-age-stratified-ifr&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C11d0e2172>>.

Next concern is that the Science has changed since gathering most of the data used for the TAG presentation on Thursday. We are still gathering empirical evidence on children and the vaccines and dosing. There is only full BLA/FDA approval for over age 16 <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine#:~:text=Today%2C%20the%20U.S.%20Food%20and,years%20of%20age%20and%20older>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Ffda-approves-first-covid-19-vaccine%23%3A~%3Atext%3DToday%252C%2520the%2520U.S.%2520Food%2520and%2Cyears%2520>>. No country in Europe is requiring covid vaccines for kids to attend school and there may be a good reason for this. Children are at extremely low risk of severe COVID-19. The virus is less deadly to children than flu and pneumonia. Dr Lim of UW IHME had the most up to date data as he included some Omicron data from the past few months and his modeling predictions are that we are on the downward projection. To this end. We need to gather more current data vs using data from the last two strains to make important decisions that will surely make it onto House Bills and be met with opposition. Most of the 9 point criteria have not been met. I do not have knowledge of all the criteria on the meeting agenda so I only answered the items below that I have information/knowledge on and I have cited examples.

Criteria 1. No. The effectiveness of the vaccines since Omicron indicates a MUCH Higher vaccine breakthrough (55.9% breakthrough with Omicron vs 3.2% Alpha/Delta). Which now fails effectiveness criteria. Severity of Covid is going down. Significantly fewer patients need hospitalizations than previous strains (19.8% Omicron vs 54.6% Alpha/Delta). Significantly less deaths (0.9% Omicron vs 5.4% Alpha/Delta).

https://www.youtube.com/watch?v=9q5XHmQR5M&feature=youtu.be&ab_channel=DrbeenMedicalLectur

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Who is Dr Been?<https://medicinenex.stanford.edu/medx-speakers/mobeen-syed/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedicinenex.stanford.edu%2Fmedx-speakers%2Fmobeen-syed%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C11d>

Criteria 4. No. Myocarditis...We should further study this. It appears to occur in one in 3,000 to one in 7,000 boys between 12 and 17 after a second COVID-19 vaccine dose

<https://jamanetwork.com/journals/jama/fullarticle/2788346>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2>

Still undergoing studies about the spacing between dosing

<https://www.nbcnews.com/health/health-news/covid-vaccine-cdc-advisers-weigh-delaying-second-shot-eight-weeks-rcna14905>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nbcnews.com%2Fhealth%2Fnews%2Fcovid-vaccine-cdc-advisers-weigh-delaying-second-shot-eight-weeks-rcna14905&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C11d>

Criteria 6. No. The vaccination against this disease does not prevent person-to-person transmission. The CDC Director said so herself, the vaccines no longer prevent transmission "CDC Director: The Vaccines No Longer Prevent transmission"

<https://www.msn.com/en-us/health/medical/cdc-director-covid-vaccines-cant-prevent-transmission-anymore/ar-AASDndg>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C11d>

Transmission has nothing to do with viral loads as we previously thought (they are similar now in both vaxxed and unvaxxed <https://www.ucdavis.edu/health/covid-19/news/viral-loads-similar-between-vaccinated-and-unvaccinated-people>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ucdavis.edu%2Fhealth%2Fcovid-19%2Fnews%2Fviral-loads-similar-between-vaccinated-and-unvaccinated-people&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C11d0e>

) Transmission has to do with getting infected in the first place

<https://www.bmj.com/content/376/bmj.o298>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F376>

. Once you're infected, you still can—although what we know about the window when you're most likely to transmit the virus to others has improved. And as we see now with Omicron... there is a MUCH higher vaccine breakthrough (55.9% breakthrough with Omicron vs 3.2% Alpha/Delta).

Criteria 7. No. The vaccine containing this antigen is not acceptable to all the medical community and especially not the public for children. For adults, yes. For seniors definitely <https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v2.full>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

But for healthy children no. And that is what this TAG focus group is about. To decide what vaccines children in this state will be required to have for daycare and school entry (preschool-12). For preschool, news just in today the fda-postponed its-advisory-committee-meeting-discussion for the-request-authorization for the Pfizer Covid 19 vaccine for ages 6 months to 4 years old <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-postpones-advisory-committee->

meeting-discuss-request-authorization

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-covid-19-update-fda-postpones-advisory-committee-meeting-discuss-request-authorization&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C>

They are still gathering empirical data on the dosage. We are still in the midst of trials using EUA for kids ages 15 to 5. Trials won't be complete until May 31st 2023

<https://www.fda.gov/media/151710/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F151710/download&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C>
. Therefore public acceptance will be low, rightfully so with this information still forthcoming.

Criteria 9. No. (The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.) There will be pushback as long as we are still gathering empirical data and do not have full BLA for this demographic and know Covid is not a childhood disease. Covid is not Polio or measles and the shots do not protect against infection/transmission and protection from severe disease lasts 6 months not a lifetime like other vaccines. Covid shots are akin to flu shots. Protection wanes and you can still infect and transmit. Also if Omicron is any indication of the future of Covid 19, endemic flu is what we have here, which healthy children have no problem navigating

<https://mynorthwest.com/3326564/uw-virologist-omicron-sub-variant-endemic/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmynorthwest.com%2F3326564%2F3326564%2F3326564%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C26905d8e9f4142230d8408d9edc3ea86%7C>

Thank you for listening.
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Sincerely, Concerned Informed Parent and Citizen

From: Mabí Gutarra
Sent: 2/9/2022 5:44:11 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear State Board of Health,

My name is Mabi Fernandes, I live on Bainbridge Island with my husband and daughter (6). I am a teacher.

Criteria 5: "The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population"

Criteria 6: "Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority."

My comments:

1. According to the latest report of the Washington State Health Department: As in February 7, 80.2% ages 5 and up have received at least 1 dose and 72.5% are fully vaccinated. Not mentioning the number of people who had acquired natural immunization. Therefore the risk in the whole population has been reduced dramatically, since the beginning of the Pandemic. So far, there are enough resources (vaccination, masks, treatments and information in general) for those with medical conditions or vulnerable populations to keep themselves as safe as they choose to be.

2. The World Health Organization has stated that the pandemic will end when we "reach the global target of vaccinating 70% of people in all countries ..." Which means that our community has widely achieved those standards and therefore do their part. Moreover, we do not even need to be in an emergency situation to begin with.

3. Children are at low risk according to the CDC data. The deaths of the population in school age 5 - 18 years are: 644 since the beginning of the pandemic (2020-2022) in the whole country. This number includes children with pre-existing medical conditions or comorbidities which leaves a narrower number of healthy children in real danger. The current population of children in school age is more than 41 millions of children in our country. Clearly the numbers talk by themselves, the risk is going lower and lower.

4. The vaccination in children has just begun and time is needed to see the existence or not of side effects. There are people who are currently vaccinating their children willingly. This is a state who mostly believes in science. The imposition creates more distrust than trust on science and on our own community. Plus, you need to give more time to actually say that it is totally safe for children.

5. Both the virus and the vaccine are new in the real population. Both have symptoms and side effects. There is always going to be a risk factor. Then why do you want to impose on us which risk to take? It should be totally optional to be part of the experience, pushing it puts a big question mark on the freedoms that this country stands for and that are expressed in the Constitution itself.

6. The State should promote a real inclusion and diversity of thinking. A community where it is ok to have different opinions and disagree in peace. Where there is room for everyone to finish this political battle which has gotten immerse since the beginning. This mandate will bring more resentment because you are talking about our children and telling parents that we don't have the right to decide for them.

7. Creating more division. All the COVID mandates so far have caused more division in our society, distrust among each other and the sense of community has fallen in a one-sided picture. This last mandate will cause more harm in the long run than good.

8. Let me share my personal experience.

I got vaccinated in March and April 2021, right after my first shot I developed all the symptoms for COVID and serious pain on my left arm (where the shot was given). The symptoms went away but the pain did not. I mentioned that to the person who was going to apply the second dose, who told me that it was ok, that it was normal. So, I did the second one. The strong pain remained for about 6 months and even later it was very mild, never gone. So I decided not to get the booster. A month later we contracted COVID, I got mild symptoms for 2 - 3 days and then I was fine. My daughter got a fever for 1 night and then she was fine. So, she has natural immunization and I have a natural booster, same for my husband. If she got natural immunity, why do you want to impose a vaccine that is in ongoing research? I guess this case can apply to many families.

Please, reconsider this mandate. Or at least you should make it more public and totally announced in different ways so everyone has time and space to participate. It should even be mandatory to be shared in every school. And ask every school for opinions about it before even considering it as a mandate. I learned of this event just by accident on facebook 3 days ago and nobody, my school included, knew about this proposal.

Thank you for your attention,

Sincerely,

Mabí Fernandes

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dicon&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C

From: Stephanie
Sent: 2/10/2022 9:01:10 AM
To: DOH WSBOH
Subject: Vote NO on Covid-19 Vaccine Mandate

External Email

Dear Washington State Board of Health Members,

Thank you for the opportunity to submit my comment.

People like you who have influence need to stand up and say enough is enough. These ongoing mandates are mentally and physically harming the children who you should be protecting. Everyone who continues to perpetuate this narrative will have this on their conscience forever but you can be that dissenting voice and help start turning things around, especially for our children.

I am vehemently opposed to adding the Covid19 vaccination to the schedule for children to attend school. I am not anti-vaccine, I am pro-choice. My children are fully vaccinated with all the standard vaccines on the schedule. However, if this one is included they will not be getting it and I will pull them out of school. These sort of things must remain an individual choice made by parents who have done their research, without any repercussions by the state or district if a student remains unvaccinated due to whatever reason it may be; naturally acquired immunity, religious and/or philosophical beliefs.

It's a known fact that this vaccine hasn't been proven to prevent transmission of Covid. It's absurd to consider adding it to the schedule with the information we have now. It really makes people question the real intentions and more so question the other vaccines as well. I Imagine it will make a lot of parents like me wake up.

In order to maintain the integrity and credibility of WSBOH, I implore you to vote no. More and more truths and revelations about this pandemic are coming out daily, showing how so much of what has already happened is unconstitutional and unethical. Don't be on the wrong side of history.

Thank you,
Stephanie Adams

From: Davis, Michelle (SBOH)
Sent: 2/11/2022 3:58:09 PM
To: DOH WSOH
Cc:
Subject: FW: Please Hear Me Out

Michelle Davis, MPA (she/her)

Executive Director

Washington State Board of Health

michelle.davis@sboh.wa.gov <mailto:michelle.davis@sboh.wa.gov>

360-236-4105

Website

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01%7C...)

| Facebook

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH%

|Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:10 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do

something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful, ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: Steve Abramowicz
Sent: 2/9/2022 11:21:55 AM
To: DOH WSBOH
Cc:
Subject: BOH Meeting to Consider Inclusion of Covid19 Shot for School Students



attachments\F433653351474863_image002.png

attachments\50684A97FF2349DD_image001.png

External Email

Dear Technical Advisory Group (TAG),

Please oppose including mRNA shots for students.

Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting.

Covid-19 is far down the list of causes of death for Washington children. Yet, suicide is the 3rd leading cause of death for our teenagers ages 15-19.

Steven Abramowicz

Mill Creek

From: nlweeksart@gmail.com
Sent: 2/12/2022 11:47:30 AM
To: DOH WSOH
Cc:
Subject: Public Comment Mandatory Covid Vaccination in Public Schools

External Email

To whom it may concern,

I am a Pullman, WA resident with children and grandchildren who have both attended Washington public schools in the past, or are currently attending Washington public schools. I would like to give my opinion on the matter of mandatory vaccinations for the covid vaccine in public school settings.

Let me preface my comment with this: I am not against childhood vaccinations. All four of my now adult children were fully vaccinated in order to attend public schools, and I would do it all over. The covid vaccine is a bit different.

The covid vaccine does not confer lifelong immunity. We are currently sitting on a 3-shot series, and all evidence shows waning effectiveness over a fairly short period of time, and a complete lack of the ability to stop transmission. In light of changing information and lack of transparency at this time coming from vaccine manufacturers, it seems prudent to wait, at the very least, until we are able to receive ALL of Pfizer's documents related to the licensing of their vaccine. How can a sound, medical conclusion be drawn without that information? Beyond that, you will be forcing parents to make a choice that we know could have a negative impact on their child's health, no matter how small, regarding the vaccine's ability to protect from covid infection versus its ability to cause endocarditis/myocarditis, a known and documented associated risk. I believe this is an unfair choice to force on parents.

All that aside, we are still dealing with EUAs for school aged children. Pfizer and Moderna both only have full FDA approval for children 16 and older. I feel it is unethical to mandate EUA vaccines on children under the threat of not being able to attend public schools. But I also feel it is unethical to mandate a vaccine that doesn't confer lasting immunity.

In conclusion, lacking the vaccine's ability to prevent spread and induce lifelong immunity, the Washington State Board of Health should NOT consider mandating any existing covid vaccine in Washington Public Schools.

Thank you for your time

Nichole Weeks
Pullman, WA

Sent from my iPhone

From: Bill Eldridge
Sent: 2/9/2022 1:47:52 PM
To: DOH WSBOH
Cc:
Subject: VAX for Children

External Email

I urge you not to force Vaccinations on my Children and Grand Children.
I should remain mine and their right to choose.

Bill Eldridge

From: Deanna Leslie
Sent: 2/10/2022 1:33:11 PM
To: DOH WSOB
Cc:
Subject: Criteria 9 Comments

External Email

Dear Washington State Board of Health,

I missed the Washington State Board of Health Survey deadline of February 2nd and my school district gave me your email so that I could send in my comments/concerns.

Here is my input as it relates to Criteria Nine "The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver."

#1 Considering the risks the burden of compliance on parents is unacceptable. There are several websites that show adverse effects. This research article has some good data on each of the vaccines <https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scivisionpub.com%2Fpdfs%2Fdocument%2F1811.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0627d44cd0194e31611408d9ecdcd2f3%7C11d0>

(see <https://openvaers.com/covid-data/adverse-events-by-state>)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data%2Fadverse-events-by-state&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0627d44cd0194e31611408d9ecdcd2f3%7C11d0e21...>

#2 Considering that any injury sustained by a child is borne completely by the parents because the manufacturers are shielded under the Public Readiness and Emergency Preparedness (PREP) Act, the burden of compliance is unacceptable.

<https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faspr.hhs.gov%2Flegal%2FPREpac>

#3 For those who choose to opt out of a school vaccine requirement, the burden is out of balance.

If parents choose to opt out, they have to get an appointment with a practitioner to get the required risk-benefit consultation and signature. They must make an appointment with a practitioner, take time off work, arrange transportation, etc. It's becoming more difficult to find a practitioner willing to provide the required risk-benefit consultation and sign an exemption form or letter stating that they have done so. This is a burden and it feels like the opt-out does not exist.

#4 And finally, a tremendous burden exists in the coercive aspect of any vaccine requirement. Parents who opt their children out of one or more vaccinations experience emotional and psychological stress because they know they face scrutiny by school staff, by health care providers, by surveillance systems, as well as cultural pressure. Children who lack one or more vaccinations are singled out at various times, excluded from school and extracurricular activities. If a vaccine is NOT on the schedule, a parent is able to choose what is best for their child without the added stress. It is an unreasonable burden to stress entire families with a requirement that should be a personal medical decision.

It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

Sincerely,

Deanna Leslie

From: Pskowski, Samantha L (SBOH)
Sent: 2/15/2022 8:46:45 AM
To: DOH WSB OH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\95588993A16640BD_masks.pdf

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Dani Kessler <dani_kessler@hotmail.com>
Sent: Tuesday, February 15, 2022 8:42 AM
Subject: St. Patrick Catholic School - Parent Feedback

External Email

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the Baltimore Archdiocese is doing <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.baltimoresun.com%2Feducation/school-maskings-20220211-20220211-w62eycynu5fybgztpujemsuwga-story.html%3Ffbclid%3DIwAR1xe8ncPOmITYxyAOFAkx7IDyI7ycxmek4TocY5sUR2ia9XBBVvkKTY8u4&data=>>

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I’m not a “COVID denier” that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the “crazy people” doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn’t remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we’ve learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That’s also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student’s surgical and cloth masks as you welcome them to school.

Even the CDC’s own study, and associated infographic, “proving” masking efficacy has an asterisk noting the protection offered by cloth masks was “not statistically significant.” Only N95s prove any amount of statistically significant results. CDC - Mask Effectiveness Indoors

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The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks correctly, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? COVID-19 Worker Safety - Masks

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resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb734a209e39b494a1eba08d9f0a2bfe3%7C1

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One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals - when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I'm sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! Stephen Petty - On PPE and Aerosols

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150+ Comparative Studies and Articles on Masks

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than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-

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Here's where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state's elderly and high-risk population safe and we simply cannot do without it, how is it there isn't overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn't mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and the subsequent enforcement of masking is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. The Educational Consequences of Masking Children

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HrzkWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb734a209e39b494a1eba08d9f0a2bf

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And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks?

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Masked Schoolchildren

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Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above. It's worth all 26 minutes.

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the [Baltimore Archdiocese is doing!](#)

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

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Reading Time: 5 minutes

<<https://www.aier.org/wp-content/uploads/2022/01/mortality-800x508.jpg>>

The CEO of the OneAmerica insurance company recently disclosed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-age-people-up-40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7fda7cc41bec4f99145f08d9ecbd5bc6%7C11d0e2>>

that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the deaths were not attributed to Covid.

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Figure 1: US weekly deaths by age group. Data

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is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2Fmortality%2Ffig1%2Ffig1.png>>
for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021 by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fus>>
in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This time period was the decline phase of the winter outbreak that peaked around January 18, 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot plausibly attribute the above average deaths for the 25-44 age group during this time period to Covid. What was responsible for these deaths?

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Figure 2: Weekly US mortality by Cause Group. Data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2Fmortality%2Ffig2%2Ffig2.png>>
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gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific

irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7fda7cc41bec4f99145f08d9ecbd5bc6%7C11d0e217>>

<https://www.aier.org/wp-content/uploads/2020/10/berdine_bw-wpv_254x234.jpg>

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine, M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Katie Larson
Sent: 2/8/2022 8:34:16 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Consider a no vote on vaccines for children. This poor state has already lost millions of dollars and hundred if not thousands of families who have moved away in order to evade the over reaching policies of this DOH. We have lost two years of our Children's lives thanks to the unprecedented decisions that you all have made based on poorly done research. Please do not force so many of us still here to make the the one decision left if you mandate covid vaccines for kids-we will leave this state. And with it, millions more dollars that you'll will have to be accountable for. There is zero science to recommend that kids benefit from this poorly designed vaccine. Let us go on with our lives and leave this behind us. I beg you.

Katie Larson, DPT, MS Holistic Nutrition

Katie's Healthy Home
@Katies.Healthy.Home

From: Val Mullen
Sent: 2/9/2022 5:45:43 PM
To: DOH WSBOH
Cc:
Subject: NO Covid Vaccine for school children

External Email

Covid vaccines have only emergency use authorization for children. This is not enough to warrant their inclusion in the required vaccines for attending public school. Covid-19 is a mild disease in kids, they are not the drivers of this disease and they do not transmit the virus to adults. Covid is not a threat to them, but the vaccine is. It has many conditions linked to it, including death. Do NOT include this vaccine in the public school requirements.

Val Mullen

Kevin Mullen

Sedro Woolley

From: tonia_altringer@hotmail.com
Sent: 2/11/2022 10:21:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am writing in regards to the up coming board meeting concerning whether to require the Covid vaccine for students to attend public school.

I have a teen son attending school in Whatcom county and I am STRONGLY opposed to this requirement. Not only do parents, who pay the tax dollars that fund these schools, have the right to VOTE on this subject, but these students have the right to an education regardless of what they do or do not have in their body. It is an absolute disgrace that in this modern day society it would ever be considered to force ANYONE to put something in their body, just so they can receive an education. Please put this to a public vote so we at least have a fair say in what is happening to our children.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Dale Snapper
Sent: 2/11/2022 9:11:00 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Candace Hulse

Sent: 2/9/2022 11:02:17 PM

To: eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: No required Shot

External Email

I am writing you to encourage you to not in-force a required Covid shot for school age children. I and thousands of others will not allow our children to participate in government public schools of required. The "vaccine" is unproven in small children and they have very little or no Covid sickness. You know this! Please do not approve a required COvid 19 shot. The new variants are weak and getting weaker sickness wise, and do not pose a threat to hardly any child.

Thank you

Candy Hulse

From: Sarah Holt
Sent: 2/9/2022 10:30:20 AM
To: DOH WSBOH
Cc:
Subject: Covid-19 shot inclusion

External Email

Hi,

I would like to voice my opinion as concerned Washington state parent. I do not agree with making Covid 19 a mandated shot for school. We strongly believe and hold the opinion that medical decisions should be up to the parent. We are not some right wing anti vaxx family, our children are vaccinated.

We are in regular contact and communication with their pediatricians. Our whole family has had covid and has the natural immunity. I was not required to get the chicken pox vaccine for nursing school because I had natural immunity that I acquired as a child.

Please please hear voices of the concerned parents who want medical freedom and choice. Please uphold your civic duty as representatives of the people of your state. This should not be a political driven decision.

Respectfully,

Sarah Holt

Sent from my iPhone

From: Neil Hess
Sent: 2/11/2022 5:56:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: rudolphwest17

Sent: 2/9/2022 3:24:23 PM

To: Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:

Subject: Please stop enforcing poisonous Covid 19 vaccines to our children

External Email

WA SBOH members:

I am a WA parent and have been following your effort to enforce vaccine in schools, and your effort to use extreme measures against the unvaccinated. Now, more and more science evidence and researches are available to prove natural immunity is much stronger than Covid 19 vaccine, demonstrated by the study released by CDC Even WHO, European Medical Advisory started to emphasize Vaccines are harmful to our children. Many countries are giving up vaccine mandates and Covid restrictions, so why are you against this trend, and still want to harm our children?!

From my effort of following your consistent effort to push the vaccine and nazi mandates in school, it is pretty clear that your organization exists not for true public health but only for promoting Democrats' evil agenda. You have been ignoring true science since the Covid hoax started. You have done nothing to strengthen the public health. Your lockdown, your social distances, your mask mandates, your bullshit narratives on Covid and vaccines prove all WRONG! It is shameful you sit on the Board of Health, and promoting to use law enforcement to detain the unvaccinated. Let me tell you this - all what you have done is criminal! Masking our kids and vaccinated healthy children are criminal! As a lawful citizen, I only follows Constitution, not your bullshit CDC advice, not your so-called professionals, you are Nazi medical tyrannies. I will try to mobilize the people I know to tell them the truth. And, i warn you - all the members that sit on this board, will wait the moment when people will not tolerate you.

Let me tell you this - if you keep using the failed narrative to fool the fools and defraud them to jab their children, you will not get away from this criminal practices. We will not comply this, and will fight against you till the end. I will never let you to jab my children. You can jab yourself. It is your right but you should NEVER jab a child in the name of Covid which has 0.00001% of death rate.

Your criminal activities seriously pissed me off. I hate you, period.

Rudolph

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

Secure Email.

From: Patricia Duncan
Sent: 2/12/2022 10:25:14 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Dawes
Sent: 2/10/2022 5:56:31 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine for k-12

External Email

Hello there,

I appreciate the opportunity to share my thoughts on this issue as I have 3 children in the public school system and this does directly affect me. I have a few thoughts on this topic that all lead me to the conclusion that it is not right to mandate the Covid vaccine at this time.

- First of all not near enough testing and trial have gone into it. There just hasn't been enough time passed to know how it will truly affect our children's health. Side and long term affects won't be known for sometime still and I don't believe it is worth the risk.

- Secondly, although the Covid virus has shown "morbidity and/or mortality in at least some sub-set of the population" I do not believe that the sub-set we are talking about is children under 18 years old. The chance of a child dying from Covid is essentially 0%. So I am confused as to why this is even something we are considering as a state for our children.

- Lastly, I look to other states/countries who have NOT been masking or mandating vaccination over the past two years and their cases are the same or LOWER than ours. If teachers, staff or kids at the schools want to get vaccinated or wear masks then they should. That's their CHOICE. Their vaccine should cover them without the kids having to get one.

Also, would we have to be running to the dr for boosters every 6 months because some new variant that doesn't really do anything is out there?

I just cannot imagine what good can actually come from forcing a less than thoroughly tested vaccine on children who aren't at risk. And although it would be a huge inconvenience, I would, without hesitation, pull my children from public schools. I know I am not alone in this. I would say most if not all of my "parent friends" feel this same way.

Thank you for your time,

Julie Dawes

The drugmaker predicted slightly lower 2022 revenues (\$32 billion) for the vaccine compared to 2021, but increased revenues (\$22 billion) from Paxlovid
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdore-john-campbell-ivermectin-pfizer-covid-antiviral-pill%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11d0>>
, the company's COVID-19 pill.

Pfizer stock today "dropped sharply after the company's 2022 sales guidance appeared to fall short of expectations," Barron's reported
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.barrons.com%2Farticles%2Fstock-price-revenue-guidance-51644354958%3Fsiteid%3Dyhoof2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11d0>>
.

According to Barron's:

"The antiviral sales guidance met the consensus estimate according to FactSet
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.investopedia.com%2Fterms%2Fpfizer-covid-19-vaccine-guidance-51644354958%3Fsiteid%3Dyhoof2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11d0>>
, but the Covid vaccine guidance fell short by \$2.8 billion. The FactSet estimate for Pfizer's overall revenue for 2022 was \$103.2 billion, around \$3 billion above the midpoint of Pfizer's guidance range."

Reporting on the news, ZeroHedge said
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zerohedge.com%2Fcovid-19%2Fpfizer-quietly-adds-language-warning-unfavorable-pre-clinical-clinical-or-safety-data-may&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11d0e21>>
the company added new language to its fourth-quarter earnings release, including the prediction that COVID could "diminish in severity or prevalence, or disappear entirely."

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The company also added language about the potential for "information regarding the quality of pre-clinical, clinical or safety data, including by audit or inspection" to have a negative impact on future earnings.

ZeroHedge suggested that language may have to do with last week's ruling against
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Ffda-lose-bid-delay-release-covid-vaccine-safety-data%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11d0>>
Pfizer and the U.S. Food and Drug Administration which had wanted to delay the release of Pfizer's clinical trial safety data.

In Tuesday's announcement, Pfizer CEO Albert Bourla predicted
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnbc.com%2Fvideo%2F2022-01-11-pfizer-ceo-albert-bourla.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11d0>>
the company will manufacture 120 million doses of Paxlovid in 2022, including a threefold increase in production in the second half of the year as compared to the first. The FDA gave the drug Emergency Use Authorization

"2021 was a watershed year for Pfizer," said
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.morningstar.com%2Fnews%2Fwire%2F20220208005226%2Fpfizer-reports-fourth-quarter-and-full-year-2021-results&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11d0e>
Bourla. "Our successes in leading the fight against COVID-19 have not only made a
positive difference in the world; I believe they have fundamentally changed our company
forever."

In fact, Pfizer's 2021 profits doubled to \$22 billion on the strength of its vaccine sales of more than 3 billion doses worldwide while the company's total revenues in 2021 increased by 95% over the previous year, topping \$100 billion for the first time in the company's history.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fpfi-forecasts-54-billion-in-2022-sales-from-its-covid-19-vaccine-treatment-11644325656&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcan-the-technology-behind-covid-vaccines-cure-other-diseases-11643990913%3Fmod%3Darticle_inline&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d4

Sarat Sethi, managing partner and portfolio manager at DCLA
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dclainc.com%2FMembership>
, speaking on CNBC's Squawk Box, said
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnbc.com%2Fvideo%2F2022>
balance-sheet-is-bulletproof-thanks-to-covid-vaccine-says-dclas-

sethi.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11
he thought the promise of COVID vaccine boosters
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdebig-pharma-rollout-vaccine-shots%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39e495eb4a8d49176e4708d9ec558787%7C11>
in the future made Pfizer's "balance sheet bulletproof."

As Reuters reported

In addition to the expectation of boosters, Pfizer said it is optimistic the FDA will approve

Bourla told CNBC

"I think the chances are very high for the FDA to approve it," Bourla said.

The FDA's vaccine advisory committee is scheduled to meet Feb. 15 to consider approval

From: Alighten Luuvia
Sent: 2/10/2022 2:07:54 PM
To: DOH WSBOH
Cc:
Subject: Dont require vaccine for kids

External Email

More deaths from this emergency vaccine than from covid for kids.

**Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting

**These are unapproved, emergency use authorization products

**Children have relatively zero risk from Covid-19 but tremendous risk from emergency use products with no long-term safety data

From: Deanna Charest
Sent: 2/9/2022 11:48:14 AM
To: DOH WSOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\3E87B701928E41BC_Screenshot_20220209-114736_Telegram.jpg

External Email

We CANNOT have children injected with things that are causing much more Harm than good.

To see just a few reasons to Not inject children:

Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubs%2Fmed%2F3471111%2F>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubs%2Fmed%2F3471111%2F>

Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings

We present autopsy findings of a 22-year-old man who developed chest pain 5 days after the first dose of the BNT162b2 mRNA vaccine and died 7 hours later. Histological examination of the heart revealed isolated atrial myocarditis, with neutrophil and

Claire Bridges: Double-Vaccinated 20-Year-Old Model Develops Myocarditis, Suffers Heart Attack And Has Both Legs Amputated : The COVID World

Claire Bridges: Double-Vaccinated 20-Year-Old Model Develops Myocarditis, Suffers Heart Attack And Has Both Legs Amputated

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthecovidworld.com%2Fclaire-bridges-double-vaccinated-20-year-old-model-develops-myocarditis-suffers-heart-attack-and-has-both-legs-amputated%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C565a62d4e7bd49f0122b08d9ec051ac3%7C>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthecovidworld.com%2Fclaire-bridges-double-vaccinated-20-year-old-model-develops-myocarditis-suffers-heart-attack-and-has-both-legs-amputated%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C565a62d4e7bd49f0122b08d9ec051ac3%7C>

Claire Bridges: Double-Vaccinated 20-Year-Old Model Develops Myocarditis, Suffers Heart Attack And Has Both Legs Amputated

A previously healthy model from Florida has been in hospital fighting for her life for nearly two weeks after suffering a heart attack earlier this month.

[2022.02.02] Mary Seibert vaccine mandate speech

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffb.watch%2FaYGj43wHYz%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C565a62d4e7bd49f0122b08d9ec051ac3%7C11d0e2>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FRepMoBro>

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GK1C&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C565a62d4e7bd49f0122b08d9ec051ac3%7C11d0e2

[2022.02.02] Mary Seibert vaccine mandate speech

Today on the House Floor, I read a letter from Huntsville, Alabama resident Mary Seibert who is experiencing debilitating negative effects after being...

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: DOH Information
Sent: 2/15/2022 10:19:09 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\93A55EB776604D47_image001.png

Hello,

Below is public comment on the covid vaccine mandate for school children.

Thank you,

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Monday, February 14, 2022 8:35 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

To whom it may concern, I wanted to write to give my input on the COVID-19 vaccine for children. I do not believe it should be mandatory for children. Adults should be able to choose based on information presented to them whether they want the vaccine or not. Children are not capable of such things and it is a liability and a disservice to their long-term health to mandate that they should receive something that has not had proper long-term testing. You will be responsible if you try to force families to give their children essentially untested medicines. Thank you for your time. Stephanie.

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Stephanie

Email:

steph.seitz20@gmail.com <mailto:steph.seitz20@gmail.com>
Telephone:
(no answer)

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

Subject: Covid vaccine requirement for school.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

From: Mabi Fernandes
Sent: 2/9/2022 5:53:09 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear State Board of Health,

My name is Mabi Fernandes, I live on Bainbridge Island with my husband and daughter (6). I am a teacher. My position is against these 2 criteria about the COVID Vaccine Mandate for School Students. The reasons are:

1. According to the latest report of the Washington State Health Department: As in February 7, 80.2% ages 5 and up have received at least 1 dose and 72.5% are fully vaccinated. Not mentioning the number of people who had acquired natural immunization. Therefore the risk in the whole population has been reduced dramatically, since the beginning of the Pandemic. So far, there are enough resources (vaccination, masks, treatments and information in general) for those with medical conditions or vulnerable populations to keep themselves as safe as they choose to be.

2. The World Health Organization has stated that the pandemic will end when we "reach the global target of vaccinating 70% of people in all countries ..." Which means that our community has widely achieved those standards and therefore do their part. Moreover, we do not even need to be in an emergency situation to begin with.

3. Children are at low risk according to the CDC data. The deaths of the population in school age 5 - 18 years are: 644 since the beginning of the pandemic (2020-2022) in the whole country. This number includes children with pre-existing medical conditions or comorbidities which leaves a narrower number of healthy children in real danger. The current population of children in school age is more than 41 millions of children in our country. Clearly the numbers talk by themselves, the risk is going lower and lower.

4. The vaccination in children has just begun and time is needed to see the existence or not of side effects. There are people who are currently vaccinating their children willingly. This is a state who mostly believes in science. The imposition creates more distrust than trust on science and on our own community. Plus, you need to give more time to actually say that it is totally safe for children.

5. Both the virus and the vaccine are new in the real population. Both have symptoms and side effects. There is always going to be a risk factor. Then why do you

want to impose on us which risk to take? It should be totally optional to be part of the experience, pushing it puts a big question mark on the freedoms that this country stands for and that are expressed in the Constitution itself.

6. The State should promote a real inclusion and diversity of thinking. A community where it is ok to have different opinions and disagree in peace. Where there is room for everyone to finish this political battle which has gotten immerse since the beginning. This mandate will bring more resentment because you are talking about our children and telling parents that we don't have the right to decide for them.

7. Creating more division. All the COVID mandates so far have caused more division in our society, distrust among each other and the sense of community has fallen in a one-sided picture. This last mandate will cause more harm in the long run than good.

8. Let me share my personal experience.

I got vaccinated in March and April 2021, right after my first shot I developed all the symptoms for COVID and serious pain on my left arm (where the shot was given). The symptoms went away but the pain did not. I mentioned that to the person who was going to apply the second dose, who told me that it was ok, that it was normal. So, I did the second one. The strong pain remained for about 6 months and even later it was very mild, never gone. So I decided not to get the booster. A month later we contracted COVID, I got mild symptoms for 2 - 3 days and then I was fine. My daughter got a fever for 1 night and then she was fine. So, she has natural immunization and I have a natural booster, same for my husband. If she got natural immunity, why do you want to impose a vaccine that is in ongoing research? I guess this case can apply to many families.

Please, reconsider this mandate. Or at least you should make it more public and totally announced in different ways so everyone has time and space to participate. It should even be mandatory to be shared in every school. And ask every school for opinions about it before even considering it as a mandate. I learned of this event just by accident on facebook 3 days ago and nobody, my school included, knew about this proposal.

Thank you for your attention,

Sincerely,

Mabí Fernandes

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dicon&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C

From: Corina Carrasco
Sent: 2/12/2022 10:13:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Janice Haney
Sent: 2/10/2022 4:53:35 AM
To: DOH WSBOH, Janice Haney
Cc:
Subject: Masking our children

External Email

Dear WSBOH Members,

I can no longer stomach what's happening to my grandchildren. I see a change in them. Two years of Governor Inslee's COVID-19 restrictions and two years of my grandkids being masked 9.5 hours a day, 5 days a week is enough. Enough is enough. As the Washington State Board of Health what is your role in COVID-19 policy? Do you advise the governor? Are you not suppose to continually gather and study scientific data pertaining to COVID-19 from a variety of sources and keep him up to date? What is the science and data, you and the governor are following that led the governor to decide he could not lift the indoor mask mandate on school children?

Healthy children are not at risk for severe disease or death due to COVID. According to the CDC, the COVID fatality rate for children is 0.002%. We need to quit asking our children to bear the burden of COVID for adults. Have we lost all common sense and empathy for our children? We certainly are no longer focusing on science. The cloth masks typically worn by school children do not work. They do not stop the transmission of COVID. The only mask that works is a KN95 and even then, they have to be properly fitted, properly worn and changed out on a regular basis. Additionally, there are NO studies that show masking children is necessary for the safe operation of schools, but there is data from Florida, Tennessee, North Dakota, Texas, the United Kingdom and Spain that confirms you can safely operate schools without a mask mandate. So, tell me, what are the benefits of putting our kids in a mask for eight to ten hours a day? I can't think of one. And if there were a benefit, shouldn't the benefit outweigh the harms? Masks hinder communication and speech development, they interfere with social interaction between the teacher and the child and between the child and their peers. Facial expressions are an important part of human connection. Mask can be uncomfortable and make it harder to breathe and harder to see for those children wearing eyeglasses. A study from Oxford Clinical Infectious Diseases found that "single-use medical masks were preferable to cloth masks for which there is no evidence of protection and which might facilitate transmission of pathogens when used repeatedly without adequate sterilization." Dr. Marty Makary, professor at the Johns Hopkins Bloomberg School of Public Health, wrote this about the adverse effect of masks on kids: "In March, Ireland's Department of Health announced that it won't require masks in schools because they "may exacerbate anxiety or breathing difficulties for some students." Some children compensate for such difficulties by breathing through their mouths. Chronic and prolonged mouth breathing can alter facial development. It is well-documented that children who mouth-breathe because adenoids block their nasal airways can develop a mouth deformity and elongated face. A study published June 30th, 2021 in the Journal of American Medical Association Pediatrics section, found that the wearing of nose and mouth coverings by children leads to an increase in carbon dioxide levels in both inhaled and exhaled air while wearing a mask. The authors, a group of physicians from Germany, Poland and Austria, concluded that the findings "suggest that children should not be forced to wear face masks." In December of 2021, the U.S. Surgeon General Vivek Murthy issued a public health advisory on the mental health crisis

impacting our youth. Murthy called for action to address what he called an emerging crisis exacerbated by the pandemic. Symptoms of depression and anxiety have doubled during the pandemic, with 20% of youth experiencing anxiety symptoms and 25% experiencing depression symptom. Suicides attempts for boys were up 4% and girls were up 51% from 2019. Studies confirm the negative impacts on children's mental and physical health due to social distancing, masking, school closures, lockdowns and the resulting isolation.

Our kids and grandkids deserve more from us. They deserve facts, honesty and transparency. Isn't the WSDOH supposed to be looking out for the health of our citizens, especially the youngest among us? There is now plenty of scientific information that masks don't work, shutdowns don't work and the various restrictions are harming our children. Why is what we've learned about cloth masks and shutdowns being ignored?

It is time to do the hard thing. It is time to be a profile in courage for what is right. We can not ignore what is right over what is convenient, over the path of least resistance. What's next? A state COVID vaccine requirement to attend school? We aren't protecting, we are harming and as a public health official isn't it your job to do no harm? It is true, that evil prevails when good men do nothing and history is not going to view us in a good light concerning all the decisions we have made pertaining to COVID, but history is going to be appalled at the decisions those in charge have made related to our children. We are not helping, we are harming our children to protect adults. Enough is enough.

I am requesting the following:

- * provide me the "science" and data Governor Inslee says he is following that proves cloth masks work are effective in stopping the transmission of COVID-19
- * then provide me an explanation as to why we are making school children wear masks for 8-10 hours a day while they attend daycare and school
- * provide me a report that shows the benefit versus the harm on school children wearing cloth masks 5 days a week for 8 to 10 hours a day
- * urge Governor Inslee to immediately remove all mask mandates, especially those on our school children.

I am looking forward to your reply.

<https://www.citizensjournal.us/cdc-study-school-mask-mandates-dont-work/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.citizensjournal.us%2Fcdc-study-school-mask-mandates-dont-work%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d>

<https://www.theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theatlantic.com%2Fideas%2Farchive%2F621133%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d>

<https://tallahasseereports.com/2021/08/22/report-cdc-downplayed-scientific-finding-that-masks-are-not-effective-in-schools/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftallahasseereports.com%2F2021%2F08%2F22%2Freport-cdc-downplayed-scientific-finding-that-masks-are-not-effective-in-schools%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d>

<https://www.wsj.com/articles/masks-children-parenting-schools-mandates-covid-19-coronavirus-pandemic-biden-administration-cdc-11628432716?mod=djemalertNEWS>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fmasks-children-parenting-schools-mandates-covid-19-coronavirus-pandemic-biden-administration-cdc-11628432716%3Fmod%3DdjemalertNEWS&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0>>

<https://townhall.com/tipsheet/katiepavlich/2021/08/09/dr-makary-masking-kids-is-dangerous-and-cruel-n2593821>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftownhall.com%2Ftipsheet%2Fkatiepavlich%2Fdr-makary-masking-kids-is-dangerous-and-cruel-n2593821&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0>>

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theatlantic.com%2Fscience%2Farchive%2F621035%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0>>

<https://healthpolicy.usc.edu/article/mandatory-masking-of-school-children-is-a-bad-idea/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthpolicy.usc.edu%2Farticle%2Fmandatory-masking-of-school-children-is-a-bad-idea%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0>>

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<https://alliebethstuckey.com/2021/08/13/kids-covid-and-masks/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Falliebethstuckey.com%2F2021%2F08%2F13%2Fkids-covid-and-masks%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0>>

https://www.nationalreview.com/2022/02/the-educational-consequences-of-masking-children/?utm_source=recirc-mobile&utm_medium=blog-post&utm_campaign=river&utm_content=more-in&utm_term=second
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nationalreview.com%2F2022%2F02%2Fthe-educational-consequences-of-masking-children%2F%3Futm_source%3Drecirc-mobile%26utm_medium%3Dblog-post%26utm_campaign%3Driver%26utm_content%3Dmore-in%26utm_term%3Dsecond&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0>

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnypost.com%2F2022%2F01%2F23%2Fpublic-health-officials-have-trouble-with-the-covid-19-truth%2F%3Futm_campaign%3Diphone_nyp%26utm_source%3Dmail_app&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0>

<https://www.heritage.org/public-health/commentary/unmasking-cdcs-latest-mask-study-how-government-gets-it-wrong-again>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.heritage.org%2Fpublic-health%2Fcommentary%2Funmasking-cdcs-latest-mask-study-how-government-gets-it-wrong-again&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C10a6faaa170647088bd408d9ec940f58%7C11d0e21>>

Respectfully,

Janice Haney

Washington State Citizen

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F>>
for Windows

From: Rosalie Kaji
Sent: 2/9/2022 11:20:14 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I can't believe you are even considering forcing our children to be guinea pigs for these unproven "vaccines". Our children are our future. Don't risk their futures with fear mongering. They aren't dying from this virus and should not be subjected to these still experimental drugs. Please don't force our children to submit to covid 19 "vaccines". It needs to be parental choice.

Rosalie Kaji
Mountlake Terrace, WA

From: Mandy Simacek
Sent: 2/12/2022 10:25:24 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am a parent and an educator here in the state of Washington. I implore you to not require the Covid vaccine for school attendance. I have several reasons why.

1. The vaccine does not stop transmission. This is a fact. I witness this at my school. More of us who are vaccinated and boosted have caught covid from other vaccinated people.
2. My students are rarely getting sick. (Most are unvaccinated) If they do, they are sick for a couple of days and then right back at school. Much like a cold. They also do not wear masks at recess and still are not spreading it.
3. The risk/benefit does not support this for school age children. I know people who have been injured from this vaccine yet it does not stop transmission or someone from catching it.
4. Washington schools will see a mass exodus of students from public education if this moves forward.
5. A vaccine like this should always be a choice.

Again, it makes no sense to push this agenda. Thank you for your time.

Sent from my Verizon, Samsung Galaxy smartphone

From: Bethany Ahrens

Sent: 2/10/2022 6:18:25 PM

To: Lang, Caitlin M (SBOH), Hoff, Christy Curwick (DOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), nathaniel.thai@sbohwa.gov, Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH

Cc:

Subject: Making the Covid-19 vaccine a requirement in school

External Email

Good evening,

I am writing you all in hopes that you will vote no on making the Covid 19 vaccine a requirement for school. It does not prevent transmission. All the schools in the Olympia school district have many teachers out with Covid every week, but aren't they all vaccinated?

Like one of you mentioned on the zoom today, only 13 children have died from Covid 19 in Washington. All deaths of children are sad, but that is a very small number.

If this vaccine is managed, you will lose even more students and that impacts public school funding.

Let us parents decide what is right for OUR children.

Reykdal has just recommended to DOH and Inslee that the mask mandate in schools be dropped. If we are able to drop that, then why must all children need to be vaccinated?

Please take all voices into consideration when voting on this issue.

Bethany Ahrens

From: Becca Naro
Sent: 2/9/2022 10:47:00 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: Send help

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:52 PM
Subject: Send help
To: <nathaniel.thai@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots.

I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level).

Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school.

Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense.

There isn't a Covid pandemic. There is a people with power pulling pandemic. Horrible people that do not respect the constitution.

As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: Jessica Crockett
Sent: 2/11/2022 11:24:51 AM
To: DOH WSBOH
Cc:
Subject: Please consider two sides

External Email

Dear Washington State Board of Health and TAG,

I was able to listen in to a good portion of the meeting yesterday. I have a concern in how this is being done. While the 9 criteria are a helpful and somewhat objective guideline for making this decision, all presentations are being made as if they are in favor of the vaccine. In order to really follow the science here it is imperative that you include the other side of the argument. One side always appears correct if the other side is not heard. I strongly suggest that you include speakers who are opposed to the implementation of this vaccine in schools and allow them to present their data as well. Data can be manipulated to cause someone to arrive at a particular conclusion. An example was when Eric Lofgren showed data from only one week to draw a conclusion. If you aren't hearing both sides then you cannot arrive at a proper conclusion. It is evident to me even from just yesterday that there are a few people that have already made up their mind that they want this vaccine to be added. And there are a few that are not sure, but they will be persuaded by the few that are in favor because there are no opposing views. A one sided conversation is very unhelpful here. And it is not scientific.

Another concern I have is the risks are glossed over as demonstrated in Tom Penderghast's comment about how sad it is for that parent who has a child injured by a vaccine, but it's rare. And then he quickly moved on. Do you have children Tom? The picture might look a little different if that was your child or grandchild. We need to take a minute to consider what that would be like. To lose your child due to a mandated product! These parents are left with no comfort and their grief is invalidated and minimized by these comments. And by those who pursue mandates for medical interventions. Honestly COVID deaths are rare too, but that hasn't stopped you from gathering this group. Because it is sad to lose people. Why it is suddenly more sad if it's because of COVID than for any other reason? Every death is a loss!!! Why do we move on so quickly from vaccine deaths as if they are less painful? How wonderful that we have a vaccine available as an OPTION for those that want it. Let's celebrate that and stop sewing seeds of division and discrimination in our schools.

This division is having it's own impact on our kids and our society. I would argue that the impact of COVID 19 pales in comparison to the emotional trauma that has been caused by this divisiveness, and the hopelessness that has been caused by the policies around it.

I don't think you are listening, but I pray that you are and that you all take your position here seriously. This decision impacts everyone.

You don't know what it's like to have followed a doctors recommendation and regret it. You don't know what it's like to have made a decision against your own judgment because you were trusting the experts, and to have that decision result in a negative outcome. You don't know what it's like to wonder if a negative outcome to your child will occur due to something you did while they were in utero, because it was what we thought was best at the time. You don't know what it's like to have experts and your own family against you and your gut. And to discover your gut was right and you should have listened to it sooner. And I can tell that none of you have experienced any of these things because you brush them off as rare and quickly move on. But it doesn't matter how rare

it is when you're the one it happens to. And the reality is, we often later find out that it isn't so rare. But this is after many many years of damage.

Please include these stories in your consideration. They are real. They have been silenced. They need a voice at the table. Until both sides are heard a great disservice is being done to our children and future generations.

Thank you for your consideration,

Jess

Sent from my iPhone

From: Pskowski, Samantha L (SBOH)

Sent: 2/10/2022 11:02:42 AM

To: DOH WSBOH

Cc:

Subject: Fwd: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

From: Kristan Ashbridge <ashbridgekristan@gmail.com>

Sent: Thursday, February 10, 2022 9:31:07 AM

To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH)

<Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH)

<Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>;

Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N

(SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH)

<Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH)

<Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH)

<Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH)

<Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>;

Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>

Subject: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

External Email

STOP! ENOUGH is ENOUGH! This must end NOW. There is zero danger to children and I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. Please do the right thing and do not require these vaccinations and do not require masks for school age children.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to

learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

You are teaching children to live in fear and it must end. They have a greater chance of dying driving to school. You are focused on the wrong issues. You are not in touch with their current needs. Suicide is on the rise. Please do the right thing!

From: Nichole Hurley
Sent: 2/9/2022 4:46:28 PM
To: DOH WSBOH,DOH-PIO (DOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Upcoming Board Meeting on Thurs, Feb 10

External Email

Good Evening -

I OPPOSE the vaccine mandate for school children ages 5-18. If a mandate is imposed I will be pulling my 3 elementary aged children from the public school setting and initiating a homeschool curriculum immediately.

I would like to share some brief facts with you surrounding Covid-19.

* It should be noted that children have a nearly 100% survival rate from Covid-19.

* Dr. Eric Rubin, physician at Boston's Brigham and Women's Hospital, Adjunct Professor of Immunology and Infectious Diseases at Harvard University, Editor-in-Chief of the New England Journal of Medicine:

* On October 26, 2021, as a voting member of the FDA advisory panel on the Pfizer vaccine for kids ages 5-11, Dr. Eric Rubin stated, "It's really going to be a question of what the prevailing conditions are but we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes. That's how we found out about rare complications of other vaccines like the rotavirus vaccine."

* Harvey A Risch, MD, PHD, Professor of Epidemiology at Yale School of Public Health:

* Dr. Risch stated during an interview that he would homeschool his children if public schools mandated the vaccine. Additionally, he would only recommend the vaccine to children if they have some kind of chronic illness.

* Per CDC statistics, during the 12-month period October 2, 2020 through October 3, 2021, there were 66 COVID-19 associated deaths in children 5-11, making COVID the eighth leading cause of death for this age group, behind accidents (969 deaths); malignant neoplasms (525); Congenital malformations, deformations and chromosomal abnormalities (274); assault/homicide (207); heart disease (115); chronic lower respiratory diseases (107); influenza and pneumonia (84); intentional self-harm/suicide

(also 66 deaths).

* Children are almost seven times more likely to die in a car accident than from COVID-19. They are almost eight times more likely to drown.

* Per John Hopkins University, a typical vaccine development timeline is 5-10 years versus the accelerated Covid-19 track of 1-2 years.

Again, if this vaccine is mandated we will be forced to pull our children from our school district. Homeschooling is less than ideal given that two of our children have IEP's. However, we believe the unknown long-term risks of the vaccination far outweigh any damage I may do to their education. Our children are role models to their peers and their absence would be a loss to their district.

Thank you -

Nichole Hurley

Gig Harbor, WA

Sent from my iPhone

From: Lisa O'Leary
Sent: 2/10/2022 6:07:06 AM
To: DOH WSB OH
Cc:
Subject: Covid vaccine for kids

External Email

WSBOH, I urge you to look at the data. There are many many good studies out now that are not recommending the vaccines for kids. Increased risk of cardiovascular issues. Kids are not dying from Covid, unless they have 3 or more co-morbidities. Over 70% of deaths were in the elderly populations. We need to put kids first and drop the masks and not mandate the Covid vaccine. It is up to parents to decide both for their children based on their kids' risk factors. Please unmask our kids and let parents decide on their medical health.

Lisa O'Leary
Klickitat County, WA
Mother and teacher

Sent from my iPhone

From: Taryn Perry
Sent: 2/10/2022 10:05:07 PM
To: DOH WSBOH,DOH-PIO (DOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID Vaccine: Our Rights, Our Kids

External Email

Respectfully to the TAG committee and the WA State Board of Health —

I sit here as a parent and an American citizen, and my heart is breaking. I reach out to you as parents and citizens of this great nation to implore you to really think about your impact for decisions being made for school children in the state of Washington.

We are borne into a nation founded on freedom - because of religious persecution, overreaching government, and unwarranted control. These decisions you are facing to control and demand are threatening the very core of who we are. They are moving us toward the very thing our forefathers escaped.

Should your child have medical freedom? Should mine? Should you have personal choice as parents....and should I?

When does the means stop justifying the ends? The science shows that overwhelmingly children are low risk for COVID and that the detriments outweigh the course of actions. Vaccines, masks - what's the point if the outcome is so slightly improved that it actually puts some at risk, and it infringes on personal rights?

Why don't we mandate the flu vaccine? The transmission and the mortality, complications of the flu are now being considered equal and sometimes more risk. Is the COVID vaccine the flavor of the day, are we so saturated in the sensationalized (and now fading) issue of the COVID pandemic that we can't see the forest through the trees?

Your moral obligation and science based approach would never allow COVID vaccine mandates for children. The political pressures, media bias, overwhelming exposure and influence of the past couple years are clouding judgement and sometimes causing a psychosis where even the smartest, best of us can overlook the real science, the real common sense, and the real past precedence.

I know each voice, like mine, is probably meaningless and decisions are already made. But it's my duty as a Mom, and as a proud American, to hopefully make you pause and reflect on the reality of what is happening and the weight of your decision.

Support personal choice. If people feel that the COVID vaccine protects them, by all means let them partake. If the vaccine really truly works, then the ones who don't want to have the vaccine won't harm the ones that choose to get the vaccine. Again, common sense and rational thinking.

I/we — the general public of 7 out of 10 people that is OVER the pandemic — you are responsible to support what the people want and need. And what science supports.

Taryn Perry
Sent from my iPhone

From: Jen Ganders
Sent: 2/9/2022 10:56:50 AM
To: DOH WSBOH
Cc:
Subject: Vax mandate

External Email

To whom it may concern, We do Not support a vaccine mandate for school age children!!!
They already endure way too many required vaccines before having to enter school.
People will inevitably pull more & more kids from school for this. It is Not necessary!!
Sincerely, Jen Ganders

Sent from my iPhone

From: Keith Kirby
Sent: 2/11/2022 3:40:11 PM
To: DOH WSOB
Cc:
Subject: 2/10 TAG Meeting Voting Results and Personal Commentary



attachments\DEEA999E8A7B4AC9_image.png

External Email

To Whom It May Concern-

Is there a recording of this meeting available? What were the results of the vote on the first two review criteria?

I'd also like to provide input on the two criteria reviewed during this first TAG meeting. I don't know the results of the vote, but this is my concise input regardless.

* #5 The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

* Children have a greater than 99.9% recovery rate with Covid infection. Now, it's become clear and openly admitted by the CDC the vast majority of deaths are those with significant existing comorbidities (>90% of recorded deaths are WITH Covid, not FROM Covid – that is a complete manipulation of data and the message of the narrative). It would be completely unethical to mass vaccinate perfectly healthy children for something they are not at risk of for the benefit of already chronically ill individuals. In addition, the average age of death is hovering near average life expectancy. We should be targeting our measures at these individuals and not the shotgun approach of mass vaccination when we don't know the long-term effects of this unproven drug. It makes no logical sense. Last, but certainly not least – the "vaccines" do not prevent contraction or transmission of the virus. This is an undisputed fact. So, what is this "vaccine" preventing? It's literal insanity to continue doing the same thing and expecting a different result. Lockdowns, universal masking, and mass vaccination all occurred in 2021 – and what were the results?

* #6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or childcare setting or activity being given the highest priority.

* Again, with a majority of the US population inoculated with this "vaccine" the data clearly shows it had no effect on case count. In fact, it was significantly higher than periods where no vaccines were available. So, it's an obvious NO – the "vaccine" did not reduce person-to-person transmission. Our best hope at this point is natural immunity. Which plenty of studies show the robustness and durability of children's immune response to natural infection and recovery. Again, CDC data is completely clear

on who is at risk – and it isn't children. Explain to me how something with > 99.9% recovery rate in adolescents (even considering comorbidities) is an emergency justifying mandatory vaccination with a novel drug that is not fully understood and now appears to be antiquated in terms of current mutations? Statistically speaking, children face far greater perils in their everyday lives than this virus.

From: John Pavlick
Sent: 2/11/2022 12:49:34 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,
I listened in on the TAG conference call yesterday. I was not suprised at the result. The entire hours long meeting could be summed up in this one phrase:
" we don't have the data on that ".
Despite the lack of hard data and the coming political pivot away from covid, the TAG overwhelmingly voted to proceed with this madness.

Some of my biggest issues:

- the timing of this conference was 9 am until 3pm. As a concerned Parent who physically attends work, I could only listen intermittently throughout the day. I believe many concerned parents would have listened in but couldn't due to the timing.
- not allowing parents to provide input. Our families are the ones impacted by these decisions. We need to have our voices heard. I don't care if it causes your meeting to run over or be disrupted. Maybe then you'd realize how hugely unpopular these decisions are.
- the majority of the data did not pertain to school aged children. At the end of the meeting one member suggested they look at data from the NBA, and the athletic departments of WSU and UW. How does this pertain to school aged children? They are not grown men and women or professional athletes. Ridiculous.
- I heard the statement " we don't have the data on the effectiveness of pediatric covid vaccinations as it pertains to transmission/prevention/effectiveness". I heard this statement from 2 different presenters. How are we going to vaccinate kids without this information?
- a presenter brought up deaths of children from covid. No mention of their vaccination status, no mention if it was from covid itself or covid related. No mention if these children had underlying conditions. This is some very important data and it was omitted. It was a scare tactic.
- another presenter discounted a familiar statement of people saying they haven't met anyone who had omicron. He stated that they would have to meet 10 people in order to find one positive person. As such, personal observations should not be taken as seriously. Yet a TAG member named "Mary Joe" had no problems bringing up personal stories about how kids want vaccines. This story was accepted and other board members thanked her for this. Blatant double standard and bias.
- not once did I hear any information regarding potential long term health effects of covid vaccinations on children. I may have missed it but this is a key issue that I and many other parents have with this vaccine.
- the veracity of covid data. As we are discovering through many sources, much of the information we have been given on covid has been over blown, omitted or just plain wrong. An opposing viewpoint is needed to balance this out and provide accurate information.
- no mention of natural immunity.
- no mention of the fact that children are not likely to die from covid, regardless of the variant. The last figure I saw from the CDC is that children who did contract covid and had no other conditions, their survival rate was over 98%. Why inoculate kids against a disease that the overwhelming majority of them will recover from quickly?
- much of the data is old or specifically about the delta variant which is in rapid decline and is being replaced by the omicron variant which is more transmissible but not as destructive. No data on omicron (which is to be expected), but why are we making

decisions based on year old data?

- one presenter stated that 83% of covid outbreaks were in schools. Again, no data on vaccinations status. I understand that is hard data to compile but this begs the question: was the mask mandate effective? Is social distancing effective? All these measures that have been so strictly enforced were ineffective. And this is the reason why we need to vaccinate kids with a potentially harmful vaccine? The first two measures did more damage than good to kids and now we should double down? Research the stunning increase of speech impediments, suicides and depression in school aged kids. Now we want to damage them further?

- blatant cherry picking of information like the above example. The TAG will listen to data that supports vaccines but nothing that runs counter to the narrative. I listened to those presenters. As previously stated, much of the data was gathered from a different target group (young adults or adults as opposed to school aged children), or was a year old. One presenter or TAG member stated that the human body doesn't magically change at 18 so that this data was applicable. What an absolutely idiotic statement. Being a TAG member or presenter does not make you an expert ; it makes you a group member or a compiler of information, not an authority. The title of "Doctor" is conferred on the person who graduates top of the class as well as dead last.

- there was alot of good information presented but there was much more "word salad" presented. Alot of facts and percentages, that as I have stated above, repaetedly, did not pertain to school aged. children. How is the TAG able to make such a very important decision based on this information?

- the TAG itself is very pro-vaccine. I knew the outcome of the vote well before it happened, much as I already know the outcome of the next two meetings. I noticed one board member asked the all important CYA question of "can we change this decision later". Very telling indeed.

- Mary Joe claimed kids told her they wanted the vaccine. I would like to know how many and where these kids were located. This is a common tactic used by people who have a personal agenda. "They", "them", "alot" , " their parents were preventing them from getting the vaccine", etc. I thought this TAG was to be impartial. She clearly has her own agenda in mind. She DOES NOT know what is best for my child. None of you do. The deplorable state of the Washington State public education system bears witness to this fact.

I have many more issues with this ill-timed and hugely unpopular topic but I can solve this issue now:

DO NOT MAKE THE COVID VACCINE MANDATORY TO ATTEND SCHOOL.

MAKE COVID VACCINATIONS VOLUNTARY.

LEAVE THE DECISION TO VACCINATE CHILDREN TO THE PARENTS, WHERE IT BELONGS.

I could tell there are many TAG members who, much like the entire "leadership" of this state (I use the term leadership in the absolute loosest definition in this regard), believe they know what's best for our children. They do not. The pandemic response of this state has been an absolute horror show. The mismanagement, failure, and lies have destroyed all trust I had in state "leadership", to include the Board of Health.

We all know this is not about the health and safety of the kids. It is about power and control. The current political pivot away from covid and the upcoming release of safety and testing information on the Pfizer vaccine will be very interesting to watch.

The decision to vaccinate kids against covid or not is the SOLE responsibility of the parent.

Sincerely,
John Pavlick

Concerned and frustrated parent

"Of all tyrannies, a tyranny exercised for the good of its victims may be the most oppressive. It may be better to live under robber barons than under omnipotent moral busybodies. The robber barons cruelty may sometimes sleep, his cupidity may at some point be satiated; but those who torment us for our own good, will torment us without end, for they do so with the approval of their consciences." C.S. Lewis

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From: Debbie Taylor
Sent: 2/12/2022 4:43:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Rounds
Sent: 2/11/2022 5:12:02 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 2/10/2022 10:14:01 AM
To: DOH WSBOH
Cc:
Subject: FW: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

From: Kristan Ashbridge <ashbridgekristan@gmail.com>
Sent: Thursday, February 10, 2022 9:31 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

External Email

STOP! ENOUGH is ENOUGH! This must end NOW. There is zero danger to children and I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. Please do the right thing and do not require these vaccinations and do not require masks for school age children.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

You are teaching children to live in fear and it must end. They have a greater chance of dying driving to school. You are focused on the wrong issues. You are not in touch with their current needs. Suicide is on the rise. Please do the right thing!

From: Heather Pasley
Sent: 2/10/2022 6:12:16 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccine requirement

External Email

Do not add covid to the vaccination schedule for children.

Please consider the profound impact you will have on school funding when parents like myself pull children from school enmass. My children have already recovered from covid. They will not take a vaccine for an illness that they have already had.

There is a problematic lack of transparency when it comes to the (albeit rare) side effects associated with the vaccine. Terms like safe and effective are used to placate parents with valid concerns. Watch any commercial encouraging parents to vaccinate their young children next to your average pharmaceutical advertisement and the difference is stark.

No more masks. No more "vaccinate or else policies".

Parents should not be the last to hear about these hearings or these votes, nor should twitter be the vehicle by which we are informed of your plans.

Heather Pasley

From: jenniferalison@hotmail.com
Sent: 2/9/2022 11:06:52 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccine for school

External Email

Hello.

I understand that there will be a meeting tomorrow to consider and even vote on requiring children to receive a covid vaccine to attend school. To do that would be completely wrong. I understand that other vaccines are required. However, they have long track records and long-term studies about effects. This one does not, as it hasn't existed that long. This vaccine is only authorized for emergency use— how could something in that category possibly be required? Such a consideration should be years down the road. From a public health standpoint, vaccinated and boosted people are passing the virus around the school (I know this as a parent and a school district employee) so the public health argument doesn't carry much weight. Families with their doctors should be free to make a choice about this without the threat of being excluded from public school. This is not right. Do not put this burden and threat on kids who have already suffered so much. Do not require the covid vaccine for public school attendance. Thank you.

Jennifer Bandy

Sent from my iPhone

From: Debra Wells

Sent: 2/10/2022 10:24:41 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH)

Cc:

Subject: Re: COVID 19 vaccines, school requirements

External Email

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is
the implementation of the vaccines.

[https://www.aier.org/article/all-cause-mortality-in-the-united-
states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-
cause-mortality-in-the-united-states-during-
2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2e6f867243324d287e8f08d9ecc23ce9%7C11d0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2e6f867243324d287e8f08d9ecc23ce9%7C11d0)

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-
2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall->

cause-mortality-in-the-united-states-during-
2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2e6f867243324d287e8f08d9ecc23ce9%7C11d0e21

January 30, 2022

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Gilbert G. Berdine, M.D
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-
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d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2e6f867243324d287e8f08d9ecc23ce9%7C11d0e21

– January 30, 2022

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-
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results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2e6f867243324d287e8f08d9ecc23ce9%7C11d0e21
Reading Time: 5 minutes

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The CEO of the OneAmerica insurance company recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-
age-people-up-
40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2e6f867243324d287e8f08d9ecc23ce9%7C11d0e21
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

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Figure 1: US weekly deaths by age group. Data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F> is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F> for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021 by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fus%2F> in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This time period was the decline phase of the winter outbreak that peaked around January 18, 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot plausibly attribute the above average deaths for the 25-44 age group during this time period to Covid. What was responsible for these deaths?

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNK

Figure 2: Weekly US mortality by Cause Group. Data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly-us-mortality-by-cause-group>>
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to

attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2e6f867243324d287e8f08d9ecc23ce9%7C11d0e21>

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine, M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Scott and Heather HADFIELD
Sent: 2/14/2022 7:46:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do not require the covid shot to be required to our young population. It is not safe. I was a foster parent for 12 years and the problem families are facing is with drugs . Please put your energy into the drug problems not telling families who are making good choices for their families what to do.

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>

From: Nina Murphy
Sent: 2/9/2022 9:16:13 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Julie Blades
Sent: 2/9/2022 1:58:02 PM
To: DOH WSBOH
Cc:
Subject: State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine



attachments\99502FB374B64B11_CovidVaccinesInChildren_2ndOpinio_PRDPOOL_NAMEPOOLONG.pdf

External Email

Hello,

I'm writing to you from Whidbey Island, WA. I have 2 boys (5 & 7) attending ICA. The 7 year old also has an IEP and attends a class at South Whidbey Elementary 1x a week.

I'm writing to urge you to not to force Covid-19 vaccination on school age children in Private OR Public Schools.

In doing so, you will not only lose school funding from people turning to creative homeschool solutions (myself included), but you could actually unnecessarily injure totally healthy children (for life)

Let's review a few facts: (see attached flyer for further details)

- * The science shows the risks outweigh the benefits for children.
- * Childrens bodies are uniquely suited to handle Covid-19 with a survival rate of 99.995%
- * There are virtually 0 deaths in healthy children.
- * A large German study showed zero deaths for children under 5 and case fatality rate of 3 out of a million.
- * A Johns Hopkins study of 48000 children showed a zero mortality rate in children under 18 without Comorbidities.
- * A study in Nature shows children under 18 without comorbidities have virtually zero risk of death.

These shots which were designed for a virus that was in circulation 2 years ago don't seem to be having much effect against the current variant. While some science shows children DO NOT need the vaccine others show that the vaccine is POSITIVELY DANGEROUS to them. A Honk Kong study showed that 1 in 2,700 boys who received Pfizers vaccine developed Myocarditis (heart inflammation) these are very serious and permanent injuries to the heart.. This science is clear the risk outweighs the benefit for children.

Not only is this injection medically unnecessary, but there are clear signals coming from U.S. government sources that the risk to human health is real, and that adverse events to this vaccine are NOT RARE.

Please do not put our children in unnecessary danger. Please help protect our kids.

Please don't break their hearts (and ours)

Julie Blades

fingerprint promotions

office 310.880.2210

efax 310.496.0693

ASI: 194171 / PPAI: 276692

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<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.4logoapparel.com%2Fjulie&>

From: Tracy Moseler
Sent: 2/9/2022 10:19:58 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To Whom It May Concern,

I am a mother of three young boys and want to encourage you to keep the Covid vaccine a choice. It should not be a mandatory vaccination for school. It is pretty much a guessing game like the flu shot. My children have very healthy immune systems and I will not subject their little bodies to an experimental vaccine. Please let it be a choice. Stop dividing the community by placing guilt trips on people that know the vaccine is not the right choice for them.

I cannot believe what is happening in this world we live in today. Hate and judgement because of a virus like the flu and over a vaccine that has so many side effects. A vaccine that has not been studied for an extended period of time. How can you feel that it is morally right to force this on us?

Please, please, please do not make the covid vaccine mandatory.

Thank you,
Tracy Moseler
Langley, WA 98260

From: Marie McFadden

Sent: 2/11/2022 8:23:31 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Haag, Hannah R (SBOH)

Cc:

Subject: VOTE NO!!

External Email

Attention public SERVANTS!

Vote NO on this proposed covid vaccine mandate for our school children. Data is showing people with the vaccine are still transmitting and catching the virus just as easily as those who have not been vaccinated. There is absolutely no justification or benefit for forced injections on free citizens, let alone our children who are not in serious danger of this virus. This outrageous government overreach needs to end NOW!! There are PROTESTS WORLDWIDE right now against these vaccinations and all of these unconstitutional mandates. Vote NO!!! Thousands of students will be removed from the public school system by their parents across the state if this ridiculous and outrageous overreach is implemented. You should all be ashamed of yourselves! It's time to start listening to the people you work for, WE THE PEOPLE. You have forgotten your place, you are employees, not our dictators. End this outrageous overreach, END THE MANDATES and VOTE NO on covid vaccines for school children!!!

M. McFadden

Tax Payer, Registered Voter and Parent

From: Jen Edington
Sent: 2/10/2022 8:47:23 PM
To: DOH WSBOH
Cc:
Subject: Parent concern



attachments\1EECCC9F902341AB_cidB0EF4521-7F17-4C27-A5CB-534D1F334C53.jpg

External Email

>
> □Dear BOH members,
>
> Please provide your data and facts that you have stating that this vaccine PREVENTS the disease and REDUCES the risk of person to person transmission that is stated in criteria's 5 and 6 at the bottom of this email.
>
> The CDC even states that the vaccine does not prevent people from getting the disease or reduces transmission. It may lessen some people's' symptoms and/or may keep some people out of the hospital if they contract COVID, but it is not necessary for children who are basically unaffected by either. This vaccine has known side effects and is not a one size fit all. Also, take note that the vaccine is for the original variant and not for the current or future variants.
>
> Where there are risks, there should be a choice. I hope you take this into consideration during the meeting. America is the land of the free and parents should have the freedom to make medical decisions for their children.
>

> Thank you,
> Jennifer Edington
> Mead School district parent
>

From: Casey Choppa
Sent: 2/9/2022 7:31:33 PM
To: DOH WSBOH
Cc:
Subject: Chapter 246-105 WAC

External Email

To whom it may concern,

Please do not add the covid-19 vaccine to the list of immunization of child care and school children against certain vaccine-preventable diseases. Covid-19 is not a preventable disease even if vaccinated.

Thank you

Casey Choppa

Sent from my iPhone

From: Glasoe, Stuart D (SBOH)
Sent: 2/10/2022 11:45:38 AM
To: DOH WSBOH
Cc:
Subject: FW: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Kristan Ashbridge <ashbridgekristan@gmail.com>
Sent: Thursday, February 10, 2022 9:31 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Please do the right thing and do not require these vaccinations and do not require masks for school age children.

External Email

STOP! ENOUGH is ENOUGH! This must end NOW. There is zero danger to children and I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. Please do the right thing and do not require these vaccinations and do not require masks for school age children.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

You are teaching children to live in fear and it must end. They have a greater chance of dying driving to school. You are focused on the wrong issues. You are not in touch with their current needs. Suicide is on the rise. Please do the right thing!

From: Joel Plocher
Sent: 2/10/2022 8:36:46 AM
To: DOH WSBOH
Cc:
Subject: Vaccine Mandate

External Email

Good morning.

I'm aware that your meeting is set to begin shortly, but I need to share my thoughts.

Human autonomy is a basic right given to all Americans. Mandating that a certain population of the community (our students) must receive a vaccine goes against our basic autonomous decisions about how we treat our bodies. Even though the vaccine has been shown to lessen severity of the virus, the new variants will continue to weaken, as with every virus that goes through mutations. It needs to weaken so it doesn't kill its hosts too quickly.

Vaccine mandates are unconstitutional. Our basic right to autonomy would be stripped away, opening the door for the government to force ANYONE to have ANYTHING put into their bodies. Please don't force this upon our children.

Thank you.

From: Haag, Hannah R (SBOH)
Sent: 2/14/2022 8:06:53 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine for children

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 2:12 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Covid-19 vaccine for children

External Email

Good day,

I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis? Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I reccomend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9&data=](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=)

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in it's entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Mike & Laurie Davis
Sent: 2/9/2022 10:25:40 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To: shob board members

I wish to express my deep concerns over the prospect of requiring vaccinations for our children who scientifically/statistically have a virtual zero percent of being seriously harmed or killed by Covid 19 unless they have existing life threatening co-morbidities. In addition I would like to remind you that these vaccines are NOT APPROVED by the FDA and as such it would be irresponsible and most likely illegal for anyone to "Approve" the mandatory requirement for taking a "EUA" drug. Any decision involving the safety and health of our children is the most important responsibility we all have and as such I ask you to not go further with this process especially since Covid is waning and getting weaker with each variant. Thank for your attention concerning this matter.

Mike Davis
Washington State resident.

Sent from my iPhone

Sent from my iPhone

From: E Lessing Sokol
Sent: 2/9/2022 11:14:11 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Mandates for children

External Email

Both Pfizer and Moderna vaccines are EUA vaccines and the corporations are indemnified from all legal action resulting from patients experiencing side effects; including death. Since they assume no risk, you are the one who takes all of it to include forcing helpless parents that want to keep their children in school to take an EUA vaccine. That has never happened with any other vaccine in the history of vaccines.

<http://epidemics.psu.edu/articles/view/leaky-vaccines-promote-the-transmission-of-more-virulent-virus>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fepidemics.psu.edu%2Farticles%2Fleaky-vaccines-promote-the-transmission-of-more-virulent-virus&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc37892806a8e4bd680ea08d9ebffb382%7C11d0e21>>

Leaky vaccines work by enhancing host immunity to a particular pathogen, without necessarily blocking or slowing viral replication. The result is that infected but vaccinated individuals have extended survival, allowing highly virulent pathogen that would normally reach an evolutionary dead-end in a dead host, can transmit.

Respectfully, Edeltraut Sokol
1005 Quincy St
Port Townsend WA 98368
360-385-9002

□

†AΩ

"...the centre cannot hold".

From: Shelly Brewer

Sent: 2/12/2022 6:06:21 PM

To: DOH WSBOH

Cc:

Subject: Pfizer pulls its emergency-use application over insufficient data about the effectiveness of a three-dose regimen.



attachments\8EA4675920124F2A_Final Public Agenda February 10 TAG-Updated.pdf

External Email

State Board of Health Technical Advisory Group (TAG) Meeting Agenda (attached):
COVID-19 Vaccine from February 10, 2022, 9:00 a.m. – 3:00 p.m

RE: It is no longer necessary or logical, nor is adding the COVID-19 vaccination as a requirement to attend head-start, daycare, preschool, elementary school, jr. high school or high school due to INSUFFICIENT data. Please, stop, it is premature to add the COVID-19 vaccination to the current list.

Please watch MSNBC's announcement (confirmed on the Pfizer site too) that Pfizer pulled its emergency-use application over insufficient data about the effectiveness of a three-dose regimen; <https://www.msnbc.com/mtp-daily/watch/pfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-132963909604>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msnbc.com%2Fmtp-daily%2Fwatch%2Fpfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msnbc.com%2Fmtp-daily%2Fwatch%2Fpfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-132963909604&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C737980319d0f486d23f308d9ee952f7c%7)

[132963909604&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C737980319d0f486d23f308d9ee952f7c%7](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msnbc.com%2Fmtp-daily%2Fwatch%2Fpfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-132963909604&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C737980319d0f486d23f308d9ee952f7c%7)

Respectfully,

Shelly S. Brewer, PMP

Sent from iCloud; sbrewer8@icloud.com

them. Other nations, such as France and Denmark, have said they will not mandate the vaccine because they know that a mandate will reduce public confidence in authorities.

I am in a position where I feel that I can't vote for Democratic candidates in the upcoming election, because it seems the party has just gone to such an extreme with these mandates and the restrictions put on children. Please return normalcy to these little ones.

Kind Regards,
Renee Gardner

From: Lenzi Malloy
Sent: 2/9/2022 10:16:11 AM
To: DOH WSBOH
Cc:
Subject: 40D0CFEE-3555-449A-9C85-329F0A926C2E

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am against any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Jessica Bork
Sent: 2/10/2022 2:42:19 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 "vaccine" for school



attachments\3D4010480EF7483E_smime.p7m

External Email

Message was attached to: Covid 19 "vaccine" for school

From: Jessica Bork
Sent: 2/10/2022 2:42:18 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 "vaccine" for school

Good afternoon,

I strongly oppose this vaccine for school entry and here's why:

1.) You all claim to want to "follow the science" but any decision you make will depend on uncertainty. How exactly does that follow the science? How can you in good conscience require something of young children when Dr. Gett said himself, there is uncertainty in this decision. Please explain that logic.

2.) There is absolutely no data AT ALL for the pre-k age group, so there is NO WAY to approve criteria 6.

3.) Also, your criteria 6 is absolutely false. Being vaccinated DOES NOT reduce the risk of person-to-person transmission. Being vaccinated, you are still able to transmit and contract the virus.

Also remember, if this becomes a school entry vaccine, there will be a mass exodus from public education. That you can count on.

Best,

Jessica Thompson

From: Darleen Christopher
Sent: 2/12/2022 10:17:06 AM
To: DOH WSBOH
Cc:
Subject: U can't ignore this


External Email

Sent from my iPhone

Begin forwarded message:

From: Children's Health Defense <team@childrenshealthdefense.org>
Date: February 12, 2022 at 7:23:22 AM PST
To: Darleen Christopher <christopherslamp@yahoo.com>
Subject: Latest from CHD TV!
Reply-To: team@childrenshealthdefense.org



Having trouble viewing this email? View it in your web browser - Watch all the latest shows from CHD TV! 

<<https://default.salsalabs.org/X500470a1-50f7-427b-92fd-feac32ada56b/dc0f7db7-4555-4304-ad07-4bf7d0cf9084>>

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February 12, 2022

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Recommended Media

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cb20-4179-b0fe-6101e92cd5d6%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C

'The Empower Hour'

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Rising Food Prices + Finding Food Freedom

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With Glyphosate Girl And Jireh Family Farm

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CHD Weekly Q&A -

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FDA POSTPONES Meeting On COVID Shots For Kids, CHD Team Answers Your Questions

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CHD.TV Has 22 Shows Streaming Live Every Week

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'This Week' With Mary + Polly -

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"Silence Is The Worst Thing That We Can Do Right Now" A Look At Top Headlines

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The Jerusalem Report -

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When Totalitarianism Reigns: Censorship, Coercion, + Control

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Tea Time -

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uest Heidi St. John: "If Your Pastor's Too Big A Coward To Tackle This Thing From The
Pulpit, Find Another Church"

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The People's Testaments -

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uzanna Newell, Injured By Pfizer Vaccine + Her Call For Unity: "Listen To Each Other"

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What's Your View?' With Sumayyah Simone

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Take Care Of Yourself First

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Community Corner -

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uest Dr. Palevsky: "If A Doctor Dares Speak Out...They'll Be Flagged, Fired, Or Fined"

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Advocacy Lifeline

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4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C

Attorney Greg Glaser On Stopping Federal Vaccine Mandates, State Health Freedom Bills,

+ More!

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4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C

Against The Wind -

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K

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4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C

evin Jenkins: Medical Freedom Is "The Civil Rights Issue Of The 21st Century"

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Financial Rebellion -

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"You Have To Reject The Hopelessness" Choosing Humor, Integrity, + Faith In The Midst
Of Warfare

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Doctors & Scientists

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"Trusting Our Doctor Led To My Son's Death" - Mother Speaks Up

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'The Defender Show' With Robert F. Kennedy Jr.

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Fauci's Smoking Gun With Dr. Meryl Nass

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NYC Uncensored

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The Solution - Watch Today A

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Noisy Minority Report -

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'The Empower Hour'

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With Glyphosate Girl And Jireh Family Farm
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101

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istory Of Activism + Root Causes Of Illness With Maureen McDonnell

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT9260de5cd2-4b26-aced-905ef425b91a%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C>

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Voices Of The Victims -

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FTfbbe17b5ac3-48ea-a9ef-04348ed88ba2%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C>

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT3fba8168cec-4eb8-957a-77a7ccbc4015%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C>
He Went To Bed With A Headache” Husband Passes Away After COVID Vaccination
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT054d83f074-4f6a-9ca6-42b6a438800a%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C>

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Our mission is to end the childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable, and establish safeguards so this never happens again.

Children's Health Defense
1227 North Peachtree Pkwy, Suite 202
Peachtree City, Georgia 30269
Contact us

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdefault.salsalabs.org%2FT22f503c547-4cbf-a8ef-e34802061088%2Fdc0f7db7-4555-4304-ad07-4bf7d0cf9084&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd4fa7241d6b844db641c08d9ee539024%7C>

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From: Amy Stark
Sent: 2/11/2022 10:51:39 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Scott Rorvig
Sent: 2/9/2022 10:56:15 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good Morning,
I am writing to implore to NOT implement a vaccine mandate for students in K-12 schools in Washington state.
This is a personal decision whether to vaccinate or not, and the state has no right to make a decision regarding my health.
As evidenced by the ongoing endemic it does not keep you from getting the virus.
Thank you for your consideration.

Scott Rorvig
360-739-2210

Parent of 9th & 11th grade students in the Bellingham School District

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/10/2022 9:02:56 AM
To: DOH WSBOH
Cc:
Subject: FW: Do not approve the vax!!

From: Lisette Caire <lamachacachacadelosmochis@gmail.com>
Sent: Thursday, February 10, 2022 8:39 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Do not approve the vax!!

External Email

Dear Board of Members,

No CDC guidelines, OSHA regulations or health officer order can suspend our rights. "We the People" and do not consent. We do not give you the authority to force any medical procedures on our children, elderly, or on any human being that does not choose of their own free will your offerings of "public health" in a vaccine trial.

Your chapter 246 - 100 and rule making petition for 246 -105 try to confuse, coerce, intimidate, threaten and harass us. This is called retaliation and discrimination, and that is against the law.

We have the right to determine what is the best for our families and what is done with our body and it doesn't matter whether the vaccine only has an "emergency authorization" or not.

The masks and the testing are also "emergency use authorization" but even if they weren't, we cannot be forced into complying. Only a licensed medical doctor can suggest

a medical treatment such as a mask, covid testing or a vaccine. You or school administrator has no authority to do so.

We have the constitutionally-protected and GUARANTEED right to life and the right to determine what it's done to our body.

We are covered under ADA laws and our needs would have to be accommodated by law.

You are not a medical professional and, therefore, you are unlawfully practicing medicine by prescribing, recommending, and using coercion to insist on this experimental medical treatment.

Whereas:

1. The Nuremberg Code, codified into US Federal Law, prohibits forcing or coercing anyone, under any circumstances, to participate in a medical experiment; and the Code states "the voluntary consent of the human subject is absolutely essential."

2. Phase 3 clinical trials of COVID-19 vaccines are not yet completed. C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026 and hence qualify as medical experiments. People taking these treatments are enrolled in clinical trials.

3. The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials, and NOT the same formulation that has been administered to all other age groups under EUA. So even when current ongoing clinical trials are complete, the results cannot be assumed to be relevant to the safety or effectiveness of the new formulation.

"The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials." Source: <https://www.fda.gov/media/153717/download>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

4. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year.

5. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved

for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models. The participants in clinical trials involving children aged 5-11 received “two doses of 10 µg BNT162b2 or placebo (saline)”, not the new formulation.

Source: <https://www.fda.gov/media/153447/download>

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15344>

6. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term

effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots,

cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis,

myocarditis, and antibody dependent enhancement leading to death. I have friends dealing with COVID-19 vaccine injuries.

7. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and

injuries to children and youth have already occurred in the COVID-19 injection clinical trials.

8. FDA admits safety unknown. Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: “. . .but we’re never going to learn about how safe this vaccine is unless we start giving it.”

Source: @6:52:33

https://youtu.be/laaL0_xKmmA

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FlaaL0_xKmmA&data:

9. International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates:

“Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates.”

Source: <https://globalcovidsummit.org/news/thousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fthousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ca8ab17f977d6472d222b08d9ecb72ef6%7C>

10. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting

System (VAERS), than deaths in the last 10 years from all vaccines combined and only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID

vaccines is unknown as there is a significant delay in uploading reports to the VAERS database.

The risk associated with COVID-19 vaccinations is extremely dangerous to the health and well-being of all children

and this form of treatment unnecessary.

Any coercion or pressure tactics used for students to be vaccinated contravenes the Nuremberg Code, the Helsinki Declaration and Federal Law.

Any use of "implied consent" by any minor child under the age of 18 is defined in law as gross, contributory, and

culpable criminal negligence.

Any party found to be involved in vaccination coercion when entrusted with the care of our children such as all school staff, school board members and executive, and any other adults who may have access to our children while under their care. This includes the assistance of outside school staff, contractors, public health nurses, or health officials

could be prosecuted to full extent of law and you may be held personally and criminally liable for any injuries or deaths

that may occur.

We are forced to err on the side of spiritual caution and refuse to harm our temples in honor of Gods Holy Word.

The 1st Amendment of the constitution has protected these exact claims before the Supreme Court on many occasions. Even State governments have faced this glaring truth during the Covid crisis as

they attempted to pass mandates and laws that violated this basic principle only to have their wrong decisions righted before the Courts, with financial penalties.

While, as Christians, we strive to be at peace with all humans beings and to obey all laws and mandates from a Legitimately elected government. We do not do so in violation of Gods Holy Laws, of which the protection of my body is one of those spiritual laws that supersedes all manmade laws in my religious conscience.

Sincerely

I extremely concerned dad that is willing to take out his kids from school to protect them.

From: Yael Kantor
Sent: 2/9/2022 11:39:36 AM
To: DOH WSBOH
Cc:
Subject: Tag meeting

External Email

As Dr Geert Vanden Bossche states:

The global threat to humanity is from our response to the virus, not the virus itself.

Studies from Sweden, who never closed their schools down, show 0 deaths of children.
0.

Why then are we looking to inject any child with an experimental COVID-19 vaccine.

Omicron is now the dominant viral mutation. These vaccines do absolutely nothing to prevent infection, transmission or death. In fact we are seeing the majority of hospitalizations in the vaccinated.

How do you justify keeping children safe when the preliminary studies show 0 antibodies in children 6 mo-5 years, with the "hope" of something happening on the third shot.

This is criminal and unjustifiable.

So according to your 9 criteria

1. We have seen the acip recommend vaccines without long term studies using human subjects as postmarket tests. Our trust in them as an advisory board has diminished.
2. The antigen is not effective as measured immunogenicity was 0 after two shots
3. How is this cost effective to society especially if just one child is injured for life?
4. Where are the safety demonstrations? A small study group and an extremely short time span do not warrant any safety data.
5. This disease has 0 mortality rates in this age group. Again 0.
6. This vaccine does not prevent transmission.
7. Implementation of this vaccine is mostly by coercion. Millions of dollars spent on marketing, useless tests, ridiculous tracking to no avail. Case numbers are still high and changing how we count them won't change our perspective of how the health departments have handled this crisis.

Your decision to add this to the schedule is for one reason and one reason only- to give the pharmaceuticals 100% liability.

Let's hope you make the right decision for the children. Vote NO

Sincerely
Yael kantor

Sent from my iPhone

From: Joelle Balcom
Sent: 2/10/2022 1:30:44 PM
To: DOH WSBOH
Cc:
Subject: BOH ZOOM today

External Email

Greetings all,

Listening to the Zoom today - I am in full agreement with the stand of INFORMED CHOICE WA - who have advised you of their comments.

I say NO to adding these shots to our school kids. They are still experimental and you've even admitted the variants cause constant change. There is not enough data - which takes YEARS to push these STILL EXPERIMENTAL shots on our children. I'm not willing for them to be guinea pigs for an illness with a 99.98% cure rate with their own natural immunities. It's just not worth the risk.

Kind regards,

Joelle Balcom
balcomjoem@yahoo.com <mailto:balcomjoem@yahoo.com>
904.403.6447

From: Julie Enfield
Sent: 2/9/2022 11:09:31 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

The COVID-19 vaccine should not be made a requirement for K-12 students in Washington State. The risk of the virus to children does not outweigh the novelty and unknown risks of the new vaccine. Many school age kids now have natural immunity to the virus.

Julie Enfield

From: Schreiber, Tracy N (SBOH)
Sent: 2/9/2022 10:18:54 AM
To: DOH WSBOH
Cc:
Subject: FW:

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Lenzi Malloy <lenziannamalloy@gmail.com>
Sent: Wednesday, February 9, 2022 10:17 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am against any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Laurena Manke
Sent: 2/11/2022 8:58:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Carol Chapman
Sent: 2/9/2022 7:35:24 PM
To: DOH WSBOH
Cc:
Subject: covid mandates

External Email

Dear board members,

I am a concerned citizen re: covid vaccination mandates especially as it applies to children and young adults. As Omicron has taken over and it has become apparent that the vaccine does not protect well against getting it and that there are risks with the vaccine, it seems reckless and unnecessary to require children to get this vaccine.

On the CDC's VAERS site, there have been over 800,000 reported adverse events as a result of this vaccine and over 19,000 deaths reported. That is more than all other combined adverse events reported for all other vaccines in total for the past 30 years. To me that is a giant red flag. Especially when by the CDC's past estimates, those adverse events reported are only a fraction of all of the events that have occurred.

I recently saw a study out of Hong Kong that there were 1 in every 2,700 young person who had experienced myocarditis or pericarditis after receiving the covid vaccine. It is almost inconceivable to me that any rational adult would want to put that risk onto our children and young people. Please do your own research and get all of the facts before forcing possible serious and irreversible consequences onto hundreds of thousands of innocent children who have their whole lives ahead of them.

Also, it appears that the risk to children, especially those that are pre-teens have less than a 99% risk of serious disease from covid and that natural immunity has so far been documented as still being present 20 months later by scientists from several countries.

Please do not require something that can cause potential harm, unknown long-term consequences (even for adults) and little benefit to be required. You have the responsibility of our children and their health, safety and futures in your hands. Choose wisely. You have to live with the consequences of these precious lives.

Carol Chapman

From: Testify Online Survey
Sent: 2/14/2022 4:37:37 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

17/02/2022

2.

Agenda Item or Issue:

246-105 WAC

3.

Your Name:

Nicole Finehout

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1029 23rd Ave. Longview WA 98632

7.

Email:

mrs2uanama@gmail.com

8.

Phone Number (Include Area Code):

3603556667

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

This is America, Americans have the God given right to make decisions for themselves, any mandate that takes away that right is unconstitutional and has no place in American government

From: Laura Ebi
Sent: 2/9/2022 2:23:31 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

NO to including Covid experimental shot for students to go to school.
It would be a Nazi-like measure against the Nuremberg Code, besides other things.
Parents are furious.

From: Testify Online Survey
Sent: 2/10/2022 9:51:51 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 10, 2022

2.

Agenda Item or Issue:

Vaccinations for children - required for school

3.

Your Name:

Diane M Fink

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4404 Riverfront Blvd. Everett WA 98203

7.

Email:

diane.fink@frontier.com

8.

Phone Number (Include Area Code):

4253595926

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Covid-19 Vaccination for children to be required to attend school.

11.

Are you Pro or Con on the proposal?

2. Con

There is no conclusive evidence that the vaccines prevent adults or children from getting Covid. Children are at the lowest risk for contracting Covid and subjecting them to the vaccine is more harmful than if they were to contract Covid. I am strongly opposed to a bill that will take the decision out of the hands of parents and place it in the hands of the school board. Thank you for your consideration of my input.

From: Michelle Cruz
Sent: 2/9/2022 12:41:59 PM
To: DOH WSBOH
Cc:
Subject: COVID 19 Vaccines - NOT okay

External Email

We The People do NOT Consent to adding Covid-19 vaccines into Chapter 246-105 WAC due to the following reasons:

- 1) We The People do not consent to experimental drugs.
- 2) The Gene altering technology has not had enough long term studies for adverse reactions, and or long term side effects.
- 3) According to the new scientific data coming out, the vaccines have been more harmful to the people rather than helpful.

In conclusion, until the covid-19 vaccines have been PROVEN and documented to be safe and effective, I do NOT consent to the revision of WAC 246-105.

I do not want my child getting this vaccine right now. I do not feel it is safe for her and as a parent, it is my right to not get her vaccinated.

Michelle Cruz, concerned parent!

From: Dianna Neiswanger
Sent: 2/10/2022 4:37:22 PM
To: DOH WSBOH
Cc:
Subject: Comments regarding today's TAG meeting

External Email

It appears you are reviewing 5 and 6, as shown on the screen in your meeting, not 5 and 7 as stated in your notice? Hope I am correct and did not miss something; however, I do not believe it will make any difference in what I have to say.

I would like to start by saying it is way too soon to be requiring every child or young adult under the age of 18 to be required to take a vaccine. (Even one of your speakers stated that it is too early, and we do not know the long term affects.) I strongly agree there has not been enough time to determine how kids specifically will be affected by the vaccine down the road. Most kids have pretty strong immune systems and can fight off most viruses, so why would we mass vaccinate? I understand that there are a number of kids with issues that have compromised immune systems and "maybe" could benefit from a vaccine; however, that should be done on a case-by-case basis and is a discussion for the PARENT and their Doctor! It is not for a board, committee, mayor, governor or president of this country to determine that is right for everyone to get vaccinated. Each of us are unique and have unique biological differences. We should each be able to make our own decisions for ourselves and that of OUR OWN CHILDREN. Children are not wards of the state, board of health, school boards or anyone else.

The next item would be, from what I read, and I did not read it all, mainly focused on Items #5 and #6, this information appears to be very one sided. Why is there not a discussion of the bad side of vaccinations, and there are bad outcomes and ones we do not even know about yet! Vaccinations are not a one size fits all and be done with it. There is documentation that shows it is not safe to vaccinate kids and I don't see anything where you share that side of the discussion. One of the problems when things like this are forced on people the whole truth is not put out in the information. Then down the road when issues and problems arise no accountability is taken by those who forced the action. (One of the common comments after problems arise is, "Well, we didn't know." and you don't know, because it is too soon.) So what is the rush, give this time to play out and take it slowly and let people decide for themselves and let the parents decide for their own kids. These kids are not yours and just because you are in public service does not make you the authority on their care.

You all say we care about people's lives and not one more person can die from this virus, unfortunately people die every day from many things, it cannot be stopped. We would do better to educate people more on the choices we make that truly affect our health, but for too many they think a shot is quicker and easier. (I won't even get into the money this generates for some, which is part of the reason for the push of vaccines on everyone! Follow the money! That is really the saddest part of all this.)

I believe most of us try very hard to do what is right, especially when it comes to our kids. The best job the WA State Board of Health can do is to provide "truthful" "balanced" and "accurate" information from a variety of sources, so we as parents can make the best decision we can for the health and care of OUR kids.

I ask you to please not pass a vaccine mandate for kids. It is way too early, and the numbers are coming down without the vaccine mandate, which is proof a vaccine is not needed at this time. I have read that immunity is better by having had covid than having a vaccine, which is God's and nature's way of taking care of the virus in a way that is best. Take a step back and really check the facts and the truth, I believe the truth is, it is best to not require vaccines on our children. They are the future!

Thank you.

From: Kahler, Kelie (SBOH)
Sent: 2/13/2022 9:43:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Requirements for Children in Public School

From: Dean Furr <deanorx@yahoo.com>
Sent: Saturday, February 12, 2022 3:20 PM
To: Janice Bee <superbadjanice@yahoo.com>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Re: Vaccine Requirements for Children in Public School

External Email

WOW!!!Im blown away by this very well articulated letter. You are an inspiration!

Thank you!

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>>

On Saturday, February 12, 2022, 2:44 PM, Janice Bee <superbadjanice@yahoo.com> <mailto:superbadjanice@yahoo.com> > wrote:

Hello,

The Washington state board of health's TAG committee voted on and passed five and six of the nine criteria to consider for evaluating antigens for potential inclusion in WAC 246-105-030 just a few days ago. I was very disappointed the chat was disabled so parents could not make any remarks, or express any opinions or give feedback. I very much DISAGREE with the yes votes for criteria #'s 5 and 6 to consider in evaluating antigens. I work in the health room of an elementary school recording positive cases and working on tracing of close contacts and I know from experience that vaccination does not reduce the risk of person to person transmission of this virus at school. It does not

matter if you are vaccinated or unvaccinated, if you are in close contact with a positive case you are likely to get the virus. I will also tell you I do not have any faith in the at home test kits as there have been many instances a whole family will test because they all have symptoms and a parent will be positive but maybe one child will be negative. There is no consistency with these tests to be able to tell if the vaccination reduces transmission.

My husband and I will not vaccinate either of our children, due to the risk of side effects (pericarditis in young boys and men which can damage the heart muscle if left untreated, for the rest of their lives) from this vaccine. That far out weights the risk of getting covid which is essentially a cold and has only killed 9 children with co-morbidities. We will pull our children out of school if forced to. Here is a quote from my 14 Year old which explains another possible problem with this vaccine becoming a requirement, "The vaccine mandate would cause people adamant about not taking the vaccine to leave the public school system breaking friendships and dividing the next generation causing the minority of students who leave public school to become out casts in a new society." Please think again, do some more research, and listen to parents and families carefully about making this vaccine a requirement for Washington State schools.

Regards,

Janice

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2022%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DNjcwMjc3NzExNDQ0OTU3ODkyN.

KPTV

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
debating-covid-19-vaccines-for-k-12%2Farticle_a611d304-8aac-11ec-a766-
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>https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshdebating-covid-19-vaccines-for-k-12%2Farticle_a611d304-8aac-11ec-a766-5b708e0138dd.html%26ss%3Dtw%26rt%3DWashington%2Bdebating%2BCOVID-19%2Bvaccines%2Bfor%2BK-12%2B%257C%2BLocal%2BNews%2B%257C%2Bkptv.com%26cd%3DKhM2NzAyNzc3MTE0NDQ5NTc4OTI

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
state-advisory-group-discusses-possible-covid-vaccine-requirement-in-
schools%26ss%3Dtw%26rt%3DWashington%2Bstate%2Badvisory%2Bgroup%2Bdiscusses%2Bpossible%2

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WA health officials mull COVID-19 vax requirement for students - KOIN 6
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WA schools chief wants statewide mask mandate for students to end | The Seattle Times

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The Seattle Times

State Superintendent Chris Reykdal is asking Washington Gov. Jay Inslee and the state health department to remove the statewide mask mandate for ...

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshlab%2Fwa-state-superintendent-wants-statewide-mask-mandate-for-students-to-end%2F%26ss%3Dtw%26rt%3DWA%2Bschools%2Bchief%2Bwants%2Bstatewide%2Bmask%2Bmandate%26cd%3DKhM2NzAyNzc3MTE0NDQ5NTc4OTI0Mho0MDdjMjlhMjUyZWZiZjlkOmNvbTplbjpVUw%26>

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Marijuana industry is a cash cow for Washington, yet many local stores struggle to stay afloat

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Q13 Fox

According to the Washington State Department of Health, by 2017, nearly 28% of 18 to 24 year olds said they had used marijuana in the last 30 days ...

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afloat%26ss%3Dfb%26rt%3DMarijuana%2Bindustry%2Bis%2Ba%2Bcash%2Bcow%2Bfor%2BWashington
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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffeed%3Fq=pot-industry-is-a-cash-cow-for-the-state-of-washington-yet-many-local-stores-struggle-to-stay-

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3Dwave-deaths-got-attention-but-covid-restrictions-silently-killed-16-times-as-many%26ct%3Dga%26cd%3DCAEYCSOtnJcwMjc3NzExNDQ0OTU3ODkyNDIaNDA3YzI5YTl1MmVmYmY5ZD>

The Washington State Department of Health estimated there were about 100 ... small compared to the rise in non-COVID excess deaths in Washington.

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wave-deaths-got-attention-but-covid-restrictions-silently-killed-16-times-as-
many%26ss%3Dfb%26rt%3DHeat%2Bwave%2Bdeaths%2Bgot%2Battention%2C%2Bbut%2BCOVID%2B

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffeed%2Fsearch%3Fq%3Dwave-deaths-got-attention-but-covid-restrictions-silently-killed-16-times-as-many%26source%3Dalertsmail%26hl%3Den%26ql%3DUS%26msqid%3DNjcwMjc3NzExNDQ0OTU3ODkyNA>

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[Send Feedback](#)

From: Jami Smith
Sent: 2/8/2022 10:34:51 AM
To: DOH WSBOH
Cc:
Subject: TAG

External Email

As a tax payer, parent and citizen I am tired of having zoom meetings, where you can silence the voice of the PEOPLE. We are supposed to be heard and listens to by you. You are supposed to represent our wants. You are not supposed to block us out and down. I have spend my life working in clinical research and I fear for our kids, our freedoms and the PSD of you implement covid vaccines into the required immunization for school and childcare. I have had my kids fully vaccinated for all thing. I held when HPV vaccine came out and wanted to see more long term data. And then it was given. I was active in the RDV trials in Pierce county. I do think the choice should be offered and parents and pediatriicians with the children discuss risk and benefits. But the data is NOT long term, NOT Fully released and has had more events then all other immunizations before. You will be forcing parents out of the workforce becasue they can't take their child to daycare or they are forced to homeschool. Please look at what your strong handed bully tactics have done to enrollment. You will be open to lawsuits in about 5 years and they will win or you will settle for millions. Drug injury lawsuits are some of the biggest around. I am asking, listen! Parents want to choose for their children.

Thank you
Jami

Sent from my iPhone

From: Meghan Jones
Sent: 2/9/2022 1:16:36 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

NO MORE MASKS ON OUR CHILDREN.
NO COVID VACCINES FOR CHILDREN.

Sent from my iPhone

From: Matt Hartley
Sent: 2/11/2022 5:18:48 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Teresa Sadler
Sent: 2/9/2022 1:09:23 PM
To: DOH WSBOH
Cc:
Subject: No mandate for school age kids

External Email

I do not support a vaccine mandate for COVID-19 for school-age children.

Thanks so much,

Teresa Sadler

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 6:57:54 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

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

From: Stephanie Bohnett <2xasnice051507@gmail.com>
Sent: Sunday, February 13, 2022 7:55 PM
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: Meshelle Murphy
Sent: 2/11/2022 10:21:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Thank you for the opportunity to express my thoughts on forced vaccination. If the board is to implement the forced vaccination of covid-19 on school aged children you will cause parents to remove their children from the public schools. I am one of the parents that will not allow my child to be vaccinated against covid-19. It is proven that it does not prevent the spread of the virus and is indeed not Mecca for children.

Thank you,
Meshelle Murphy

Sent from my iPhone

From: Testify Online Survey
Sent: 2/14/2022 7:55:54 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2.

Agenda Item or Issue:

Covid vaccine required in schools

3.

Your Name:

Audra

4.

Do you have a professional title?

1. Yes

Parent

5.

Are you representing an organization?

2. No

6.

Address:

2602 E. Grand Ave.

7.

Email:

Ourinternet21@yahoo.com

8.

Phone Number (Include Area Code):

425-551-8474

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have expertise in my child and what I want in her body.

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

We do not want Covid shots mandatory for school at this time

11.

Are you Pro or Con on the proposal?

2. Con

These shots have only been out a little over a year and there is not enough info on them. These are emergency use only. This meeting is biased and one sided. You don't have any parents on the panel against the shot or nurses or dr. Who are against to give the other side of the topic.

From: Michele Hovik
Sent: 2/9/2022 10:25:12 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Steve Randall
Sent: 2/13/2022 3:51:08 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for children

External Email

Hello I am concerned that mandatory vaccines are too risky for children .According to the Lancet study

600 children have died from the covid vaccine. A healthy child has no risk of covid The idea of forcing a vaccine on children is unethical. The CDC found in July 2021 that fully vaccinated people who contact the infection have as high a viral loading their nasal passages as unvaccinated people who get infected. In October 2021 Israel's

Medical authorities at Meir Medical Center found that 23% of patients and 10% of staff were infected with Covid despite 96% vaccination rate in the country. The CDC hides mortalities in the US data by counting all people as unvaccinated unless their deaths occur more than 2 weeks after the second vaccination shot.

The CDC doubles down on this fraud by counting vaccine deaths as Covid deaths. Maddie de Garay, a 14 year old participated in the Pfizer trial and suffered neurological injuries, including seizures and permanent paralysis. Pfizer reported only that Maddie suffered only a stomach ache. According to VAERS there have been more than 7000 cases of myocarditis or pericarditis following vaccines. More than 5000 from Pfizer. In 2019 there were 4 cases of young people with pericarditis in the US, In 200 to 2021 there were more than 7000 cases .Life expectancy in 50% of the cases is 5 years. The 476 cases of myocarditis in the 12 to 17 year olds is 19 times the expected no of cases, That is 50 times higher than the vaccinated males over age 65 years.

A teen has effectively zero risk of dying from covid but a substantial risk of dying from the vaccine .In October 2021 Sweden, Denmark, and Finland paused the Moderna vaccine for children because of this. Covid is waning , mutating all the time, the vaccine made today will not work in 3 months from now.

According to the Office of National Statistics (ONS) data showed a rise in deaths among 15 to 19 year olds in the summer of 2021. There were 9 covid deaths among unvaccinated children ages 15 to 19 years old . But there were 9 times as many deaths of vaccinated 15 to 19 year olds . 81 deaths compared to 9 .

According to ONS the deaths among teens in the United Kingdom increased 47% due to the vaccine. Covid 19 vaccine is 98 times more deadly than the flu vaccine according to VARES report Trial Site News August 28 2021.

Why vaccinate children? I ask you to read all dissenting material before you make up your mind. By making vaccines mandatory the children and parents will have no recourse when harm comes. Please consider this carefully. The first rule of medicine is first do no harm. Thank you Irene Randall Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F)
for Windows

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:24:27 AM
To: DOH WSBOH
Cc:
Subject: FW: NO VACCINE MANDATE!

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

From: Mariah Neighbors <mjneighbors@gmail.com>
Sent: Thursday, February 10, 2022 7:43 PM
To: Mariah Neighbors <neighml@puyallup.k12.wa.us>; Jeremie <milkmanj@gmail.com>

Subject: NO VACCINE MANDATE!

External Email

State Board of Health Representatives,

We do not support vaccine mandates of any kind within our state- vaccine passports, and vaccine requirements for school attendance and employment. Anything one puts into their body must remain personal choice, and even more so when the vaccine in question is still in early stages of use, without a vetted history of safety, and is showing much higher rates of vaccine injury and death than any other vaccine since the data has been tracked by VAERS.

If you choose to vote for vaccine mandates in our state it will not be well received by our citizens. I implore you to be mindful of the people's desires in this matter.

Mariah and Jeremie Neighbors

Sent from my iPhone

From: KATRINA HARRIS

Sent: 2/10/2022 9:09:18 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Do not mandate this vaccine for children!

External Email

I completely oppose mandating this vaccine for children. Children are at EXTREMELY EXTREMELY low risk for issues with COVID.

From: Sylvia Moestl Vasilik
Sent: 2/10/2022 5:55:17 PM
To: DOH WSBOH
Cc:
Subject: NO to covid vaxx for kids!

External Email

Children have almost zero risk from Covid-19, but tremendous risk from emergency use products with no long-term safety data.

NO!

From: Schreiber, Tracy N (SBOH)
Sent: 2/9/2022 11:15:01 AM
To: DOH WSB OH
Cc:
Subject: FW: Help

Tracy Schreiber (she/her/hers)
tracy.schreiber@sboh.wa.gov
360-463-9069

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

From: Becca Naro <narobecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:46 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Fwd: Help

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:50 PM
Subject: Help
To: <tracy.schreiber@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots. I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level). Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school. Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense. There isn't a Covid pandemic. There is a people with power pulling pandemic. Horrible people that do not respect the constitution. As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves. Becca Depersio

From: Elly Stratmann
Sent: 2/9/2022 6:58:58 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Children do not need Covid vaccines, the risk-benefit analysis doesn't add up. May I add that the three vaccines approved in the US are the most dangerous in the world, any vaccine that does not cause your own cells to produce the spike protein is safer. If you mandate these Covid vaccines for children for public school, people will be justified in not paying the taxes to support public school, since we won't have public school as an option anymore.

I am a CNA, I got COVID in November 2020, before there were any vaccines, and I was signed up to donate plasma when the vaccines came out for health care, so I wasn't allowed to get a vaccine, which bought me some time to find out the rate of vaccine injury, which is adding to the case load for health care workers. Ask yourself these two questions: Why was Sweden the only European country that did not have a second wave of Delta? And, why does Israel have the highest death rate from COVID in the world now, in 2022, with 70-80% of people triple boosted? To answer the second question, you need an understanding of your immune system, but the upshot is the same: Natural immunity is superior to the mRNA vaccine. Covid is treatable. Prior to Covid, nationwide we lost about 600 children per year to the flu, now noone gets the flu anymore, but the numbers are the same. The risk benefit analysis is not there. -Elly Stratmann

From: melanie beatty
Sent: 2/10/2022 3:00:34 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

During the meeting today while I was there viewing nobody in meeting that talked about the side effects of kids getting these vaccines were talking about kids and have already had Covid and have immunity. I watched the whole meeting and every single person was for the vaccines I didn't see one person say they were against the vaccine. Why do you not have any parents in this board meeting giving their opinion since the shot is going into their kids body? When is the next meeting and when is the final decision about this vaccine being added to the already required childhood vaccine list ?

Sent from my iPhone

From: Terra Visser
Sent: 2/10/2022 9:14:05 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom this may concern,

My children attend Lynden Christian School.

We are living in a very different and difficult time. We are living in an unjust time where our freedoms are being taken away, power over our choices and bodies are slipping away. THIS IS WRONG.

It is completely legal to kill an unborn baby today if I chose to do so. It is absolutely absurd that we cannot choose if a vaccination is right for our children and ourselves.

Please think about what your doing and hear the people of this state. WE ARE AMERICANS WITH FREEDOMS!!!! Do not mandate a vaccination for our children to attend school. This is a choice a parent should make for their kids, not a mandate. Please hear us. We have given and sacrificed and complied for 2 YEARS.

Our only hope is that we serve a just God. He is in control and He hates wicked and unjust practices and He will see to it that righteousness will prevail.

Please do not mandate the COVID vaccination.

Thank you,

Terra Visser

Sent from my iPhone

From: Hoff, Christy Curwick (DOH)
Sent: 2/9/2022 10:25:06 AM
To: DOH WSBOH
Cc:
Subject: FW: Against Vaccine Mandate

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Wednesday, February 9, 2022 10:24 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: Against Vaccine Mandate

External Email

For the record Christy, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Julie Kissick Malloy

From: Dan
Sent: 2/10/2022 12:05:49 PM
To: DOH WSBOH
Cc:
Subject: Reject Covid 'vaccine' mandates for Children

External Email

Washington State Board of Health,

Please reject any 'vaccine' mandate regarding Covid-19 as it's unnecessary, unsupported by science and will do more harm than good.

Children were never at risk of Covid. Until these injections became available, only the elderly and those with multiple comorbidities were susceptible. Now due to these mRNA Spike Protein reproducing injections that by the manufacturers own documentation reveals that recipients will transmit by "Inhalation or Skin Contact". This means that anyone injected with an mRNA 'vaccine' is now a potential super spreader which is why all demographics are now effected.

According to VAERS which is known to only report ~1% of the actual total, reveals over 22,000 Deaths and over 1.1 Million injuries. The insurance industry has reported a 40% increase in deaths among 18-64 year olds since the injections became available. The damaging health repercussions of these injections are only beginning to be revealed.

The whole lot of Covid-19 EUA injections should be pulled immediately.

None of these EUA Covid-19 injections even qualify under the WA St. definition of a vaccine.

Washington State Code: RCW 70.290.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>
<https://app.leg.wa.gov/RCW/default.aspx?cite=70.290.010>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>

(10) "Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease

No Isolated Virus has been discovered: CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel

<https://www.fda.gov/media/134922/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F134922%2Fdownload%3A4ZDRr9L6>
OR

<https://disq.us?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F134922%2Fdownload%3A4ZDRr9L6>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdisq.us%2Furl%3Furl%3Dhttps%3A%2F%2Fwww.fda.gov%2Fmedia%2F134922%2Fdownload%3A4ZDRr9L6>

* Page 38 The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.

* Page 40 Since no quantified virus isolates of the 2019-nCoV are currently available

These injections are designed to compromise your God given immune system so the

recipient becomes more susceptible to other pathogens, being re-infected and as the 'vaccine' manufacturer states, they can transmit by "Inhalation or Skin Contact" making them Super Spreaders.

Pfizer starting on page 62: <https://thecovidblog.com/wp-content/uploads/2021/03/C4591001-Pfizer-Clinical-Protocol.pdf#page=62>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthecovidblog.com%2Fwp-content%2Fuploads%2F2021%2F03%2FC4591001-Pfizer-Clinical-Protocol.pdf%23page%3D62&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb74085a876fa41ada51908d9ecd06188%7C11d0e2>

Even Pfizer & Bayer Executives reveal these are NOT vaccines. Pfizer CEO Calls mRNA Technology "Gene Editing" <https://rumble.com/voz921-pfizer-ceo-mrna-gene-editing-vaccines-can-cure-people-born-with-a-mistake-i.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvoz921-pfizer-ceo-mrna-gene-editing-vaccines-can-cure-people-born-with-a-mistake-i.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb74085a876fa41ada51908d9ecd06188%7C11d0e2>

Bayer executive: mRNA shots are 'gene therapy' marketed as 'vaccines' to gain public trust VIDEO: <https://www.brighteon.com/fa269d92-4c6d-4b34-941a-8b18a2fb2b1a>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2Ffa269d92-4c6d-4b34-941a-8b18a2fb2b1a&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb74085a876fa41ada51908d9ecd06188%7C11d0e2>

<https://www.lifesitenews.com/news/bayer-executive-mrna-shots-are-gene-therapy-marketed-as-vaccines-to-gain-public-trust/>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdisq.us%2Furl%3Furl%3Dhttps%3A%2F%2Fwww.lifesitenews.com%2Fnews%2Fbayer-executive-mrna-shots-are-gene-therapy-marketed-as-vaccines-to-gain-public-trust%252F%253ASgWWu10dO_8kfINPtdjWLWCvDA8%26cuid%3D3540134&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb74085a876fa41ada51908d9ecd06188%7C11d0e2

Covid-19 Vaccine increases Children's risk of Death by 5100% according to the Office for National Statistics
<https://dailyexpose.uk/2022/02/07/covid-vaccinated-children-5100-percent-more-likely-to-die/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2022%2F02%2F07%2Fcovid-vaccinated-children-5100-percent-more-likely-to-die%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb74085a876fa41ada51908d9ecd06188%7C11d0e2>

Official Government of Canada data suggests the Fully Vaccinated are just weeks away from developing Acquired Immunodeficiency Syndrome (AIDS)
<https://dailyexpose.uk/2022/02/06/canada-gov-data-suggests-fully-vaccinated-developing-ade/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2022%2F02%2F06%2Fcanada-gov-data-suggests-fully-vaccinated-developing-ade%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb74085a876fa41ada51908d9ecd06188%7C11d0e2>

It must be an individuals choice. Children are NOT at risk of Covid but they are at risk if they're mandated to receive a Covid-19 injection.

Vaccine Liability should be on those individuals, health departments, businesses and government alike for the injuries or deaths sustained by the mandating of such medical treatments.

Do not mandate these injections on children.

Dan Kessler

From: regina forbes
Sent: 2/10/2022 1:05:46 PM
To: DOH WSBOH
Cc:
Subject: Question Regarding Data Presented in Zoom Mtg. Today

External Email

Hello,
I have listened to all data presented thusfar, and I have two questions I would like to have answered?

1) If there is not enough data to determine vaccine vs nonvaccinated, why is this even being considered becoming a school mandated vaccine at this time?

2) Why is there no study being done on natural immunity vs vaccinated?

I am a 50+ yo, vaccinated. Our 8 year is not.
Feb 2020 we all got Covid from a sports game we attended in Seattle.
Feb 2021 my spouse and I were vaccinated with Moderna.
Dec. 27th our 8yo tested positive with 2 symptoms resembling a cold. One week later, my spouse was positive, cold like symptoms. Five days after that, I was positive. We have all recovered just fine at home, no medical intervention.
Why is there no studies on this type of transmission and recovery?

Thank you.
Regina Forbes
Bremerton

Sent from my T-Mobile 4G LTE Device

From: Stephen St. Clair (Myriad Consulting Inc)
Sent: 2/10/2022 9:07:00 AM
To: DOH WSBOH
Cc:
Subject: No to adding Covid vaccine to required vaccinations.

External Email

Of the 907,000 deaths from Covid only 847 school aged children have died. I don't have the data on which of those had co-morbidities, but I'll give it a conservative number of 50% which means since the beginning of the pandemic only 423.5 children have died of covid which is lower than what is typical for a single season of the flu. That being the case I do not know why we would think it's necessary to add covid to the list of required vaccinations.

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

From: Katie
Sent: 2/8/2022 6:27:28 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccinations for students

External Email

I am opposed to covid vaccinations Being made a requirement for public education students. There is NO long term safety data available at this time. If this vaccine becomes mandatory all 3 of my children will be pulled from public schools.

According to your own printed materials

"Currently there is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting."

Because there is NO published literature available for long term safety Or effectiveness

Please do not require the Covid vaccines for students to attend schools

Thankyou

Katie Christianson

Sent from my iPhone

From: Krystal W
Sent: 2/10/2022 2:21:54 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for 2/10 meeting

External Email

I am appalled by the fear the BOH is still pushing when it comes to covid! You guys should really start following the real science and stop listening to bureaucrats that get kickbacks from big pharma!!!

All this talk about MIS-C in kids is extremely misleading. Kawasaki Disease/syndrome has been around since the 1970's. Any medical website states that it is extremely difficult to differentiate between this newly found MIS-C and Kawasaki Disease. Kawasaki is activated in a small child after recovering from virus. So, of course, all these "cases" you are all the suddenly seeing of MIS-C have just recovered from a virus. The first case of MIS-C appeared in May of 2020, to me that just seems like a label was stuck on it related to COVID to scare parents!! Kawaskai is a uncommon disease and it checks all the same boxes as MIS-C, why are you not just coming out and saying that these symptoms are related to a known but uncommon disease?!?! I am thankful Jake did ask this question further in the video, however the answers he received seemed to be...you are only studying the cases because they are linked to COVID so you are charting them as a new disease (MIS-C) to make it sound like it's a new disease that children are exposed to due to covid. THAT'S JUST A SCARE TACTIC!

Also...you guys still refuse to talk about natural immunity, why? The CDC itself finally came out with a study showing NATURAL IMMUNITY is just as strong, if not better, than a vaccine because it doesn't wane as quickly! All those "unvaccinated" in the hospital now...it was mostly a onetime visit and now they have a great immunity and will be fine for the future! Why are you not saying these things?? I had covid in feb 2020, ya it sucked but I am decently healthy, prayed and took extra vitamins. I then tested positive in November of 2021 and had nothing but sinus pressure and headaches (from the pressure). The only reason I test was because my husband had covid-with flu like symptoms- and our kids were out of school so we had to test before they could go back. My kids were sick for a couple days while we were all at home because we didn't hide my husband away in a room away from us. My kids have been exposed to it, they were down for about 48 hrs in the beginning of the 3 WEEKS they had to be out of school!!!

The other issue I see, is you are allowing for exemptions, which is great but seems unnecessary. You are going to allow for 5 reasons that seem to cover any and all reason someone would not get the vaccine for their child. If you are allowing people to file for an exemption for any reason....why make them required to begin with?

Are you hoping parents wont jump thru the hoops and just give their kid the shot?

Is it because then BOH can then track those kids/families that choose to be unvaccinated since we will HAVE TO file for an exemption?

I think you misunderstand the level of trust the health care system, and those in charge

of it, have lost with the general public in the past two years. I hope this is not passed and will not be added to the required vaccines...this is not a vaccine that prevents infections or transmission! The thing that kept coming up and being said by your TAG people about data and studies "we have little data at this time to sufficiently answer that question" "we don't have current studies" and "these numbers aren't definite, just inferred" why are we even talking about making this becoming a requirement when THERE ISNT ENOUGH DATA TO HAVE A TRUE LOOK AT OUTCOMES AND SIDE EFFECTS and it is ONLY EUA right now!

Krystal Wilford

I strongly oppose this being added to the WAC currently in place

From: J Durant
Sent: 2/10/2022 9:33:42 AM
To: DOH WSBOH
Cc:
Subject: Comments For Immunizations TAG Meeting! Please Read.....

External Email

Hello.

I find it odd you are not allowing comments on your meeting this morning.

I would like to voice my opinion and inform that I and a large majority do not support the motion to add the covid vaccines to the requirements for children to attend school.

Reason being is that as you are very well aware of, the ones being administered in the U.S are still Emergency Use Only.

The approved ones with exact formula, Spikevax and Comirnaty are not administered in The U.S.

Given the fact that the information from the trials is still disclosed and being held up in the courts

We have no idea of the long term effects this will have on our children's developing bodies.

As you are also aware of, they are the least affected by this virus that has a 99% survival rate in those under 70+

Given that information, this seems like a play to continue the immunity shield off these vaccine companies under the national childhood vaccine injury act.

I should also mention that Johnson and Johnson have quietly halted production of their vaccines and have given no clear explanation.

Finally, the reports on the VAERS and now DMED have some very disturbing accounts of injuries and adverse side effects caused by these EUO vaccines that should be reviewed.

So therefore, I ask that you take this information into consideration before voting today.

Please think about the health of our children who have dealt with enough during the last two years.

Thank you for reading.

Jon Glaser

From: Sarah Abraham
Sent: 2/15/2022 9:29:16 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am a parent to a 9 year old child. As a parent I am very concerned that our state is trying to COVID vaccine on the recommended childhood and adolescent schedule. This vaccine does not stop the transmission or stop any individual from contracting it. That alone should be a red flag. The flu shot for has never been mandated nor the the seasonal flu shot ever been recommended as a part of the immunization schedule for children. There has been plenty of bad side affects for children and adults that make this recommendation very concerning. I fear that if this gets added into the immunization schedule is that would stop many parents from getting any the of vaccine due to not wanting their children to get the Covid vaccine. Please dont allow this to happen. Every parent should have the right to speak for their child's best interest. Please think about future generations and do not allow this to be included on the immunization schedule.

Sarah Abraham

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 6:59:30 AM
To: DOH WSBOH
Cc:
Subject: FW: Please Hear Me Out

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:11 PM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful,

ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: Alisa Carlson
Sent: 2/10/2022 2:03:18 PM
To: DOH WSBOH
Cc:
Subject: Comment

External Email

Why are you continue to call it a disease? It's not a disease it's a virus. The vaccine doesn't stop prevent the spread of Covid. Causing harm to children with a vaccine is very dangerous. Parents can make their own choice for their children not the government. Why do you continue to tell people you have to be vaccinated to go to Mexico?? You do not need a vaccine to go to Mexico or return to the US. 55,000 children have already been pulled from the schools if you implement this to schools that number will more than triple. Thank you Alisa Carlson

Sent from my iPhone

From: Lubov Chuyashov
Sent: 2/9/2022 7:06:26 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lonne BENTLEY
Sent: 2/10/2022 4:15:31 AM
To: DOH WSBOH
Cc:
Subject: No Covid bio weapon shots

External Email

Sent from my iPhone

What is wrong with u uneducated moron commies going after children with so called vaccine bio weapon, we will remember anyone who goes after children, wake up u libtards

From: Amy Koehnen
Sent: 2/11/2022 12:52:03 PM
To: DOH WSBOH
Cc:
Subject: Vote No

External Email

Please vote no for the Covid-19 vaccination for school children. This is not an effective Theraputic. It is not a vaccination that is effective against Covid 19.

Amy Koehnen
Carnation WA resident

Get Outlook for iOS

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From: Linda Wedin
Sent: 2/9/2022 9:39:46 PM
To: DOH WSBOH
Cc:
Subject: Please ensure that concerns will be addressed (especially those with immense liability due to "loss of life or loss of quality of life")

External Email

February 9, 2022

Dear Washington State Board of Health Technical Advisory Member(s),

If I was the Project Manager of a project of this magnitude, I would want to ensure that concerns have been addressed (especially those with immense liability due to "loss of life or loss of quality of life").

I have reviewed the February 10, 2022 State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine and I do not see where "concerns" are being discussed. The only topics provided with a detailed description are:

Item 5, Criteria 5 (Dr Erick Lofgren, Washington State University) The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Item 5, Criteria 6 (Dr. Stephen Lim, Institute for Health Metrics & Evaluation, University of Washington) Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

It has been my experience (as a Project Manager of numerous successful projects), that it was best to always review and handle concerns. If the following items are not presented by Dr Erick Lofgren and/or Dr. Stephen Lim, then hopefully you will address them in the "continued review" or the "group discussion" sections of the meeting:

* The only group you are currently reviewing is K-12, correct?
*

*

Where is the data justifying inoculation

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with the COVID-19 vaccines for children? (Assumption: Data will be presented, as

opposed to opinion).

*

* If the following statement is true, how do you justify mandating the vaccine?

Risk: There is an emerging discussion that with approximately 570 Covid injection deaths registered in VAERS in children, and the CDC reporting approximately 350 deaths in children since the inception of the emergency (Feb/March 2020), then the vaccine is killing more children than the virus/disease itself (Steve Kirsh, personal communication, September 2nd 2021).

Full article: <https://brownstone.org/articles/dear-pfizer-leave-the-children-alone/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fdear-pfizer-leave-the-children-alone%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2c5c5cb20a6f442225a408d9ec576cab%7C11d>

* Address the Adverse Events that have been reported through the VAERS, UK and Israeli systems for the K-12 age group. Especially when measured against COVID deaths and virus-related injury in this age group (and if the mandate would extend to children under 5, then that age group should be looked at as well).

*

* Are you making exceptions for those who now have Natural Immunity? If not, why not?

THAT NATURALLY IMMUNE PERSONS RECOVERED FROM SARS-CoV-2 SHALL NOT [should not] BE SUBJECT TO ANY RESTRICTIONS OR VACCINE MANDATES (view supporting evidence

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)

Physicians Declaration – Updated Global Covid Summit (as of 1/18/2022 over 17,000 doctors and scientists have signed the declaration).

*

* What data do you have that these inoculations are safe for children?

*

* What data do you have to refute the information presented by others "THAT

HEALTHY CHILDREN SHALL NOT [should not] BE SUBJECT TO FORCED VACCINATION

(view supporting evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org%2F%2Fchildren&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2c5c5cb20a6f442225a408d9ec>
)”?

Physicians Declaration – Updated Global Covid Summit (as of 1/18/2022 over 17,000 doctors and scientists have signed the declaration).

In addition, as a Project Manager, I would want to know if the Board Members are protected by Surety Bonds (or something of that nature). This becomes most relevant if concerns are not addressed, and the findings from those who say “do not vaccinate the children” prove to be the Science we should be listening to. I would also want to know if the members are responsible for any deductible amounts.

Surety bonds protect WE THE PEOPLE from fraud and malpractice. When a bondholder breaks a bond’s terms, the harmed party can make a claim on the bond to recover losses.

Link for more data:

<https://bondsforthewin.com/#>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbondsforthewin.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2c5c5cb20a6f442225a408d9ec>

Sincerely,

Linda Wedin

From: ashley kinney
Sent: 2/10/2022 7:22:12 AM
To: DOH WSBOH
Cc:
Subject: No COVID Shots for kids

External Email

Good Morning-

I am emailing You in regards yo no COVID "vaccine" for kids to attend school! The mandate is disgusting that it would even cross your mind! I'd you are really into "following the science" you will see that the survival rate for everyone is higher then the death rate and for kids that rate is even higher! It is absolutely unacceptable to inject our healthy children with a poison that doesn't even stop a disease that has a 99% survival rate! The vaccine adverse reactions are far higher than the non existent efficacy of this shot! STOP this absolutely backwards way of thinking! NO COVID shot for kids!! Make it a parents choice!

Ashley Maravilla

From: Testify Online Survey
Sent: 2/10/2022 11:15:32 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

Cov-19 vaccine in public school

3.

Your Name:

Michael Nunn

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

9011 149th St NW

7.

Email:

m.nunn75@gmail.com

8.

Phone Number (Include Area Code):

253-457-3015

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Proposal to include COV-19 vaccine in schools

11.

Are you Pro or Con on the proposal?

2. Con

Higher chance of vaccine injury than injury from Covid in children.

From: Haag, Hannah R (SBOH)
Sent: 2/9/2022 10:47:13 AM
To: DOH WSBOH
Cc:
Subject: FW: No thanks

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

From: Becca Naro <narobecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:45 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Fwd: No thanks

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:49 PM
Subject: No thanks
To: <hannah.haag@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots. I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level). Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school. Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense. There isn't a Covid pandemic. There is a people with power pulling pandemic. Horrible people that do not respect the constitution. As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: Lenzi Malloy
Sent: 2/9/2022 10:19:44 AM
To: DOH WSBOH,DOH-PIO (DOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: 30727503-0436-4B66-AACB-EE7BD3D9E69E

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am against any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Meghan Jones
Sent: 2/9/2022 1:16:57 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

NO MORE MASKS ON OUR CHILDREN.
NO COVID VACCINES FOR CHILDREN.

Sent from my iPhone

From: Emily Hansen
Sent: 2/10/2022 12:02:40 AM
To: DOH WSBOH
Cc:
Subject: Proposed "Covid 19 Vaccines"

External Email

To Whom it May Concern:

Why are you as a board still considering this so called "vaccine" for children, let alone anyone? The community has already spoken out about this issue. Thousands of people signed up to speak, submitted written testimonies, and emailed their disdain for you even considering adding this "vaccine" to the required shots for public school. Stop the nonsense. Children have NEVER been at risk of the virus, so there has never been, nor ever will be a reason to inject children with this experimental medical treatment that doesn't even fit the definition of a "vaccine."

Why is this "vaccine" being pushed so hard? Why is natural immunity being ignored for the first time ever? When have we EVER been asked to take medical treatments for someone else? Why are we the people being pushed, coerced, enticed, and forced to take this experimental medical treatment to keep our jobs and such?

None of it makes sense, what happened to your common sense? I am around hundreds and hundreds of unmasked and unvaxxed people EVERYDAY with NO deaths or illnesses. Someone is lying and you pushing this shot SO hard just pushes us to ignore any of your medical advice, you are untrustworthy. Prove me wrong!!!

Stop the lunacy,

Emily M. Hansen

From: Teresa Vermaat
Sent: 2/11/2022 9:38:40 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

To whom it may concern:

As a parent with one child in school and another who will be starting school next year, I am extremely disappointed to see this rush to make the Covid 19 vaccine a requirement right now. I believe in science and my children are 100% vaccinated with all required vaccines at the moment. However, I have no desire for my children to receive the Covid 19 vaccine at this time. At this time, I do not feel confident and comfortable with the effectiveness of this vaccine or its safety. If this is passed and the vaccine is required, not only will my children be homeschooled, but a large number of other parents will be homeschooling. School funding thrives on our children being in the seats. This requirement being pushed will not help anyone. With more time more parents will be comfortable having their child vaccinated but at this time that is not the case.

There is clearly a large outcry saying parents do not agree with this, yet you ignore all our concerns and follow your own agenda. It is time to stop and listen to our concerns!

Teresa Vermaat

From: Spokane Regional Health District
Sent: 2/10/2022 10:32:24 PM
To: DOH WSBOH
Cc:
Subject: Inland COVID-19 Response - Thursday, February 10

External Email

Teen Mental Health Summit - Feb. 26

[View this email in your browser](#)

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Thursday, February 10 | COVID-19 Recovery Updates

<<https://dim.mcusercontent.com/cs/fc782ce2ead2036a351c11e73/images/73a459fb-3261-9bce-da17-46563d6287b4.jpg?w=564&dpr=2>>

<<https://dim.mcusercontent.com/cs/fc782ce2ead2036a351c11e73/images/621b3eba-89a8-c26d-da35-a8e995380e99.jpg?w=331&dpr=2>>

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Spokane County Data

Thursday, February 10

Cases
116,808

New Cases Today

Initiating Vaccination
321,783

Currently Hospitalized
196

Hospitalizations
4,761

Fully Vaccinated
291,513

Vaccine Doses Given
714,908

[View Dashboard](#)

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Facebook Live

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D65855e97e3%26e%3Dc

Wed., Feb. 9

Dr. Velazquez and Melissa McDaniel, manager of SRHD's Healthy Family program, discuss healthcare screenings.

[Learn More](#)

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Spokane County

Thurs., Feb. 10

The WA DOH data above shows a snapshot of the 7-day case rate and percentage hospital occupancy for Spokane County.

Learn More

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News and Information

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Community COVID-19 Testing Site at SFCC Expands Operations to 7 Days a Week

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D43156c1b6c%26e%3Dc3>

The Community COVID-19 Testing Site at Spokane Falls Community College (SFCC), operated by Discovery Health MD with support from Spokane Regional Health District (SRHD), is expanding operations to seven days a week starting this Saturday.

The drive-up testing site, located at 3410 W. Whistalks Way in Spokane, will be open each day from 8:30 a.m.- 6 p.m. to conduct PCR (lab-based) testing.

Read more

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d519-c6f7-7aec-3c935f66a7f4.jpeg?w=564&dpr=2>

When is a COVID-19 Test Right for You?

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These are the times you should get tested, to help keep you and your community safe:

- * When you feel sick.
- * When you have recovered from feeling sick.
- * When you've been exposed to someone who tested positive for COVID-19.
- * When you're headed out on the town.
- * When you're traveling.
- * When you need extra peace of mind.

Read more

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Coronavirus (COVID-19) Update: FDA Takes Key Action by Approving Second COVID-19 Vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D3cfc043ae7%26e%3Dc3>

Today, the U.S. Food and Drug Administration approved a second COVID-19 vaccine. The vaccine has been known as the Moderna COVID-19 Vaccine; the approved vaccine will be marketed as Spikevax for the prevention of COVID-19 in individuals 18 years of age and older.

Read more

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Youth Mental Health Reports and Publications

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Before the COVID-19 pandemic hit, mental health challenges were already the leading cause of disability and poor health outcomes in our nation's young people. COVID-19 compounded these challenges.

The pandemic confronted children, adolescents, and young adults with unprecedented challenges and trauma, disrupting major elements of their daily lives. Since the pandemic began, symptoms of anxiety, depression, and other mental health concerns have increased

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exit disclaimer icon among young people. And, tragically, it is estimated that more than 140,000 children

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exit disclaimer icon in the U.S. had lost a parent or grandparent caregiver to COVID-19 as of June 2021.

Read more

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Resources

COVID-19 Vaccine

WA State Vaccine Locator

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsrhd.us11.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfc782ce2ead2036a351c11e73%26id%3D6bb038adf1%26e%3Dc3>

SRHD Vaccination Information

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Vaccine Toolkit for Businesses

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How to Address Vaccine Hesitancy

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How to Talk with Family Members about Vaccines

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Health

When to see a doctor

Spokane Regional Health District COVID-19 Exposure Diagnosis

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Provider/Insurance Information

Spokane Regional Health District Medical Insurance Information

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Mental Health Information

Frontier Behavioral Health

COVID-19 Resources and Support

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Frontier Crisis Line: Call 24/7, 509.838.4428

Inland Northwest Behavioral Health
Call or walk in: 509.992.1888

Community

The Fig Tree Community Resources

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Spokane Regional Health District COVID-19 Resources

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Businesses

Local

Inland Biz Strong

Visit our web site and fill out an online survey for your business.

[InlandBizStrong.org](https://www.inlandbizstrong.org)

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City of Spokane

COVID-19 Small Business Resources

Financial Helpline: 509.625.6650

Monday - Friday, 8:00 a.m. - 5:00 p.m.

[my.spokanecity.org](https://www.spokanecity.org)

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State

Small Business Resources

[business.wa.gov](https://www.business.wa.gov)

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Governor Inslee's Office

COVID-19 Reopening Guidance for Businesses and Workers

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[coronavirus.wa.gov](https://www.coronavirus.wa.gov)

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<mailto:communications_web@srhd.org>

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This week in The BMJ

11 February 2022

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Give Africa what Africa really wants

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* Pfizer says it wants to help Africa. With BioNTech, its partner in mRNA vaccines, Pfizer is offering to ship millions of doses of covid-19 vaccine to Africa for final production and distribution. Africa's need is great. Vaccination rates are barely 15%,... Kamran Abbasi

*

Health leaders question absence of workforce strategy in NHS elective care recovery plan

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2ShP5>

* The government has promised to build more surgical and community diagnostic hubs in England and to give patients greater control over their healthcare provider as part of its long awaited recovery plan for elective care to reduce the NHS backlog and... Elisabeth Mahase

*

Covid-19: Vulnerable adult must be vaccinated against parents' wishes, judge rules

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SiwXO>

* The High Court has ruled that a highly vulnerable young adult who lacks the capacity to make his own decisions must be vaccinated against SARS-CoV-2, despite his parents' fears that the vaccine could seriously harm or even kill him. Clare Dyer

*

Seven days in medicine: 2-8 February 2022

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Sixty seconds on . . . food on prescription

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* This is not a restaurant. We're talking about the proposal in the "levelling up" white paper for general practices to pilot prescribing healthy food to tackle health inequalities and the widening gap in healthy life expectancy around the UK. Zosia Kmietowicz

*

"Levelling up" plan needs more funding and a focus on health inequalities, say experts

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SkEC>

* The UK government's strategy for closing the gap between rich and poor parts of England will need additional funding and a greater focus on health inequalities to succeed, experts have warned. Gareth Iacobucci

*

Covid-19: UK approves Novavax's protein based vaccine
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SImu>

* The UK's regulator has approved Novavax's covid-19 vaccine that uses an established technology and so may prove attractive to people who are reluctant to be vaccinated. Jacqui Wise

*

Racism in medicine: Employers and government must act now, says BMA
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2Sm4r>

* The NHS has "unacceptable levels of racism" that "cannot be ignored," the BMA's chair of council has said about the findings of a survey into doctors' experiences. Jacqui Wise

*

What's behind the government's plan for hospitals to employ more GPs?
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SmM>

* England's health secretary reportedly wants to incentivise more GPs to be directly employed by hospitals. Matthew Limb investigates why Matthew Limb

*

Specialist surgical mesh centres are not working, MPs are told
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SvYK>

* The network of specialist mesh removal centres, recommended by the Cumberlege review, are "not working," with GPs often unaware of them, MPs have been told. Jacqui Wise

*

A winter Olympics amid "zero covid"
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SwGD>

* Healthcare workers for the 2022 Winter Olympic Games attend the women's 3000 m speed skating race at China's National Speed Skating Oval on 5 February. Mun-Keat Looi

*

Mental health services are failing the criminal justice system
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2Sxow>

* A national review is urgently needed to reverse the decline Charlie Brooker,
Jeremy Coid

*

HIV and covid-19 in South Africa
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2Sy6p>

* The two pandemics must be confronted collectively and globally Joseph Freer,
Vanessa Mudaly

*

What do we know about covid vaccines and preventing transmission?
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2SyOh>

* Vaccines that work against SARS-CoV-2 have helped change the course of the
pandemic by reducing illness and hospital admissions. But Chris Stokel-Walker asks what
we know about their impact on preventing transmission. Chris Stokel-Walker

*

Covid-19: WHO efforts to bring vaccine manufacturing to Africa are undermined
by the drug industry, documents show
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2Szwa>

* The World Health Organization aims to help African companies make covid
vaccines. Why did BioNTech's representative tell governments that the project was
doomed? Madlen Davies reports Madlen Davies

*

Helen Salisbury: Levelling up—or punching down?
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2SAe3>

* Last week the government outlined its “levelling up” agenda, a set of proposals
intended to improve the lives of the most disadvantaged people in our society. The BMA
is sceptical about the impact this will make, especially given the very modest

investment... Helen Salisbury

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RESEARCH

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App based education programme to reduce salt intake (AppSalt) in schoolchildren and their families in China: parallel, cluster randomised controlled trial

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2STkU>

* Feng J He, Puhong Zhang et al

*

The prevalence of loneliness across 113 countries: systematic review and meta-analysis

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SU2N>

* Daniel L Surkalim, Mengyun Luo et al

*

We need a public health approach to loneliness

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SUKG>

* Roger O'Sullivan, Gerry Leavey et al

*

Risk of persistent and new clinical sequelae among adults aged 65 years and older during the post-acute phase of SARS-CoV-2 infection: retrospective cohort study

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2SVsz6>

* Ken Cohen, Sheng Ren et al

COMMENT

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Partha Kar: We need leaders who represent the NHS workforce
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2SWar>

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Using condition specific patient reported outcome measures for long covid
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The primary care backlog is a ticking time bomb
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David Oliver: Central diktats won't help more patients leave local hospitals
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Sarcopenia: early prevention or overdiagnosis?
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How can we help asylum seekers get better healthcare?

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Healthcare for asylum seekers: recognise suffering and improve responses

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Healthcare for asylum seekers: advocating for people in Immigration Removal Centres

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Fetal alcohol spectrum disorder: following Australia's example

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Belfast—a personal journey

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Obituary: David Samuel Filer
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Obituary: Oscar William Hill
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Obituary: Abu Khaled Muhammed Akramul Haq
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Obituary: Sajidah Asmat Hussain
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Obituary: James Robert Murray
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Obituary: Kenneth Francis Robinson
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Obituary: Paul Bekkering; GP and co-founder of one of the first abortion clinics in the Netherlands
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EDUCATION

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Tom Nolan's research reviews—10 February 2022
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2T9Ce>

* I've become so familiar with the line "I know it's not covid because my lateral flow was negative," that it can come as a shock when you hear that someone has done a PCR test for a cough. So the findings of an online survey exploring how people interpret...

*

What support do young people affected by adverse childhood experiences need?
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2F%2F1s2Tak7L>

* Adverse childhood experiences include physical or sexual abuse, neglect, and living in a household with domestic violence or substance misuse. A key public health priority is to reduce the longlasting and negative impact of these experiences on someone's...

*

Advising patients with existing conditions about fasting during Ramadan
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2Tb20p>

* Managing chronic conditions during the Islamic month of Ramadan can be challenging, especially as many patients may prioritise fasting over health concerns. For example, one epidemiological study of 13 countries with large Muslim populations in Asia,...

*

Self-testing kit for sexually transmitted infections increases diagnoses while reducing costs
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2TbJTc>

* Gonorrhoea and chlamydia are the most common bacterial sexually transmitted infections (STIs) in the UK and worldwide.

*

Pruritus ani in a school age boy
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2TcrLZ>

* A school age boy presented to the emergency department with a five day history of worsening pruritis ani. Itching was the only symptom, but it was severe enough to affect his quality of life and disrupt sleep. He had no diarrhoea, faecal soiling, perianal...

*

A cherry red neck lesion after renal cell carcinoma
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2Td9E>

* This is a cutaneous metastasis on the neck of a woman in her 70s () after renal cell carcinoma. She presented with a three month history of a gradually enlarging purple-red papule on her neck.

*

Time trends in myopia . . . and other stories
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2TdRx>

* Data from 110,000 people who underwent ophthalmological examination as part of the UK Biobank study showed steep time trends in myopia. Prevalence increased from 20.0% in the oldest birth cohort (born 1939-1944) to 29.2% in the youngest cohort (born...

CAREERS

*

Should I send my colleague a Valentine's Day card?
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Femails.bmj.com%2Fc%2F1s2Tezql>

* While almost a fifth of people meet their significant other at work, Ingrid Torjesen finds out if it's acceptable to send a Valentine's card to a colleague Ingrid Torjesen

Jobs for you from BMJ Careers
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Torquay, Devon

Chief Medical Officer
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Peterborough, Cambridgeshire

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From: Candace Hulse

Sent: 2/10/2022 2:24:24 PM

To: eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: No required Shot

External Email

As I have been observing this meeting. Most of you have said you want more information!!! More Data!! Then you cannot and should not not consciencely. It's for recommending a vaccine for school children!!

Thank you

Candy Hulse

425-417-4219

Sent from my iPhone

> On Feb 9, 2022, at 11:02 PM, Candace Hulse <CandaceHulse@johnlscott.com> wrote:

>

> I am writing you to encourage you to not in-force a required Covid shot for school age children. I and thousands of others will not allow our children to participate in government public schools of required. The "vaccine" is unproven in small children and they have very little or no Covid sickness. You know this! Please do not approve a required COvid 19 shot. The new variants are weak and getting weaker sickness wise, and do not pose a threat to hardly any child.

>

> Thank you

> Candy Hulse

From: Ann Marchel
Sent: 2/10/2022 8:41:03 PM
To: DOH WSBOH
Cc:
Subject: Required covid vaccine is wrong for children

External Email

The government is going too far in trying to require the Covid vaccine for children. This vaccine does not work. Many people who have been vaxed, and boosted still contract a Covid-19 variance. Parents know what they want for their children and need to make the choice for their child. Big Government needs to STOP trying to interfere and push their agenda. This vaccine has not been fully approved and it has not been fully monitored for long term affects. Children's bodies, because of how they develop and their brains are not considered fully grown until age 21. It would absolutely be devastating to harm these undeveloped children. Are you willing to take on that possible risk? Back off and let parents make the choice.

Thanks,
Ann Marchel

Sent from my iPhone

From: Debbie Ezell
Sent: 2/11/2022 6:01:17 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

If COVID vaccine becomes required for children to attend school you can be guaranteed my child (as well as many others we know) will be pulled from public school. Nothing more need be said.

Sent from my iPhone

From: JL Olsen
Sent: 2/9/2022 9:29:13 AM
To: DOH WSBOH
Cc:
Subject: Considerations for tomorrow's meeting

External Email

1. The majority of citizens, regardless of political affiliation, want FREEDOM. Vaccine mandates, mask mandates, vaccine "passports"... are the OPPOSITE of freedom.
2. The majority's "patience is wearing thin"... parents do not appreciate government overreach when it comes to decisions regarding our children's health and well being.
3. A majority of parents will stop at nothing to protect their children. Whether one believes in vaccines or not is irrelevant... being forced to vaccinate a child and then experiencing adverse consequences could turn very ugly, very quickly. I prefer peace, and absolutely have grave concerns of the possible consequences that could result from such situations (each of you should consider these possibilities, as well... we all live here!)
4. These shots do not prevent infection or the spread of infection AND have shown serious adverse effects. Covid does not cause serious harm to children. How do mask mandates and "vaccine" mandates make any sense to any of you?

From: Chelsey Richardson
Sent: 2/10/2022 12:07:35 PM
To: DOH WSBOH
Cc:
Subject: Public Comment TAG Vaccine

External Email

As a parent and medical provider I support a families decision to chose what vaccines are best for their children. As I listen to your TAG meeting, I am hearing a lot about case rates, and hearing a lot about inferences in transmission from adults yet I do not hear sound scientific information for transmission in children.

What parents actually care about is morbidity and mortality. Risk versus benefits. Many children as evidence by the grafts have already experienced covid thus have natural immunity. There are no long term safety data studies on this vaccine in children, therefore recommending it as a requirement for school attendance is both premature, and quite dangerous and we do however understand the very very very small dangers the disease presents to children.

Please do what is right and recommend this as optional not required.

Dr. Chelsey Richardson

Sent from my iPhone

From: B J Miller
Sent: 2/11/2022 6:33:27 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: April Yancey
Sent: 2/10/2022 3:04:37 PM
To: DOH WSBOH
Cc:
Subject: TAG comments

External Email

I listened in on the TAG meeting today and was quite disappointed, especially in the votes on criteria 5 and 6.

For Criteria 5 - the vaccine does NOT prevent the disease. I am not sure why all voted in favor of meeting this criteria when there is proof that vaccinated people are getting COVID, therefore the vaccine is not preventing it.

For Criteria 6 - the vaccine does NOT reduce the risk of transmission. Again vaccinated people are getting COVID and any other variant that is created.

In order to meet Criteria 5 and 6 it would mean that No vaccinated person will get or give Covid to others. There is strong proof that this is not true - many unvaccinated have received it from the vaccinated.

Other comments I have:

There wasn't much talk about mortality and morbidity counts from people already vaccinated, what do those numbers really look like?

All side effects from the vaccines should be listed and counted which they are not presented.

The vaccine does not reduce Covid.

The counts are wrong. Not all people are being counted to come up with vaccinated versus unvaccinated stats and how Covid affects them. I know because there has not been a survey sent to all families to ask these questions. My family hasn't ever received any information to be included in any counts.

There is no guarantee the vaccine works on new variants so it should not be required for schools. This is not different than the flu and that vaccine is not required.

There were no reports about kids getting Covid and not vaccinated and were not hospitalized and recover just fine.

Hospitals are keeping people whether they feel sick or not if test positive for Covid even when that was not the reason they went. This is why hospital numbers are high. Not because everyone is truly in their because of Covid itself.

Regarding the Covid death counts, were they really from Covid or for other reasons but because they tested positive they were tossed in the COVID bucket. If so, this is not an accurate depiction that Covid is killing people.

Finally, when the public has the ability to listen I think written interpretation or someone needs to restate the question in English when a question is spoken in a foreign language. It would have been nice to know what the person was asking or stating.

April Yancey

From: Mike Schaeffer
Sent: 2/9/2022 12:43:38 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear board,

There is no reason to require students to have the Covid vaccine to attend school. They are at such a low risk not to mention the vaccine doesn't stop it anyway. Why continue to inject ourselves with something that's not doing much of anything anyway? If someone wants to get the vaccine that's fine and their choice. We do not need to make it a requirement for school or jobs or what not. There's a reason it was voted down by the Supreme Court for large businesses and it shouldn't be forced for our kids and students as well.

Thank you for your time,

Mike Schaeffer

From: shayperrytattoos@gmail.com
Sent: 2/11/2022 9:28:19 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

This is a message regarding vaccination in schools. This is not a pandemic where people are dying in the streets. The deaths are coming from the medications that are being given to people with covid as well as severe underlying issues . There will be a major set back for public schooling if this is mandated. I know that I will be pulling my child out if it goes through. This is a serious matter!

Sent from my iPhone

□□□□ (<https://forms.office.com/Pages/ResponsePage.aspx?id=F-LQE4mCkCLoFfcwSfXLT2Pur8KuHhPqr4pnyqk7IxUQklaTUhYTVBXNUdJOTQ3TFpQRlpCOUdCRC4u>)

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)

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)

And I would try to translate it for you:

1/21 In the evil state of Washington, last week, the Board of Health failed to include "Use law enforcement to detain the unvaccinated" and "vaccination mandate in school" in their agenda. But they would not accept their failure. They know there are all kinds of left-wing White, Black, Yellow, Spanish here, so they put out an online survey, in an effort to support their "adding COVID-19 vaccine as a requirement for school entry" proposal.

NO MATTER WHERE YOU ARE, I want you to help me fill this out which can be done in just 1 minute. Your small effort will help me bring debacle to these evil fake health officials' attempt to harm my children. Join us, let your voice be your weapon.

As far as the first question is concerned, just use "Washington School District".

Obviously, he is encouraging 12k people, many of whom are not even living in the US, let alone WA state residents, to flood the survey with faked WA residents data, which obviously pose a serious threat to the public health of the community and commit a crime. In the screenshot, you can also see he is openly asking people (including non-US citizens) to submit the survey more than once and in vulgar languages.

In particular, his agitation scheme to sway health official opinions could result in tremendous health risk consequences to the millions of children in Washington state.

Please ask the appropriate department to step in, investigate and defeat this egregious cyber attack! At the minimum, denounce such fraud in your next public meeting with this evidence.

Thanks to you for keeping the Washington state communities and children healthy!

Jennifer

From: BRENDAN CURRAN
Sent: 2/15/2022 9:41:21 AM
To: lilia Benavides,Ramsey Ramerman,Tyler Litzenberger
Subject: Our children Our future

External Email

As parents we are simply done.

We are done with the "rules for thee, but not for me" attitude on full display at the Super Bowl. The people making the rules are not following the rules. Why? My guess is they know the rules are not about preventing illness.

We are done watching our children languish and suffer because adults are unwilling to take responsibility for their own health. Two years into this, we now have the tools for everyone to protect themselves in whatever way they deem necessary. It doesn't matter what anyone else does.

We are done watching our children be used as a bargaining chip. Your job is to PROTECT our children who are our future. Instead you MONETIZE them for school funding. The WEA is shamelessly using them to push for a raise.

Masks need to be removed immediately.

And further, requiring the Covid vaccine to attend school is absurd. You can skew statistics to make any point you want as we saw in the recent TAG meeting. You can pretend to directly compare it to other vaccines on the schedule when a simple search will tell you that you are comparing apples to oranges. And you can fool a lot of people with this intentional manipulation. What you can't do is skew the long term data because there is NONE. There are cleverly carefully curated graphs to show what the vaccine "likely" does. But there is no information telling us its long term affects on ANY body, let alone a young growing body. Because the information doesn't exist. We already know efficacy with regards to Covid declines fairly quickly. What we don't know is how these vaccines impact every part of our beautifully complex bodies. So what's the plan?

How do you want to be remembered? Please put the children first.

Patricia Curran

From: Carol Rounds
Sent: 2/11/2022 5:11:57 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: barbara schile
Sent: 2/10/2022 7:14:41 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please vote no on mandatory school covid shots

Sent from my Verizon, Samsung Galaxy smartphone

From: Bryan Grey
Sent: 2/10/2022 4:00:28 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines in Schools

External Email

Hello,

You've heard from thousands of parents in Washington state that are vehemently against Covid vaccines being required for children to attend school, but you unanimously voted yes to keep the process going towards implementation. Please listen to the overwhelming amount of people that are speaking out against this and reconsider the vote.

Concerned parent
Bryan Grey

From: Patricia Caldwell
Sent: 2/14/2022 12:04:42 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/15/2022 10:17:24 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Any

2.

Agenda Item or Issue:

School covid vaccine

3.

Your Name:

Tara

4.

Do you have a professional title?

1. Yes

5.

Are you representing an organization?

2. No

6.

Address:

Yakima

7.

Email:

Taramichelle1012@yahoo.com

8.

Phone Number (Include Area Code):

5098237208

9.

Do you have any special expertise relevant to this topic?

1. Yes

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

11.

Are you Pro or Con on the proposal?

2. Con

Vaccines are ineffective, children have known and well documented adverse reactions that far outweighs the risk of covid itself. Leave our child new alone or you will see the mass exodus of enrollment in public schools. Parents have already shown you this time for you to listen or you will essentially ruin the public school system. This is no longer a pandemic there is zero need for this to be mandated. Parents will pull their children, parents will relocate to states who respect our rights to choose what's best for our children

From: Mike and Debbie Billing
Sent: 2/10/2022 6:51:49 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please consider that our children are at a very low risk of mortality from Covid-19. The chance of an adverse reaction is a higher risk. These Covid-19 vaccines have not undergone long-term phase 3 clinical trials and should not be required for any school age child. Myocarditis is a risk reported by the CDC. This is not a mild disease at best. Young people who previously had no comorbidities now cannot exercise for minimally six months and are put on several heart medications. The known outcome for myocarditis is not good. No one should be required or be coerced to get a vaccine that could do this harm and possibly do it long-term. Please bring in other doctors that can give the other side to this story. It is not wise to listen to only one side when it comes to scientific consensus. I urge you all to recommend a NO when it comes to school covid-19 vaccine requirements. Michael Billing

Sent from my iPad

From: Jen Shuck
Sent: 2/10/2022 10:25:54 AM
To: DOH WSBOH
Cc:
Subject: vaccine requirement & masking in schools

External Email

Yesterday, State Superintendent Reykdal urged the Governor and Department of Health to set an end date for masking students in schools. I am writing to add my voice to this request.

Since the pandemic began 2 years ago, our family has not always agreed with the Governor's mandates, but has abided by them and we've taught our 3 school-aged children to do the same as a sign of respect. As it becomes clear that Covid-19 is here to stay in some form, I ask you to do everything in your power to allow our kids to get back to normal. Kids of all ages are suffering emotionally like never before...I know science is showing this, and I have many personal anecdotes that prove this as well. It breaks my heart to see high schoolers in a singing competition (alone on stage) struggling to sing with a mask over their face, to hear of young children unable to see their teacher's facial expressions, to hear teachers comment that they have never seen their students' faces, to hear my 4th grader relate how difficult it was to breathe in PE class on any given day, and to see the child at our elementary book fair struggling to hold his broken mask up over his face while also holding an armful of books! I personally know several kids who have unenrolled from public school because they're having emotional breakdowns over masking and distancing requirements. It is past time to abolish this temporary mask mandate in favor of our kids' mental health.

Additionally, I urge you to oppose a Covid-19 vaccine mandate in our schools. My husband and I have chosen to be vaccinated and I am grateful that we had this choice. But we have not had our children vaccinated and are strongly against being forced to do so. Unlike the "regular" childhood vaccinations, the Covid-19 vaccine does not prevent disease, and was particularly ineffective against Omicron. There is currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school settings and it makes no logical sense to require this vaccine in a population that, in general, experiences mild symptoms and recovers quickly. This choice must remain in the families' hands, as they know their health the best and are able to weigh the risks and make decisions accordingly.

Thank you for your consideration.

Jen Shuck

Snoqualmie, WA

From: Mark Loucks
Sent: 2/10/2022 9:16:22 AM
To: DOH WSBOH
Cc:
Subject: COVID vaccine shots for school students

External Email

Good Morning! It has been brought to my attention that the BOH is going to consider mandatory vaccine shots for school children. Let's be real, we all know this is unconstitutional. You cannot force vaccinate anyone here in the USA. Per the US Constitution, our rights are given to us by GOD, not man. So you don't have the authority to dictate such nonsense.

As we have seen over the past two years, the so-called "vaccines" do not work. All the people around us that are vaccinated are getting Covid and passing it around to each other. These are personal friends, people that I know that are vaccinated that have had Covid 2-3 times EACH.

Most of the world is dropping the vaccine mandates and passports because they serve no purpose. The CDC has stated "on the record" in Congressional hearings, that the vaccinated can get, carry, and transmit the Covid virus. So WHY is the BOH even considering the mandatory vaccination of students, who for the most part, are not affected by Covid. Children ages 0-18 have a 99.998% survival rate if they get Covid. Most are asymptomatic, with or without the so-called 'vaccine'. Worse case scenario, they get mild flu like symptoms.

My three daughters and I got Covid back in September 2020 before Vaccines were available. We had mild flu-like symptoms or were asymptomatic. So we have NATURAL IMMUNITY. My wife caught Covid in December 2021. We slept in the same bed while she was most contagious and I took care of my wife while she had Covid. Guess what, I didn't get Covid again, unlike my vaccinated counterparts. Hmmm.....that should tell you something. No one else in our household got Covid from my wife because we have NATURAL IMMUNITY.

Therefore, we would ask politely that you use common sense and not even consider mandatory vaccinations for students or children of any age in WA State or anywhere in the country. The science and the CDC have clearly stated that it isn't necessary.

The CDC has stated ON THE CONGRESSIONAL RECORD, under oath, that the vaccines do not stop the spread of Covid as vaccinated people can still get, carry, and transmit COVID.

Thank you for your cooperation.

Mark Loucks

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*Mark Loucks is a licensed real estate broker in WA State with eXp Realty in Tacoma

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From: Karen Demaree
Sent: 2/9/2022 10:23:35 AM
To: DOH WSBOH
Cc:
Subject: school immunization requirements

External Email

Dear Washington Board of Health:

I OPPOSE requiring school aged children to have Covid "vaccinations" in order to attend school. Where is the data to indicate our children should get the shots? I see no data to indicate children are at high risk from Covid.

School enrollment is down. Do you wish for it to go down further?

Please VOTE NO.

Sincerely,

Karen Bliss

From: Claudia Ciprut
Sent: 2/10/2022 3:46:58 PM
To: DOH WSBOH
Cc:
Subject: no Vaxx mandate

External Email

To whom it may concern,
As a citizen of Washington, a parent, and educator, and a union family member- I strongly urge you to NOT require vaccinate mandates on children and students for public education. We will not sit and watch Jay Inslee's tyrannical orders of trial vaccines injected in our youth, given the vaccine injuries that are currently documented and being gathered for further action against pharmaceutical companies.
Say NO to vaccine mandates.
Sincerely,
Claudia H.

From: Brent Finnigan
Sent: 2/10/2022 9:24:32 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jessica Walker
Sent: 2/9/2022 5:53:53 PM
To: DOH WSBOH
Cc:
Subject: Vaccine requirement for school age children

External Email

I do not support this idea. I will not force my child to get a vaccine that can potentially hurt him further down the road. Until there are 10 users of data behind a vaccine, I will not force my child to receive a jab for an outdated strain of an evolving flu. Please do not proceed with this detrimental vaccine mandate.

Jessica Walker
Wenatchee WA

From: Gayle Baker
Sent: 2/10/2022 2:20:28 PM
To: DOH WSBOH
Cc:
Subject: Vaccines DO NOT reduce transmission in households

External Email

To TAG and BOH:

Like you, I can cherry pick research. So here's an article of a study that suggests the "vaccine" is NOT effective in reducing transmission within households.

What I can't wrap my mind around is why are most of you so intent on stopping a virus through the use of an unproven, statistically proven to be deadly "vaccine"? Especially the Pfizer vaccines, which are the most deadly statistically than any other. The SARS COVID virus has mutated into nothing more than a common cold which, if allowed, will turn the pandemic into an endemic. Please...back out of this narrative of vaccine only. Therapeutics are proven to work. Ask yourselves why Fauci has blocked the therapeutics and then do your research by following the money. To approve this to be given to our children is insane, diabolical and horrific in its potential ramifications. To wait until more research is available proving there is no LONG TERM danger to children is the much more wise course of action.

<https://www.theguardian.com/world/2021/oct/28/covid-vaccinated-likely-unjabbed-infect-cohabiters-study-suggests>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theguardian.com%2Fworld%2Fvaccinated-likely-unjabbed-infect-cohabiters-study-suggests&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C80f9ec95c012402c62a208d9ece370d2%7C11d0>>

Gayle Baker

From: c.kaiponen
Sent: 2/11/2022 2:03:33 PM
To: DOH WSOH
Cc:
Subject: Covid-19 children vaccine

External Email

Good day,
I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis? Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I recommend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2F00076-9&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C52dde13b303141f9a07c08d9edaa566c%7C11d0e21726>>

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in its entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,
Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Carri Coe
Sent: 2/10/2022 3:16:54 PM
To: DOH WSBOH
Cc:
Subject: Comments

External Email

To Whom it may concern:

I am curious where all of the people who showed information slides today get their data? There was a lot of out dated information that I saw and seems really to be one sided, towards the vaccine it really isn't a bias information and it also has no information on any studies that have also come from the CDC even on natural immunity. I am curious why you would want to subject our kids to these experimental drugs that we have no idea of the outcome of their future by giving them these gene editing shots when you have no studies of the long term effects it will have on them or their futures. To subject our little kids to be experiments to see what the outcomes/results will be is insanity. How can you even live with this? It is crimes against humanity- these shots were not even tested on animals and the ones that were the animals ALL died- where are those studies in your information? Do you not see even the CDC data on their % of recovery rate on if they even get COVID? Do you not have any peer review studies on Covid and the vaccines? Seems there were a lot of "not peer reviewed" information that was provided. I'm curious.

Have you looked at all the side effects from these shots vs the side effects from other vaccines like polo or even MMR? Conspired that information? These shots have had higher side effects and deaths than any others that have been around for years. Please consider looking further for more information- studies coming from other countries and even what the CDC has recently published.

Please I beg you to oppose this, or I can say there will be numerous kids pulled from schools and put into home schooling leaving hundreds of districts with low student count- then some will lose their funding etc. there are going to be some pretty upset parents who will have to leave their jobs to stay home to educate their children.

Thanks,
Carri Coe

Sent from my iPhone

From: Darin Padur
Sent: 2/14/2022 6:32:28 PM
To: DOH WSOH
Cc:
Subject: I will not take the risk



attachments\F2AF76C595014B46_image0.png

External Email

There are more risk of the vaccines than Covid for teens. I will not be risking my child's future wellbeing for these untested vaccines. It also doesn't reduce the spread of the disease.

Darin Padur
dpadur@comcast.net
(253) 335-7917

From: Casie Reimers
Sent: 2/9/2022 1:29:06 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am writing in regards to the potential of a vaccine mandate for schools. I cannot even believe that this is a possibility at this time. In speaking with my experience working in the cardiac field at a local hospital and speaking with my kids' pediatrician, this is absolutely not safe. At work I have dealt with a concerning amount of heart attacks and heart failure being diagnosed in young people. Oddly enough, a large percentage occurred within a few weeks of a covid vaccine. One of them resulting in the need for a transplant. Don't tell me it's coincidental. After 22 years, I know how to spot a coincidence.

When it comes to drugs trials, there is usually extensive research and years of long term studies. I asked 2 different pediatricians if there were any potential for long term issues and both of them responded with 'I really have no clue.'

I promise you, that if a vaccine is required for school, there will be no more public school. I don't know of one person that will allow that stuff to be pumped in their child.

From: Ginger Gustafson
Sent: 2/14/2022 3:57:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I wanted to make mention about the current board review, considering mandating covid 19 vaccine for students in WA state.

Recently you sent out a survey asking the public to place their opinion on this matter, however as a wife of a teacher, I know that this survey was sent directly to teachers first. The teachers were then asked to share with friends if they so choose.

By time many parents went to fill out the survey they survey was closed and had received max limit on comments. My only thought is how many teachers in favor of mandating the vaccine first did the survey using the max limit responses.

I believe this data you have collected would be screwed and should be resubmitted to parents only, in order to get a clear opinion of the public.

Thank you for your time and I hope you would reconsider resending this survey to parents only.

Ginger Gustafson

From: Suzanne

Sent: 2/9/2022 10:01:17 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

External Email

To Whom it May concern,

I would like to know if this is a vote that the community will be able to have a say? I don't see any option for public comment for this meeting like the last one. Please advise.

Thanks

Nicole Bishopp

From: Robin King
Sent: 2/15/2022 1:13:09 AM
To: DOH WSBOH
Cc:
Subject: COVID 19 vaccine requirement

External Email

Advisory Group,

Comments regarding the advisory meeting on 2-14-22 addressing the agenda items #5 & #6:

#5 The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

#6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

There is not likely peer reviewed studies that support either of these statements as more incidences are reported on the CDC VAERS website and other world forums. Children have a 99.98% they survive the COVID 19 per the CDC.

It doesn't reduce transmission. There are no peer reviewed studies that show children are vectors of transmission.

We don't know long term damage the shot may have, but based on what we already see it will not be good for the health of our precious children.

I urge the advisory team, in an abundance of caution, to NOT recommend this fundamentally experimental shot be required for children to attend school.

Sincerely,
Robin King
Puyallup

Sent from my iPhone

From: Amy Koehn
Sent: 2/11/2022 5:54:17 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tera Tagliabue
Sent: 2/14/2022 1:10:11 PM
To: DOH WSBOH
Cc:
Subject: Response to TAG meeting presentations Feb 10

External Email

Dear Board and TAG members,
I attended the meeting on Feb 10th and had some comments to make on a few of the presentations. I hope that the messages, like this and others, that are being sent to the WA State Board of Health are being shared with the TAG members. If not, that is extremely deceptive and ineffective way for the public to have the opportunity to provide public comment on this very important topic. So please share with the TAG members.

From Eric Lofgren's presentation:

- reports and graphs of "cases" and hospitalizations don't differentiate between symptomatic and asymptomatic events.
- a large percent of cases even in the hospital are discovered after a child is admitted for a entirely unrelated reason (illness or injury). This has been happening since the onset of the pandemic and is now finally being noted by government officials. Making this distinction is essential if the numbers are to mean anything.

- Early treatment for covid 19 exists that works to reduce hospitalizations and severity of disease. Vaccination is not the only option. There are also treatments that are not being used in hospitals that are effective. In contrast, some currently accepted treatments/medicines are known to be toxic--example Remdesivir causes kidney failure in 50% of patients and was removed as a possible treatment during Ebola medicine trials due to it causing increased deaths. It is also not particularly effective at treating covid19.

- the current vaccines don't work against Omicron, any help it has is short lived (waned within 3-6 months). Boosters increase the risk of adverse reactions to the vaccines themselves and are also not realistic to require or to get (adult or especially children) ever 3-6 months.

- a recent study found mRNA present in lymph nodes 60 days after injection. Spike protein and nanolipid particles are also found in the blood stream (they do not stay local in the injection site). Once in the blood they can travel anywhere in the body, and cross the blood brain barrier. They accumulate in organs especially in the ovaries, testes, adrenals, and have been found in germinal cells responsible for generating an immune response. The long term consequences of these findings are completely unknown.

- Immune system is effected by these vaccines and it has been noted that there's a reduction in N cells which confer broader immunity than S cells that only target the spike.

- Pfizer's clinical data (and other studies) have shown that there is an elevated risk of illness after COVID infection, but also an elevated risk which is even greater after vaccination.

- Long term risks to children are completely unknown. The clinical trials were only 2 months long and one group was only followed up for 17 days! Short and especially long term impact to the cardiovascular, reproductive and nervous, and immune system health of children is completely unknown.

- Myocarditis (the one documented and discussed adverse risk associated with these

vaccines) is scarring of the heart. Even if most cases have "recovered", the long term outcome is unknown and there is no such thing as "mild" myocarditis (damage to your heart). One slide stated 56-69 cases of myocarditis (associated with vaccination) in males would occur to prevent 2 deaths from covid. Since the long term outcome is unknown and may lead to death that seems a large number, in my opinion.

-The FDA used modeling to evaluate risk in this population. It is known that modeling is very low on the scale of research quality (as compared to a double blind RCT that is the gold standard).

-There is evidence that the vaccines are actually causing increased viral mutations, to evade the vaccines, since vaccination does not stop the spread. Naturally viruses mutate themselves into extinction, but with mass vaccination during a pandemic, it may make the virus more transmissible and more deadly, instead of the reverse.

Bottom line is the vaccines do not prevent infection or transmission, so how can they be justifiably mandated on a population who is minimally at risk for severe outcomes from infection but has real and unknown risks to vaccination?

Response to Presentation by Steve Lim----

-There is no data on this specific population with the current variant, so it is foolish to make assumptions in order to make very important and far reaching decisions. (when you assume you make an ASS out of U and ME, and frankly that's not science). Effectiveness wanes over time (to approximately 50% by 6 months, and less than that with more time); 50% is the minimal threshold allowable by the FDA.

-Boosters increase antibodies in the short term, but also increase risk of severe adverse reactions (myocarditis and other SAE) from vaccination, especially in males. Also continually boosting the immune system leads to immune overactivity and depletion, eventually leading to immune deficiency. Not a good long term solution.

-After vaccination there is:

--evidence of reduced N cells and T8 cells

--evidence of enhanced antibody dependent (ADE) infection

--evidence of original antigenic sin where your immune response if you get infected is in response to the first virus that you saw (the vaccine in this case) not in response to the virus which is currently infecting you (the new variant)

--evidence of increased cancer, autoimmune diseases, cardiovascular and thrombotic events

-Ability to protect against infection is very limited, depends on many variables which are unknown and also constantly changing (example, continually mutating virus). Effectiveness will vary based on which variant is dominant, which variant the vaccine was developed for, etc. Again mandating injecting something whose effectiveness is completely variable based on uncontrollable and constantly changing factors is not prudent, especially considering there are real and unknown risks associated with that injection.

-Durability of immunity after infection versus after vaccination: Dr Lim stated that natural immunity wanes similarly to the best vaccine we have (Moderna), That is false. There are studies showing natural immunity is still high 20 months after infection. We do not have data beyond that , but looking at other viruses you can delineate that natural immunity is longer lasting than vaccine induced immunity. And it is sterilizing to the virus.

-He also states that the combination of natural immunity with addition of vaccine immunity is best, whereas there is evidence that vaccination after natural infection results in increased risk of adverse reactions. Even if there has been shown to be a benefit to vaccination after natural recovery, there is no evidence available that this is true with Omicron, which is less responsive to the current vaccines.

-Basing decisions of mandating a vaccine on children based on computer models is not good science as modeling is a very poor form of research/evidence quality.

--what is an "acceptable level" of adverse reactions (myocarditis and other) after vaccination? Especially considering the level of injury/death to this population from natural infection is still very low despite the increase positive PCR "cases"

-Not providing translation of spanish to english during question period left some audience members (like me) unable to follow the question/answer which could have been informative.

Response to Lora Davis presentation-----

-Vaccinated group" is defined as 2 weeks after second injection. those 2 weeks show increased rates of infection to COVID19 and other illnesses, as well as increased rate of adverse reactions (leading to hospitalization) from vaccination during this 2 week window. These people are categorized as "unvaccinated" for anything that happens to them in this 2 critical 2 week window (even though they have actually already received the injection and therefore are indeed vaccinated). This SEVERELY skews all data and graphs and when people and events are categorized this way the result is completely meaningless in understanding the differences between vaccinated and unvaccinated.

-Also "cases" don't differentiate between a positive PCR test and a symptomatic infection ,much less differentiate between mild, moderate or severe infection. Statistics that show hospitalizations don't differentiate between people hospitalized because they have severe covid, and those who received a positive PCR test after admission to the hospital for a different and unrelated reason (this later number has been shown to be near 50% of hospitalizations in places such as NYC and NJ).

-combine these confounding ways of presenting data and the graphs and numbers are less than representative of reality and therefore not good for basing very critical decisions on.....

Response to Presentation by Chas Debolt-----

-Prevalence of infection or hospitalization data is skewed when vaccinated are not categorized as vaccinated until 2 weeks after their second injection (see above), and are categorized as unvaccinated during that time

--infections and adverse reactions to vaccination are higher during this 2 week period, thus inflating numbers of unvaccinated ands skewing the data we are looking at to make important decisions.....

-Statement "unvaccinated are more likely to transmit virus before symptom onset"

--if vaccinated can infect equally to unvaccinated with equivalent viral load when symptomatic it is possible, even probable, that an asymptomatic but vaccinated person is MORE likely to go to school or work while infected because they have milder to no symptoms; whereas an unvaccinated person would stay home because they felt symptoms.

-Vaccination will not stop transmission in schools if it does not stop it in other congregate settings. There are many more examples of studies where highly vaccinated populations demonstrate high evidence of "breakthrough" infections. Infact, research from a Harvard Center for Population and Development Studies shows "increases in COVID-19 are unrelated to level of vaccination across 68 countries and 2,947 counties in the United States." Research found that "countries with a higher percentage of the population fully vaccinated have higher COVID 19 cases per 1 million people."

In the BOH discussion someone stated that "it seems clear that vaccination reduces person to person transmission" (criteria 6). Have you seen video footage of CDC director explicitly stating "the vaccines do not prevent transmission"?

-Someone also said they were not designed to prevent infection or transmission, but only to reduce severity of symptoms. This is false, They have changed their statements regarding efficacy as the vaccines were shown to no longer be working and to be allowing transmission between people. Or have forgotten the zero covid goal? The goal to vaccinate the whole population and achieve herd immunity? you cannot do this with a vaccine that does not prevent infection or transmission. THAT WAS THEIR GOAL, and it failed.

Changing the name of the game doesn't change the game. These vaccines are more risky for children than the virus is. End of Story

Thank you for considering all of these points as you deliberate on this very important topic,

-Tera Tagliabue

From: Lisa Kromer
Sent: 2/13/2022 2:02:15 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Haag, Hannah R (SBOH)
Sent: 2/9/2022 10:21:23 AM
To: DOH WSBOH
Cc:
Subject: FW:

From: Lenzi Malloy <lenziannamalloy@gmail.com>
Sent: Wednesday, February 9, 2022 10:18 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Joshua Daugherty
Sent: 2/9/2022 9:55:52 AM
To: DOH WSBOH,DOH Information,GOVOutBound,Alan Spicciati,School Communication,Greg Brown,Anne Gayman,mrichardson@auburn.wednet.edu
Cc:
Subject: Re: Revise mask mandates for children schools

External Email

All corrupted individuals,

Still trying to find out when this power grab for mask mandates is going to be lifted for schools.

When will Washington state wake up to the fact that they are useless and have not been needed for over 2 years for school-age children?

We will be removing our children from the schools within the coming month as we will be relocating to another state that doesn't have these tyrannical rules.

Odds are, no one on Washington can/wants to make a decision including the Sec of Health so the forced masking will probably be around every fall/winter forever.

Have a wonderful day/week/month/year of more mandates!

Good riddance. Bye.

Josh Daugherty

On Jan 3, 2022, at 6:11 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com> wrote:

☐
Educators,

DOH is useless and has been since the start of this plandemic. Still trying to control a virus that is still out of control. They hopefully realize this fact.

Now, after the turn of the new year, would like to get updated guidance as to the unconstitutional/forced masking policies that you are trying to enforce. Stop this nonsense. I'll ask the simple question once again to hopefully get some answers.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

Is anyone going to respond to my queries? Now with omicron/xi, the studies are now pointing to the uselessness of cloth masks. WSJ LINK
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcloth-masks-are-useless-when-omicron-xi-is-the-new-normal>

face-mask-omicron-

11640984082&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cff1bef669d3c4835bcd908d9ebf52cd3%7C

One more item to bring back up as you clearly haven't understood it the first time:

"If masks, mandates & lockdowns work, why aren't they working?"

Clearly you all have some deprogramming that needs to be done. Hope for some answers this year...

Currently preparing on moving our family out of state. I hope you finally get the message as more people leave this 'power-hungry' dem-led state.

Happy New Year to more restrictions! Hmm, maybe you should bring schools back to online-only. Still, no plans...

Josh Daugherty

DO NOT COMPLY.

On Dec 13, 2021, at 6:13 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 15, then already Winter/Christmas break,

Still no constructive, healthy dialogue on this question.

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school? (Currently, mask up until we say so...)

As all addressed on this continue to be complicit with 'policy', I propose in 2022, new year, new rules. Masks = Recommended for all, not mandated. I will not comply with your demands. At least begin a phased approach to mirror the restaurant half-assed policy of wearing masks walking around in the restaurant, but then when you sit down, you may take them off. Our children deserve better. Please share your thoughts on this, as you clearly do not have any other ideas. Since the beginning of the school year, you've been shrugging my concerns off or ignoring this altogether. Great job, now I'm starting to adopt some of these ideas, to ignore/disregard any & all communication coming down concerning force masking, vaccinations, etc.

You do not have control over what I do, what I wear, how I live. Our children wear the minimal 'protection' to abide by mandates only to 'not get in trouble'. They can also see that this is all theater and wearing masks for 'show' under the guise of 'keeping everyone safe'. My underlying question all along has been, who is 'dangerous'? Certainly not our children as they have a larger chance of dying from the flu or common cold than covid. Covid is weak when it comes to them. Stop with this nonsense.

If WA DOH were TRULY trying to keep everyone 'safe' against a virus that only negatively impacts a very small portion of the public, they've been doing a BAD job at that. According to the DOH website, and due to the fact that 9,554 individuals have lost their lives to this. A whopping 1.2% of the WA population. A large majority of those are in the at risk age group and those that have had multiple health issues already. You've been failing since the beginning, and every death (including those hidden from view attributed to depression/suicide) is on you.

<PastedGraphic-2.tiff>

What I am finding even more surprising, the fact that you are pressing forward with 5-11 year old vaccinations and I highly doubt that many children in the state are medically 'at-risk' for this emergency use authorization. Shame on you all.

<PastedGraphic-3.tiff>

Additional facts to consider:

- 1) We've had viral illnesses for every single year of human history.
- 2) Covid has ~same fatality rate as a flu.
- 3) We've managed to live like normal humans until 2020.

Why are we still obsessed with covid?

Have a wonderful week and a happy holiday season,

Josh Daugherty

On Dec 7, 2021, at 6:41 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

To whom this may concern,

Is it already week 14? How can this be where the WA DOH only has the plan to see force masking our children until they say so? I believe this will fall on deaf ears as many of you are still complicit with this madness, but I will not comply.

All I'm requesting is to change from 'mandate' to 'recommended'. That would allow parents to make up their own minds as to mask their children or not. I can already expect that when masking eventually ends, common cold & flu cases will go up as masks prevent us from building our immunity to anything.

I will ask again:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Let the children breathe. If parents are still scared for the .000007% chance that their child may be adversely affected by this virus, they can add

masks if they choose. This needs to be a choice. I see that the DOH hasn't updated their page since 29 November 2021 which shows me they still have no plan. Or have you realized that you are probably getting to the end of mass vaccines? The rest of WA will not do what you tell them. Give up. Will not get to 100% vaccinated, but that still isn't the plan, right?

I would like to also point out a quick observation that Ohio Rep Jim Jordan had mentioned recently:

Summary: If masks, mandates & lockdowns work, why aren't they working?

The 'health' community has been wrong at almost every step of the way since the beginning. Their plan seems to be: 'lets try this...what about this...next we should try this...'

Quite the 'science', hmmm. If you don't have a plan, just say it. Still advocating for my previous comment, begin with a phased approach like in restaurants. Our students can remove their masks while seated. What is so wrong about this?

I am still looking forward to our comments & replies with answers. Not more of the political jargon...it doesn't work anymore.

Awaiting solutions & dialogue,

Josh Daugherty

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 30, 2021, at 8:12 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com> <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Surprise! I have received a response from last week's request from the DOH Information email. Still no answers (not a true surprise). I look forward to the weekly, one-way communication with all involved. No one seems to be doing anything to assist in this. I hold all accountable for this non-action.

Please see below for the thread from today preceded by my latest response.:

DOH Information,

This question was asked over a week ago and just now you are getting back to me. Bottom line: My question still isn't answered. You really need to update your sources as that CDC links were updated as of November 2020 & May 2021. That is between 6 months and a year ago!

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

According to the WA DOH, covid doesn't spread in

restaurants while diners have meals, that can take off their masks then, why not our children while seated? I have no issues with parents who wish to have their child masked all day, just do not force it on all of our children. Statistically speaking, our children have more of a risk of adverse problems with the flu and the common cold than they do against covid. No one mentioned prior to 2019/2020 wearing masks for any flu seasons. Odds are the common cold & flu cases will spike once our kids remove their masks as they all have been weakening their immune systems with this forced masking.

As of yesterday, the WA DOH covid page shows vaccination stats. I am asking the WA DOH to come up with a % as to how many people need to get vaccinated against this useless virus that only hurts the weakest in the population (immunocompromised). I guarantee that we will not get to 100%, probably never 90% but how long do we need to continue this nonsense? What is the plan? I will say this again: IF YOU FAIL TO PLAN, THEN YOU PLAN TO FAIL.

<PastedGraphic-1.png>

I look forward to your reply with answers and or a plan. Maybe begin a 'phased approach' that was tried to reopen after the government shut all the small businesses at the beginning. Quite the asinine approach at that but we at least tried that.

Concerned parent,

Josh Daugherty

<https://www.unmaskourkidswa.com>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>>

NOVEMBER REQUEST

RESPONSE FROM DOH PA THIS MORNING TO MY 23

Hello,

Thank you for contacting the Department of Health.

DOH disease experts continue to monitor COVID-19 infection, hospitalization, death rates and health system capacity closely. While disease rates are declining, they remain high and hospital occupancy is still over 90 percent. We feel cautiously optimistic now that kids age 5 and older are eligible for the vaccine; however, the majority of children are still not vaccinated. We need to continue to do everything we can to prevent the spread of COVID-19, especially in light of the highly contagious Delta variant. As we head into winter and the holiday season, when the number of social get-togethers and indoor gatherings increase, a combination of masks and vaccines remain the best tools we have available to ensure that kids stay healthy and businesses and schools stay open.

You may view the studies below about the reduction in virus transmission and mask use:

The Science of Masking to Control COVID-19 (cdc.gov)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fdownloads%2Fscience-of-masking-full.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cff1bef669d3c4835bcd908d9ebf52cd3%7C11d0e2>>

Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 | CDC

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fscience%2Fscience-briefs%2Fmasking-science-sars-cov2.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cff1bef669d3c4835bcd908d9ebf52cd3%7C11d0e2>>

Best regards,

Alexandra Moore

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@doh.wa.gov
<<mailto:DOH.Information@doh.wa.gov>>

800-525-0127 | www.doh.wa.gov
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cff1bef669d3c4835bcd908d9ebf52cd3%7C11d0e2>>

<image003.png>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2F>>

On Nov 30, 2021, at 6:39 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com> <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Contacts,

Here we are at week 13, still no plan for children, the HEALTHIEST of us all, to have masks optional in school.

I will try to ask the question again, expecting someone to give any answers to the question:

- What is Washington's plan as to when masks can be recommended/optional for children while at school?

"Until we say so..." isn't science. Show me the proof that kids are dropping like flies while at school. I will restate my previous comment, our kids are much healthier and can fight off any common cold & flu (read covid) much quicker than any of us. Why is the state still providing the useless nonsense direction as to 'keep everyone safe' and 'keep masking up until we say so'.

If you are awaiting 100% covid vaccinations, even for VAST majority of children that do NOT need it, we will not reach that goal. But it seems like the DOH still doesn't have a plan...

Not to mention, no one is keeping the conversation open except for parents, so everyone else in this chain is being complicit with these mandates.

I believe I've said it before, but this sounds a lot like when I was growing up, if someone told you to jump off a bridge, many of you would. Sorry to disappoint but I think for myself and will not jump.

Still frustrated and I will talk to you again next week! Parental choice should be part of this conversation. If masks work, then let those that continue to wear them, and be afraid of this virus continue. I will not comply.

Josh Daugherty
<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 23, 2021, at 4:06 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com> <<mailto:joshua.daugherty.wa@gmail.com>> > wrote:

Washington State Board of Health,

12 weeks and still no answers from anyone as to what the plan is concerning the forced masking of our children at school. Here is the question, should be simple and to the point:

- What is Washington's plan/goal as to when masks can be recommended/optional for children while at school?

Wear masks until we say so... isn't rooted in any science that I know of. Our children already have a much lower chance of health issues even if they contract Covid. I will reiterate my previous request: "mirror the restaurant policy" so that when our children are seated at their desk in the classroom, they may take off their masks. If some children still feel scared to take their masks off, they may keep them on. This should still be about choice of the parents/students. With these false-

rooted mandates, they aren't allowing us freedom of choice.

I look forward to your comments/dialogue concerning this topic. If you will not help, then step aside as your inaction shows just how deeply you care about the health of my children.

Josh Daugherty

Just in case you missed it, here's some educational reading when it comes to our children.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

On Nov 16, 2021, at 9:35 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Washington State Board of Health,

Still awaiting an answer to my queries below. Here we are, 11 weeks into the school year and it's still the same: "do it until we say so...". If you fail to PLAN, you plan to FAIL. I see a lot of failing by those in all positions of 'office'.

I've been contacting the WA DOH without answers every week, including Cc'ing our non-action school district, principals etc. No one will assist with speaking to anyone that may have any indication as to how long should we expect to force-mask our children at school. This virus is NOT a threat to our children, as it is comparable to the flu or the common cold. They are healthy.

Would like to at least begin some conversation with relaxing these 'mandates' to at least mirror restaurants in the area. If the children are seated, they should be able to remove these face diapers. Not to mention, cloth masks don't do anything for Covid particles. This continues to show this is all for 'show'. I will not participate.

If parents still wish to mask their child, feel free to. They should have the choice.

Still a frustrated parent,

Josh Daugherty

If you would like further information, please look at the following website. I am also open to conversation.

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

Begin forwarded message:

From: Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> >
Date: November 10, 2021 at 10:23:30 AM PST
To: WSBOH@sboh.wa.gov
<mailto:WSBOH@sboh.wa.gov>
Subject: Revise mask mandates for children schools

□WBoard of Health,

To date, I have been requesting updates for the
forced masking in schools:

10 weeks, still nothing from the state...

How much longer to force mask our children? We
should have a choice on whether to mask or not.

I just want to know what the goal is of the force
masking! "Until we say so..." isn't ANYTHING near common sense or science.

Don't you dare start with the force vaccinations for
our children when only about .000003% may even need it.

Answers requested as to what the education plan is. I
will continue to request weekly updates until a plan shows an end in sight. Just because
"we said so" isn't right.

Maybe as a start. We could mirror the restaurant
policy where if you are seated, you may take off your mask. I understand keeping

children safe, but they are not in danger. If children want to continue to mask up, please have them continue. If children do not want to wear a mask, they shouldn't need to.

Where is the proof that children are all infected?

Irritated parent,
Joshua Daugherty

On Oct 25, 2021, at 7:16 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐

Week 9,

Still nothing. Exactly what I expect from this school district and even nothing from the DOH. My concern/question is:

What is the end goal? How long do our kids need to be masked in school?

they say so. So WRONG! So far WA DOH is basically saying to wear them until

72.5% fully vaccinated. As of today in WA, 78.6% 12+ has one dose and

85.6% in King County.

I've been requesting information from the schools, district and the DOH with no answers. How does anyone think this is the 'correct' way?

Going back to when I was young, if someone told you to jump off a bridge, would you? Too many people are just following the 'guidance' whether it makes sense or not, without question.

Just asking for the choice. Our kids should have a choice. Currently they are being taught that everyone is infected. If you want to still mask up, feel free to.

Don't you dare agree with vaccine mandates!

Unbelievable poor management at all levels. Will continue until I receive dialogue. This is now my 9th week of requesting answers.

Joshua Daugherty

On Oct 18, 2021, at 6:54 AM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

☐ Still waiting any information from the WA DOH.
Nothing yet and we are only 8 weeks into this. I know that many of you don't care about the safety of my child, as you just follow the same guidance pushed from 'above', without questions. This is WRONG.

From today to the WA DOH:

Another week, more nonsense. I have been requesting follow-ups to my questions and nothing has been done. Every week I am asking the same, MAIN question.

- What is WA state's end goal when it comes to children's force masking policies?

If there is no plan, then you plan to fail. This has been the case since the 'pandemic' began. The science doesn't back the policy of 'wear a mask until we say so...' I need additional information as this is WRONG and many know it. I would like to have a constructive dialogue with someone that can say when our children can opt into masks or not at school. Again, if parents choose to mask their kids, it is their choice. Please let me know what the plan is beyond, 'wear them until we say so.'

Still no answers,
Josh Daugherty

On Oct 18, 2021, at 6:40 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 7,

Starting out 'right'? How does this make any sense?
Please show me which part makes any sense at all.

It's a good thing that my daughters aren't playing sports. Kids now need to be given the vaccine, or test every 2 weeks. Studies even show that even with the vaccine, they can still spread covid/common cold... Are you going to be ensuring that they are wearing masks while participating too? Or is that just while sitting, spectating?

This must be more of that 'science' stuff. Just regurgitating the nonsense that the DOH puts out.

<Another useless mandate.png>

Have there been any further guidance or discussions

concerning the forced-masking mandates to become 'recommended'? Still awaiting anyone to respond back to me from the WA DOH. Anything besides wear it until we say stop?

Still awaiting answers,

Josh Daugherty

On Oct 10, 2021, at 8:21 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 6,

Still trying to find out the following:

- How long do our children need to be force masked?
What is the end goal to go back to breathing fresh air?

Freedom, this is still America. If you want to stay masked, fine. Do not force it on us. Under the guise of 'public safety', keep wearing masks to 'protect everyone'. That infers that my kids are dangerous! DOH WA needs to let us know the plan, we must demand that from them, 'until we say so' is NOT science.

Oh, and mandate doesn't equal law.

So glad I'm actively teaching my children & family CRITICAL THINKING. Something that the Gov, DOH, School districts, etc have no idea what it is. Just mandate compliance. Basically continuing a 'shut up and color' attitude. We know who is at fault. Just because it's 'popular', doesn't mean that it's right. If this continues to go on for an extended period of time, expect more pushback.

Just asking to give us the choice. Why is this so hard for you to comprehend? Maybe we start dictating what you need to wear and how you need to act.

Such a relevant article to this:
<https://notthebee.com/article/covid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnotthebee.com%2Farticle%2Fcovid-theater-a-personal-tale-about-the-gaslighting-of-a-nation-and-its-schoolchildren&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cff1bef669d3c4835bcd908d9ebf52cd3%7C>>

Looking forward to continued dialogue as to the end of these unconstitutional mandates.

Still frustrated,
Josh Daugherty

Awaiting DOH responses too.

On Oct 5, 2021, at 9:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Week 5,

Still no communication from WA DOH concerning their plan. It's still , "mask up until we say stop."

Awaiting constructive dialogue as to optional masks for kids. Why are we STILL treating our children as they are all infected? None of this makes sense and you know it! Please assist with communication with the DOH as they clearly aren't listening to me, a 'lowly peasant'.... It seems like that is how they are treating us. So frustrating!

Still frustrated with everyone that isn't doing ANYTHING! Not even asking questions. Just as much at fault.

Frustrated,
Josh Daugherty

Enough.

On Sep 27, 2021, at 9:17 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <<mailto:joshua.daugherty.WA@gmail.com>> > wrote:

□

Week 4,

Fourth request for information:

When is the mask mandate for schools going to end? I've requested info from DOH as they need to answer to my requests. They have not and I will continue to request weekly from the DOH and the district on down to our schools. They do not stop the virus from being passed. It is just for show/theater. Otherwise the wording in the 'order' wouldn't be 'anything'.

"A cloth face covering is anything that completely covers the mouth and nose and fits securely on the sides of the face and under the chin."

It may have plenty of holes throughout the mask. This further proves that DOH doesn't care about the transmission of the virus. Just to mandate the "do it or else".

Enough of this nonsense. I'm just trying to communicate with someone other than just a 'Customer Service Specialist' that is just passing junk back. Awaiting the constructive dialogue.

Continuing on my requests for common sense and/or parent choice for masks in schools. Mandates are just asking for push back. I will continue to push back.

Josh Daugherty

On Sep 19, 2021, at 7:40 PM, Joshua Daugherty
<joshua.daugherty.WA@gmail.com <mailto:joshua.daugherty.WA@gmail.com> > wrote:

□ WeeB,

Finally received an email back from WA DOH with more of the same, no answers to my questions. My main question will continue until I receive answers instead of just a 'Customer Service Specialist' responding to my web query with a loosely prepared, blanket statement, that mentions 'keeping the CDC recommendations as of August 5, 2021'.

My question seems to be simple, straightforward and to the point.

- What is Washington's plan/goal concerning the mask mandates for school-age children? There needs to be a plan besides 'wear the mask because I said so'. (aka mandate)

If they were going with the CDC recommendations, forced masking wouldn't be in our schools.

I am requesting that they at least update the guidance to 'recommended' as the current failed 'plans' make zero sense. There is NO scientific data that has been collected to warrant this abuse across the board. Especially state-wide. As of 13 September, posted on the WA DOH website it shows that 75.1% of residents have at least one dose and 68.1% are FULLY vaccinated against COVID. Of that, King County has vaccination rates of 77.7% (12+). Auburn School District is in King County.

<PastedGraphic-1.png>

The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates. How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources? I will add to this as we have already received communication from the schools that COVID/common cold/sniffles/flu has popped up in school.

Looking at anyone that I've communicated with concerning this. Fail to plan, plan to fail... Seems spot-on for this situation that we are in!

<https://www.unmaskourkidswa.com>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that we give parents the CHOICE whether to mask/unmask our children.

Looking forward to future constructive dialogue,
Josh Daugherty

On Sep 13, 2021, at 10:09 AM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

Week 2 of the insanity continues,

I have been trying to communicate with the WA DOH, and I am still awaiting their responses and/or dialogue of any kind showing this fake-science behind their blind mandates.

This is no longer about the safety of students and staff members. Masks are turning out to become a direct contributor of learning issues, social interaction struggles, increased headaches, anxiety & overall discomforts. As a parent, I am still disturbed to see our children treated this way. Totally unnecessary.

Please assist in communication with the WA DOH in changing this to 'recommended', not mandated for all. I will not comply if I visit the schools or the district.

Still a concerned parent,
Josh Daugherty

On Sep 8, 2021, at 8:23 PM, Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> > wrote:

That is what I have been doing and they continually give me the run around with 'that is the way it is.' Not acceptable, hence the 'because I said so' attitude. Is there nothing that the Districts can assist with?

I have reached out to them, and will continue to do so until something is modified, or at least a goal set for when we can return to normal. Actual normal, without face masks on our kids if we, as parents choose. We have had it with these non-science mandates and will continually be pushing back against them.

So glad to hear that the crooked DOH & schools have finally wised up and allowed our kids to play outside, WITHOUT masks. So idiotic from last year while being in-person that they needed masks outside at recess.

Still concerned,
Josh Daugherty

On Sep 8, 2021, at 1:45 PM, Spicciati, Alan
<aspicciati@auburn.wednet.edu <mailto:aspicciati@auburn.wednet.edu> > wrote:

Hello Mr. Daugherty,

You won't be surprised for me to write that masks are a mandate from the Washington State Department of Health. Statewide elected officials have been clear that local districts do not have the authority to lift the mask mandate. The state's focus this year, as is ours, is keeping schools open for in-person learning. I recommend you contact the WA DOH with your concerns.

Alan Spicciati

From: Joshua Daugherty
<joshua.daugherty.wa@gmail.com <mailto:joshua.daugherty.wa@gmail.com> >
Sent: Wednesday, September 8, 2021 11:31 AM
To: Spicciati, Alan <aspicciati@auburn.wednet.edu
<mailto:aspicciati@auburn.wednet.edu> >; Brown, Greg <gbrown@auburn.wednet.edu
<mailto:gbrown@auburn.wednet.edu> >; Gayman, Anne
<agayman@auburn.wednet.edu <mailto:agayman@auburn.wednet.edu> >;
Communications <Communications@auburn.wednet.edu
<mailto:Communications@auburn.wednet.edu> >
Subject: On with the school year, more child abuse...

This email originated outside of the organization and contains a Web link or attachment. Please use caution. – ASD Tech

To whom this may concern.

What is Washington's plan/goal concerning the mask mandates for school-age children? Is there a plan besides wear them 'because I said so' (aka mandate)? I demand that you update the guidance to still allow for those children that are scared to get sick, wear them, but change the guidance to 'recommended', not mandatory. There is NO science data that has been collected to warrant this abuse across the board. Especially state-wide.

As of 7 September, posted on the WA DOH website it shows that 73.9% of residents have at least one dose and 67% are FULLY vaccinated against COVID. The hospitalization rate for those that are school-age is so minuscule, the data you have been collecting doesn't make sense to continue with the mask mandates.

How much longer do we need to live under this authoritarian 'leadership' (aka mismanagement) of state resources?

<https://www.unmaskourkidswa.com/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unmaskourkidswa.com%2F8>

All I am asking is that parents should have the
CHOICE whether to mask or unmask our children.

Thus far, I have spoken with the schools, school
district and even email coordination with DOH with nothing but passing me nonsense
with no proof that our kids are 'super-spreaders'... I look forward to your conversation on
this matter.

Concerned parent,
Josh Daugherty

From: Lisette

Sent: 2/10/2022 8:32:57 AM

To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (DOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH)

Cc:

Subject: Covid Vax 02/10/2022 Meeting. Do NOT approve it!

External Email

To the board members and members voting on item 5 and item 6 in February 10, 2022 meeting, I am here as a mother and representing the community of Lacey Washington.

You previously held a similar meeting where over 30,000 people sent emails or attended the zoom meeting. You heard our voices. We do NOT accept you making health decisions over us or our children.

We have provided you with studies and other sources of data that shows your agency is out of line and your decisions are political.

How dare you tell us to step aside and let the experts do their work?

We have seen your "science". I find it interesting that if we look directly at each hospital's Covid situation as far as ICU, general or death, your reports deviate quite a bit from theirs. It seems vaccinated are higher numbers than unvaccinated. Also, why are you including data from a year ago, when the virus has changed from delta to omicron as of December of 2021. Omicron is much less deadly so your statistics do not show current and real statistic for the variance we are dealing with.

We also now know that both vaccinated and unvaccinated spread and get Covid, at possibly a higher rate for the vaccinated. Have you done your due diligence and researched this number in this state?

And why are we relying on PCR Covid tests to build data, when FDA no longer find them reliable?

I do recommend that you attend Dr Malones seminar that is being held in Gig Harbor this month if you want to listen to experts.

He is far superior to any of you who call yourself experts. Look at his track record. In fact, I would love to see you having a panel discussion about vaccines with him. He can help you understand science.

Since your last public meeting, the world has changed. Millions of people are demonstrating against vaccine mandates and mask mandates all around the world. Convoy started in Canada and just today; Ontario declared removal of vaccine passport, and masks from children publicly and in school effective immediately.

Oregon is removing their mask mandate 3/31 or sooner.
California is planning to remove their mask mandates.

UK has removed their mandates.
Sweden has removed their mandates

These countries are currently planning or are in the midst of freedom convoys.
Remember eyes are on you, and the world will know that you went against freedom of

choice and they will know you forced children out of the school system. Because we will not comply.

While you are so concerned about the vaccine, you have forgotten about increased child and young adult suicide due to isolation, no school or on line schooling, mask cover, 6 feet distance to your friends, and loss of social life. You are not concerned about the mental health of Washington state citizens. Those who have lost their jobs in careers they were previously looked at as hero's. Some have 20+ years in the industry. Some are still paying of their school loan from a career that is now long gone.

You have not looked at the health of those businesses that had to close temporarily or completely during the lockdown. You are forcing business owners to implement vaccine passports, while they are loosing thousands of dollars monthly in revenue due to lost business. Divorces and mental health issues are over the roof. You do not care about health, it has been proven. Instead you take advise from a governor who had placed himself in forever emergency power, CDC and FDA, two organizations that are highly financially involved with Pfizer and Moderna. Did you notice the same people sit on both boards?

Over and over, in federal courts and supreme court it has been ruled that mandating vaccine is unconstitutional.

Here are some facts. I doubt you will read the links but you have been informed. This is my notice.

You are trying to mandate a drug that is not FDA approved to children. This is illegal:

<https://crsreports.congress.gov/product/pdf/R/R46913>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fproduct/pdf/R/R46913>

<https://www.fda.gov/media/151710/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F151710/download>

EUA - Sept 29, 2021 (Comirnaty vs. Pfizer/ BioNTech) shots - not the same

Listen to data about effectiveness of vaccine here:

<https://www.canadiancovidcarealliance.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/>

Injuries.... Lots of injuries

<https://www.covidvaccinevictims.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.covidvaccinevictims.com/>

Why does OSHA require fit testing, training, and safe disposal of respirators, but our school kids are just thrown in any old medical device as though all bodies are the same?

"29 CFR 1910.134, Respiratory Protection Standard."

https://www.osha.gov/sites/default/files/enforcement/directives/CPL_02-00-158.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.osha.gov%2Fsites%2Fdefault/files/enforcement/directives/CPL_02-00-158.pdf

158.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C394071cf62c34511bd2b08d9ecb2ab3c%7C11d0e

A study of why school children should not get C shots.

<https://alethonews.com/2021/11/05/6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Falethonews.com%2F2021%2F11%2F05%2F6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine/>

vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C394071cf62c34511bd2b08d9ecb2ab3c%7C1

Sweden's health department recommends children under 12 should not take the vaccine.

You giving yourself the "supreme right" to vote over the safety of our children is despicable. You are overstepping your authority by suggesting any medical advice for children that you have not medically evaluated as their physician, and so do the school boards and schools who enforce this requirement.

You MUST consider every student's medical needs. We the parents will make decisions relating to our children's health within our own families and with our own medical providers.

And for Masks:

Lots of studies on mask Effectiveness:

<https://www.sciencedaily.com/releases/2015/04/150422121724.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedaily.com%2Frelease>

<https://pubmed.ncbi.nlm.nih.gov/25903751/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F259>

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F185>

<https://pubmed.ncbi.nlm.nih.gov/33254499/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F332>

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F>

Info on children and masks:

<https://thehill.com/opinion/education/514742-masks-for-all-children-arent-needed-or-ethical>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehill.com%2Fopinion%2Feducation%2F514742-masks-for-all-children-arent-needed-or-ethical&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C394071cf62c34511bd2b08d9ecb2ab3c%7C11d0e2>

<https://swprs.org/face-masks-evidence/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-evidence%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C394071cf62c34511bd2b08d9ecb2ab3c%7C>

Further more, child abuse is illegal:

section 1. vaccine injury (who will be responsible for a vaccine injury of a child? and section D; forcing children to wear masks.

While most other states in this country has removed restrictions and mandates and their children's lives has gone back to normal, Washington state children are being raised in fear, and being forced to comply with government and health official's over reach.

Have you seen all the thousands of vaccine injuries and deaths to athletes around the world? You are public figures, the world will hold you accountable. It takes only 1 proven vaccine death to charge you for murder, just like what happened in UK and what ultimately caused the restrictions to be removed in UK.

Start working on the real issues of mental health issues caused by this governments overreach and agencies like yours who support them.

Sincerely,

I mother, aunt, friend and community volunteer that will take out their kids from the school system.

On Fri, Jan 7, 2022, 9:52 AM Lisette <caretorrescita10@gmail.com>
<mailto:caretorrescita10@gmail.com> > wrote:

Dear Board of Members,

No CDC guidelines, OSHA regulations or health officer order can suspend our rights. "We the People" and do not consent. We do not give you the authority to force any medical procedures on our children, elderly, or on any human being that does not choose of their own free will your offerings of "public health" in a vaccine trial.

Your chapter 246 - 100 and rule making petition for 246 -105 try to confuse, coerce, intimidate, threaten and harass us. This is called retaliation and discrimination, and that is against the law.

We have the right to determine what is the best for our families and what is done with our body and it doesn't matter whether the vaccine only has an "emergency authorization" or not.

The masks and the testing are also "emergency use authorization" but even if they weren't, we cannot be forced into complying. Only a licensed medical doctor can suggest a medical treatment such as a mask, covid testing or a vaccine. You or school administrator has no authority to do so.

We have the constitutionally-protected and GUARANTEED right to life and the right to determine what it's done to our body.

We are covered under ADA laws and our needs would have to be accommodated by law.

You are not a medical professional and, therefore, you are unlawfully practicing medicine by prescribing, recommending, and using coercion to insist on this experimental medical treatment.

Whereas:

1. The Nuremberg Code, codified into US Federal Law, prohibits forcing or coercing anyone, under any circumstances, to participate in a medical experiment; and the Code states "the voluntary consent of the human subject is absolutely essential."

2. Phase 3 clinical trials of COVID-19 vaccines are not yet completed. C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026 and hence qualify as medical experiments. People taking these treatments are enrolled in clinical trials.

3. The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials, and NOT the same formulation that has been administered to all other age groups under EUA. So even when current ongoing clinical trials are complete, the results cannot be assumed to be relevant to the safety or effectiveness of the new formulation.

“The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials.” Source:

<https://www.fda.gov/media/153717/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15371>

4. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year.

5. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved for market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models. The participants in clinical trials involving children aged 5-11 received “two doses of 10 µg BNT162b2 or placebo (saline)”, not the new formulation.

Source: <https://www.fda.gov/media/153447/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15344>

6. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term

effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots,

cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis,

myocarditis, and antibody dependent enhancement leading to death. I have friends dealing with COVID-19 vaccine injuries.

7. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and

injuries to children and youth have already occurred in the COVID-19 injection clinical trials.

8. FDA admits safety unknown. Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: “. . .but we’re never going to learn about how safe this vaccine is unless we start giving it.”

Source: @6:52:33

https://youtu.be/laaL0_xKmmA

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FlaaL0_xKmmA&data:

9. International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates:

"Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates."

Source: <https://globalcovidsummit.org/news/thousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fof-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C394071cf62c34511bd2b08d9ecb2ab3c%7C11d>

10. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting

System (VAERS), than deaths in the last 10 years from all vaccines combined and only 1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events from the COVID

vaccines is unknown as there is a significant delay in uploading reports to the VAERS database.

The risk associated with COVID-19 vaccinations is extremely dangerous to the health and well-being of all children and this form of treatment unnecessary.

Any coercion or pressure tactics used for students to be vaccinated contravenes the Nuremberg Code, the Helsinki Declaration and Federal Law.

Any use of "implied consent" by any minor child under the age of 18 is defined in law as gross, contributory, and culpable criminal negligence.

Any party found to be involved in vaccination coercion when entrusted with the care of our children such as all school staff, school board members and executive, and any other adults who may have access to our children while under their care. This includes the assistance of outside school staff, contractors, public health nurses, or health officials could be prosecuted to full extent of law and you may be held personally and criminally liable for any injuries or deaths that may occur.

We are forced to err on the side of spiritual caution and refuse to harm our temples in honor of Gods Holy Word.

The 1st Amendment of the constitution has protected these exact claims before the Supreme Court on many occasions. Even State governments have faced this glaring truth during the Covid crisis as

they attempted to pass mandates and laws that violated this basic principle only to have their wrong decisions righted before the Courts, with financial penalties.

While, as Christians, we strive to be at peace with all humans beings and to obey all laws and mandates from a Legitimately elected government. We do not do so in violation of Gods Holy Laws, of which the protection of my body is one of those spiritual laws that supersedes all manmade laws in my religious conscience.

Sincerely,

Lisette Torres

From: JULIE KISSICK MALLOY
Sent: 2/9/2022 10:19:47 AM
To: DOH WSBOH
Cc:
Subject: Against Covid Vaccine Mandate

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am against any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Julie Kissick Malloy

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FJulieKissickMalloy>>

From: Robert Holte
Sent: 2/11/2022 2:31:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Marisa De Lisle
Sent: 2/10/2022 11:05:38 AM
To: DOH WSBOH
Cc:
Subject: MIS-C associated with COVID

External Email

Question:

This speaker said that these kids were either

DX with COVID 19

OR

Had a recent exposure

How many MIS-C DX were actually COVID +?

This is very vague data and I would like more specific categorization.

Thanks!

Dr. Marisa De Lisle

From: Daphne Ortiz
Sent: 2/10/2022 2:26:14 PM
To: DOH WSBOH
Cc:
Subject: Vote no! To require COVID shot for schools

External Email

Dear board of directors,

VOTE NO!

Washingtonians do not want this!!!

I also would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. There are well documented risks associated with myocarditis in young males associated with these shots. Myocarditis is not a mild illness. Statistics show that 2 in 10 people with myocarditis will die within 2 years and 5 in 10 die within 5 years. Dead heart tissue does not regenerate itself.

4. The spike proteins associated with these shots have been shown to settle in female's reproductive organs, potentially affecting future fertility. In fact, there is currently a study focusing on changes in women's menstrual periods associated with the shots. COVID-19 Vaccines and the Menstrual Cycle | NIH COVID-19 Research

5. Natural immunity has been shown to be much more robust than any immunity imparted by the vaccine, and there has been research that has shown, after a person gets the shots, they may never be able to achieve full natural immunity in the future. Please read this for 5 studies that show children already have robust natural immunity to this virus. Hands-off, CDC and Pfizer: Children are to be considered already COVID 'vaccinated' – Opinion – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

6. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

7. You may "enjoy" reading this analysis from a person who does risk-benefit analyses for a living. It is estimated that, even if 28 million children are vaccinated against COVID, at most 45 lives might be saved. And there are potentially huge long term risks. What is the Number Needed to Vaccinate (NNTV) to prevent a single COVID-19 fatality in kids 5 to 11 based on the Pfizer EUA application? (substack.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsubstack.com%2F&data=04%7C01%2F&>
)

8. In Pfizer's initial study for older 12-17 year old kids, adverse side effects were hidden. You may or may not be familiar with the story of Maddie De Garay who volunteered to be part of the initial trial because she wanted to do her part. She is now in a wheelchair with a feeding tube and likely will be for the rest of her life. Her side effects were hidden and listed as "abdominal pain". Even if there's an infinitesimal chance of this happening to another child, why take the risk? Comcast Censors Vaccine Paralyzed 13-Year-Old Girl (rumble.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frumble.com%2F&data=04%7C01%2F&>
)

9. It is impossible for someone to give informed consent when side effects from the vaccines are hidden. Perhaps before you make a decision that you'll regret, you should visit this website.

realnotrare.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frealnotrare.com%2F&data=04%7C01%2F&>

VOTE NO!

Always,

Daphne Ortiz

Very concerned Washingtonian (born and raised) and parent

From: Kahler, Kelie (SBOH)
Sent: 2/11/2022 10:24:51 AM
To: DOH WSBOH
Cc:
Subject: FW: Please do not authorize the COVID-19 "vaccines" for children or authorize them as a requirement for education. Here is why...

From: bbu84@aol.com <bbu84@aol.com>
Sent: Friday, February 11, 2022 10:12 AM
To: Calder, Allegra (DOHi) <allegra@berkconsulting.com>; eric.lofgren@wsu.edu; stevelim@uw.edu; Febach, Hannah M (DOH) <hannah.febach@doh.wa.gov>; Davis, Lora B (DOH) <Lora.Davis@doh.wa.gov>; Newman, Laura P (DOH) <laura.newman@doh.wa.gov>; DeBolt, Chas (DOH) <Chas.DeBolt@DOH.WA.GOV>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Please do not authorize the COVID-19 "vaccines" for children or authorize them as a requirement for education. Here is why...

External Email

Dear State Officials,

Please do not authorize the experimental mRNA "vaccines" for children or mandate them for education. We now know that COVID-19 hardly affects children and that these so-called COVID-19 vaccines do not work and are causing serious health problems and death. Furthermore, we now know that COVID-19-which has a recovery rate of 99.5% for most people-can be safely and effectively treated with Ivermectin and Hydroxychloroquine.

Here are 1000 peer-reviewed scientific papers that show that these COVID-19 drugs injections are not safe:

<https://www.informedchoiceaustralia.com/post/1000-peer-reviewed-studies-questioning-covid-19-vaccine-safety>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.informedchoiceaustralia.com/post/1000-peer-reviewed-studies-questioning-covid-19-vaccine-safety&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11d>>

Here are some of those scientific studies:

1. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series:
<https://www.sciencedirect.com/science/article/pii/S2666602221000409>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>>
2. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in "23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days after receipt of the vaccine":
<https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2>>
3. Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: <https://pubmed.ncbi.nlm.nih.gov/34374740/>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F343>>
4. Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination:
<https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2F>
[052478&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11](https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11)>
5. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers:
<https://www.sciencedirect.com/science/article/pii/S0828282X21006243>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>>
6. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination:
<https://www.sciencedirect.com/science/article/pii/S1443950621011562>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>>
7. Myocarditis with COVID-19 mRNA vaccines:
<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2Fp>>
8. Myocarditis and pericarditis after COVID-19 vaccination:
<https://jamanetwork.com/journals/jama/fullarticle/2782900>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2>>
9. Myocarditis temporally associated with COVID-19 vaccination:
<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.055891>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2Fp>>
10. COVID-19 Vaccination Associated with Myocarditis in Adolescents:
<https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-053427.full.pdf>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2F>
[053427.full.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11](https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-053427.full.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11)>
11. Acute myocarditis after administration of BNT162b2 vaccine against COVID-19:
<https://pubmed.ncbi.nlm.nih.gov/33994339/>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F339>>
12. Temporal association between COVID-19 vaccine Ad26.COV2.S and acute myocarditis: case report and review of the literature:
<https://www.sciencedirect.com/science/article/pii/S1553838921005789>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>>
13. COVID-19 vaccine-induced myocarditis: a case report with review of the literature: <https://www.sciencedirect.com/science/article/pii/S1871402121002253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

14. Potential association between COVID-19 vaccine and myocarditis: clinical and CMR findings: <https://www.sciencedirect.com/science/article/pii/S1936878X2100485X>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

15. Recurrence of acute myocarditis temporally associated with receipt of coronavirus mRNA disease vaccine 2019 (COVID-19) in a male adolescent:

<https://www.sciencedirect.com/science/article/pii/S002234762100617X>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

16. Fulminant myocarditis and systemic hyper inflammation temporally associated with BNT162b2 COVID-19 mRNA vaccination in two patients:

<https://www.sciencedirect.com/science/article/pii/S0167527321012286>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

17. Acute myocarditis after administration of BNT162b2 vaccine:

<https://www.sciencedirect.com/science/article/pii/S2214250921001530>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

18. Lymphohistocytic myocarditis after vaccination with COVID-19 Ad26.COVS viral vector: <https://www.sciencedirect.com/science/article/pii/S2352906721001573>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

19. Myocarditis following vaccination with BNT162b2 in a healthy male:

<https://www.sciencedirect.com/science/article/pii/S0735675721005362>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

20. Acute myocarditis after Comirnaty (Pfizer) vaccination in a healthy male with previous SARS-CoV-2 infection:

<https://www.sciencedirect.com/science/article/pii/S1930043321005549>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

21. Acute myocarditis after vaccination with SARS-CoV-2 mRNA-1273 mRNA:

<https://www.sciencedirect.com/science/article/pii/S2589790X21001931>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

22. Acute myocarditis after SARS-CoV-2 vaccination in a 24-year-old man:

<https://www.sciencedirect.com/science/article/pii/S0870255121003243>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

23. A series of patients with myocarditis after vaccination against SARS-CoV-2 with mRNA-1279 and BNT162b2:

<https://www.sciencedirect.com/science/article/pii/S1936878X21004861>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

24. COVID-19 mRNA vaccination and myocarditis:

<https://pubmed.ncbi.nlm.nih.gov/34268277/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F342>

25. COVID-19 vaccine and myocarditis: <https://pubmed.ncbi.nlm.nih.gov/34399967/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F343>

26. Epidemiology and clinical features of myocarditis/pericarditis before the introduction of COVID-19 mRNA vaccine in Korean children: a multicenter study

<https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-1360706>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsearch.bvsalud.org%2Fglobal->

literature-on-novel-coronavirus-2019-ncov%2Fresourc%252520e%2Fen%2Fcovidwho-1360706&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C1

27. COVID-19 vaccines and myocarditis: <https://pubmed.ncbi.nlm.nih.gov/34246566/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34246566/>

28. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines <https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cureus.com%2Farticles%2F61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C1>

29. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines <https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cureus.com%2Farticles%2F61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C1>

30. Myocarditis, pericarditis, and cardiomyopathy after COVID-19 vaccination: <https://pubmed.ncbi.nlm.nih.gov/34340927/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34340927/>

31. Myocarditis with covid-19 mRNA vaccines:

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056135>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161%2FCIRCULATIONAHA.121.056135>

32. Association of myocarditis with COVID-19 mRNA vaccine in children:

<https://media.jamanetwork.com/news-item/association-of-myocarditis-with-mrna-co vid-19-vaccine-in-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedia.jamanetwork.com%2Fnews-item%2Fassociation-of-myocarditis-with-mrna-co%252520vid-19-vaccine-in-children%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C1>

33. Association of myocarditis with COVID-19 messenger RNA vaccine BNT162b2 in a case series of children:

<https://jamanetwork.com/journals/jamacardiology/fullarticle/2783052>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjamcard%2Ffullarticle%2F2783052>

34. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the U.S. military: <https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601%5C>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjamcard%2Ffullarticle%2F2781601%5C>

35. Myocarditis occurring after immunization with COVID-19 mRNA-based COVID-19 vaccines: <https://jamanetwork.com/journals/jamacardiology/fullarticle/2781600>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjamcard%2Ffullarticle%2F2781600>

36. Myocarditis following immunization with Covid-19 mRNA:

<https://www.nejm.org/doi/full/10.1056/NEJMc2109975>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMc2109975>

37. Patients with acute myocarditis after vaccination with COVID-19 mRNA:

<https://jamanetwork.com/journals/jamacardiology/fullarticle/2781602>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjamcard%2Ffullarticle%2F2781602>

38. Myocarditis associated with vaccination with COVID-19 mRNA:
<https://pubs.rsna.org/doi/10.1148/radiol.2021211430>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubs.rsna.org%2Fdoi%2F10.1148>
39. Symptomatic Acute Myocarditis in 7 Adolescents after Pfizer-BioNTech COVID-19 Vaccination: <https://pediatrics.aappublications.org/content/148/3/e2021052478>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2F>
40. Cardiovascular magnetic resonance imaging findings in young adult patients with acute myocarditis after COVID-19 mRNA vaccination: a case series: <https://jcmr-online.biomedcentral.com/articles/10.1186/s12968-021-00795-4>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjcmr-online.biomedcentral.com%2Farticles%2F10.1186%2Fs12968-021-00795-4&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11d0e21>
41. Clinical Guidance for Young People with Myocarditis and Pericarditis after Vaccination with COVID-19 mRNA: <https://www.cps.ca/en/documents/position/clinical-guidance-for-youth-with-myocarditis-and-pericarditis>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cps.ca%2Fen%2Fdocuments%2Fposition%2Fclinical-guidance-for-youth-with-myocarditis-and-pericarditis&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11d0e21>
42. Cardiac imaging of acute myocarditis after vaccination with COVID-19 mRNA: <https://pubmed.ncbi.nlm.nih.gov/34402228/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34402228/>
43. Case report: acute myocarditis after second dose of mRNA-1273 SARS-CoV-2 mRNA vaccine: <https://academic.oup.com/ehjcr/article/5/8/ytac319/6339567>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Fehjcr%2Farticle/5/8/ytac319/6339567>
44. Myocarditis / pericarditis associated with COVID-19 vaccine: https://science.gc.ca/eic/site/063.nsf/eng/h_98291.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fscience.gc.ca%2Feic%2Fsite%2F063.nsf/eng/h_98291.html
45. The new COVID-19 mRNA vaccine platform and myocarditis: clues to the possible underlying mechanism: <https://pubmed.ncbi.nlm.nih.gov/34312010/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34312010/>
46. Myocarditis associated with COVID-19 vaccination: echocardiographic, cardiac tomography, and magnetic resonance imaging findings: <https://www.ahajournals.org/doi/10.1161/CIRCIMAGING.121.013236>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCIMAGING.121.013236>
47. In-depth evaluation of a case of presumed myocarditis after the second dose of COVID-19 mRNA vaccine: <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056038>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161/CIRCULATIONAHA.121.056038>
48. Occurrence of acute infarct-like myocarditis after COVID-19 vaccination: just an accidental coincidence or rather a vaccination-associated autoimmune myocarditis?: <https://pubmed.ncbi.nlm.nih.gov/34333695/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34333695/>

Here is commentary I posted to the FDA recently. It is a request that they do not authorize the injection of children with the experimental mRNA COVID-19 drugs:

I oppose authorizing the experimental mRNA COVID drugs for children. All our research indicates that these experimental drugs are more dangerous for children than COVID-19, which has a recovery rate of 99.5% for most people. The COVID-19 recovery rate comes from the CDC. That is a recovery rate that is similar to the common flu, and the recovery rate for children is even higher--children are virtually unaffected by COVID-19.

These experimental mRNA drugs are not vaccines as they do not provide immunity. They use a novel mRNA process that we do not know the long-term effects of. We DO KNOW, however, that they are maiming and killing literally millions of people. These numbers come from the European and American vaccine adverse event reporting systems. The reports from the VAERS reporting system can be accessed here: <https://openvaers.com/> <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F)

According to the VAERS reporting system and the European Medicines Agency, there are over 50,000 deaths linked to these experimental drugs. There are 22,000 reports of deaths in the VAERS system and over 30,000 in the European tracking system:

<https://www.thegatewaypundit.com/2021/11/european-medicines-agency-data-shows-1163356-adverse-drug-reactions-30551-fatalities-covid-19-vaccinations/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2020/05/medicines-agency-data-shows-1163356-adverse-drug-reactions-30551-fatalities-covid-19->

vaccinations%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4

It appears that these experimental drugs were hastily developed, hastily approved, they are still under Emergency Use Authorization (despite claims to the contrary). After a year of injections we now have a great deal of scientific evidence for how and why these experimental mRNA drugs are maiming and killing so many people. For example, here is a collection of 1000 peer-reviewed scientific reports detailing the serious adverse health effects of these mRNA drugs:

<https://www.informedchoiceaustralia.com/post/1000-peer-reviewed-studies-questioning-covid-19-vaccine-safety>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.informedchoiceaustralia.com/peer-reviewed-studies-questioning-covid-19-vaccine-safety&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C11d0>

These adverse effects include blood clots, heart inflammation, heart attacks, stroke, gangrene, disabling neurological damage, etc. Tens of thousands and perhaps hundreds of thousands of people have been disabled for life by these experimental drugs, which leads to the following questions: Why are these drugs still being injecting into people-why are they not being pulled from use immediately? Why are the governments of the world, the Media and the pharmaceutical companies entirely silent on the massive carnage being inflicted on the population by these drugs? As noted earlier, COVID-19 is about as dangerous as the common flu and as such it does not warrant the use of these dangerous and deadly experimental drugs.

Injecting children with these experimental mRNA drugs to protect them from a bad flu is completely irrational

What makes this idea even more irrational is that it appears that whatever effectiveness these experimental drugs may have in stopping COVID-19, their effectiveness quickly wanes, and they end up giving **NEGATIVE** efficacy. That is, the injection of these experimental drugs makes it **MORE LIKELY** that people will get infected with and get sick with COVID-19. We can see this effect in the massive spike of COVID-19 hospitalizations

of the "vaccinated" in countries which have the highest COVID-19 "vaccination" rates. It is abundantly clear that these so-called "vaccines" do not work (long term) and are actually making things worse:

https://newsrescue.com/australia-israel-report-95-99-hospitalized-fully-vaccinated/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnewsrescue.com%2Faustralia-israel-report-95-99-hospitalized-fully-vaccinated%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e

EXCERPT: Reports coming out of Israel claim hospitals are being filled with vaccinated people, 95 percent of whom are suffering serious illness being fully vaccinated.

"I understand that most of the patients are vaccinated, even 'severe' patients. Exactly. Naturally occurring. Old people, most of them are vaccinated," Israeli Dr. Kobi Haviv told News Israel 13 Thursday.

A nurse whistle-blower says that most of the patients said to have COVID are actually people who were vaccinated and are having adverse effects:

https://www.theburningplatform.com/2021/09/10/patients-filling-the-hospitals-are-vaccinated-period/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theburningplatform.com%2Fpatients-filling-the-hospitals-are-vaccinated-period%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C

The Vaccinated Are Getting Sick at High Rates as Scientists Are Clueless As to Why

<https://peckford42.wordpress.com/2021/08/24/the-vaccinated-are-getting-sick-at-high-rates-as-scientists-are-clueless-as-to-why/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpeckford42.wordpress.com%2F2021/08/24/the-vaccinated-are-getting-sick-at-high-rates-as-scientists-are-clueless-as-to-why%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C1>

Covid: 54% of hospital patients with virus are fully vaccinated

Rising proportion of vaccinated people in hospital reflects greater numbers in population getting vaccines:

https://www.irishtimes.com/news/health/covid-54-of-hospital-patients-with-virus-are-fully-vaccinated-1.4670229
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.irishtimes.com%2Fnews%2F54-of-hospital-patients-with-virus-are-fully-vaccinated-1.4670229&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C

CDC study shows 74% of people infected in Massachusetts Covid outbreak were fully vaccinated

<https://www.cnn.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F07%2F30%2Fcdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C>>

60% of people admitted to UK hospitals with COVID-19 are double-jabbed

<https://www.vanguardngr.com/2021/07/60-of-people-admitted-to-uk-hospitals-with-covid-19-are-double-jabbed/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.vanguardngr.com%2F2021%2F07%2F60-of-people-admitted-to-uk-hospitals-with-covid-19-are-double-jabbed%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C>>

Science Shows that there is a Pandemic of the Vaccinated

<https://freedomfirstnetwork.com/2021/11/science-shows-that-there-is-a-pandemic-of-the-vaccinated>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffreedomfirstnetwork.com%2F2021%2F11%2Fscience-shows-that-there-is-a-pandemic-of-the-vaccinated&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C>>

Lastly, we now know that COVID-19 can be safely and effectively treated with the off-the-shelf drugs Ivermectin and hydroxychloroquine--if these drugs are administered early on. The FDA and related agencies should be promoting these treatments rather than these experimental mRNA drugs, which clearly do not work, are now known to be dangerous and deadly, and actually appear to make those who have been injected with them MORE LIKELY to get infected with COVID-19, get sick with COVID-19, and die. The FDA should not even be considering the authorization of these experimental mRNA drugs for children.

-End of FDA comment-

Here are the searchable VAERS reports of injuries and deaths associated with injections of the COVID-19 "vaccines":

<https://openvaers.com/openvaers>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fopenvaers&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca8886f500c440338ef508d9ed8bca4e%7C>>

Something else I would like to note is that the PCR tests which have been used to determine who does and who does not have COVID-19 are notoriously faulty, and are now known to give almost all false positives. So a positive PCR test in the absence of symptoms DO NOT show that a person actually has COVID-19. Using COVID-19 "case" counts to determine policy is wrong and leads to bad policies.

I would be happy to provide more information on this matter if you desire it. Thank you for your time and consideration.

Respectfully,

Brooks Trubee
253-753-8871

From: DOH Information
Sent: 2/11/2022 9:13:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Question/Comment from the public



attachments\5CED7EE3C5C84A51_image001.png

Good Morning,

The customer inquiry below is asking when the results of the survey will be available?
Can someone please respond back to them?

Thank you,

Randi

Customer Service Specialist

Center for Public Affairs

Washington State Department of Health

DOH.Information@DOH.WA.GOV <mailto:DOH.Information@DOH.WA.GOV>

1-800-525-0127 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%7>>

From: DOH Feedback <doh.information@doh.wa.gov>
Sent: Tuesday, February 8, 2022 10:45 AM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Question/Comment from the public

The following survey response is submitted:

1.

Please select one:

Other

2.

Please enter your comments or questions in the space provided below:

I'm wondering how I could receive the results and breakdown of the recent survey concerning COVID-19 mandates for public school attendance. I would assume they have been tabulated by now. Will the full results be available on the website? If so, is there a timeline?

3.

If you are sending feedback on one of our Web pages, please paste the URL here:
(no answer)

4.

Would you like a response?

Tell us how to get in touch with you.

Name:

Robert Lowery

Email:

robloveryiii@icloud.com <mailto:robloveryiii@icloud.com>
Telephone:
509-899-0235

5.

To receive a confirmation of your submission, please enter your email address again in the space provided below.

robloveryiii@icloud.com <mailto:robloveryiii@icloud.com>

From: Kym Nyysela Otte
Sent: 2/12/2022 9:41:35 AM
To: DOH WSBOH
Cc:
Subject: Comments for the WA State Immunizations Technical Advisory Group (TAG)

External Email

Every single person on the WA State board NEEDS to read what these California doctors are saying. They are spot on. I cut and pasted the text below and I've included the link for your convenience.

Kym Otte

<https://www.sfgate.com/politics-op-eds/article/California-vaccine-mandate-schools-COVID-omicron-16832461.php>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sfgate.com%2Fpolitics-op-eds%2Farticle%2FCalifornia-vaccine-mandate-schools-COVID-omicron-16832461.php&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C>>

We're pro-vaccine but can't support California lawmaker's school COVID vaccine mandate

Two physician epidemiologists argue in this op-ed the likely costs of Sen. Pan's bill would not be worth the benefits

Dr. Tracy Beth Høeg, Dr. Vinay Prasad
Feb. 8, 2022

Two weeks ago, state Sen. Richard Pan introduced
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sfgate.com%2Fcalifornia-politics%2Farticle%2FCalifornia-COVID-vaccine-mandate-schools-Newsom-16799639.php&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C>>
a new bill
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.latimes.com%2Fcalifornia%2Fpolitics%2Fop-ed%2Fnew-vaccine-legislation-california-schoolchildren-mandate&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e>>
which would require all children K-12 to be vaccinated against COVID-19 in order to attend school in person after Jan. 1, 2023. Unvaccinated children would be forced into remote learning.

Pan said

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.latimes.com%2Fcalifornia%2Fpolitics%2Fop-ed%2Fnew-vaccine-legislation-california-schoolchildren-mandate&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e>>
, "We need to make sure schools are safe so that all parents are comfortable sending their children to school."

Every parent wants safe schools. But our children deserve medical care driven by facts, not politics. As physician epidemiologists, we have analyzed the data and found that this

mandate is not supported by the scientific evidence — which is why no European countries or other U.S. states have implemented their own.

California already has a mandate

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.ca.gov%2F2021%2F10%2Fbecomes-first-state-in-nation-to-announce-covid-19-vaccine-requirements-for-schools%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11> for children over 12, which will be triggered once the vaccines receive full approval. Pan's bill would go much further, requiring every child in K-12 to be vaccinated while the shots are still under emergency use authorization.

The stricter requirement is necessary, according to Pan

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffox40.com%2Finside-california-politics%2Fhold-inside-california-politics-sen-dr-richard-pan-discusses-eliminating-personal-belief-vaccine-exemptions-in-schools%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11>, to reduce transmission of the disease in schools

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.capradio.org%2Farticles%2Fwill-once-again-become-a-battleground-for-vaccine-laws%2Fhttps%3A%2F%2Ffox40.com%2Finside-california-politics%2Fhold-inside-california-politics-sen-dr-richard-pan-discusses-eliminating-personal-belief-vaccine-exemptions-in->

schools%2F&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11
. That may once have been possible

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056/NEJMp2111111>. Unfortunately, with the emergence of the omicron variant, immunization no longer prevents people

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>
from catching and spreading the virus long-term. While they are still extremely effective
at preventing severe disease

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sfgate.com%2Fcoronavirus%2Fvaccine-protection-hospital-COVID-immune-16709546.php&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C>, vaccines stop just 5%

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>
to 30

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2Ftext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e2172>
% of omicron infections, according to several studies that have yet to go through peer review. Even this benefit seems to evaporate a few months after the last shot

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

Insinuating mandating student vaccination will “keep schools open” or will “keep schools safe” is misleading. In fact, this messaging may result in students knowingly coming to school with symptoms because their parents think they can’t spread the virus.

While the protective benefits of vaccination are extremely clear for adults

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sfgate.com%2Fcoronavirus%2Fvaccine-protection-hospital-COVID-immune-16709546.php&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C>, the data for children is murkier. First, children are at extremely low risk of severe COVID-19. Even before the emergence of omicron

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fin-children-risk-of-covid-19-death-or-serious-illness-remain-extremely-low-new-studies-find->

11625785260&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C1, which is considerably more mild than earlier strains, the virus was less deadly to

children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.vox.com%2F22699019%2F2021-19-children-kids-risk-hospitalization-death&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e21>>
than flu and pneumonia, heart disease, car crashes or guns. Centers for Disease Control and Prevention data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolun>>
also suggests that children who have already caught and recovered from COVID-19 may benefit very little from vaccination.

Although serious side effects of immunization are exceedingly rare, mounting evidence suggests even those are more common than severe COVID-19 in some children, including teen boys. We should further study a specific — and rare — side effect called myocarditis that appears to occur in one in 3,000

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Fcid%2Fadv-article-abstract%2Fdoi%2F10.1093%2Fcid%2Fciab989%2F6445179&data=04%7C01%7Cwsboh%40sboh.wa.gov>>
to one in 7,000

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F>>
boys between 12 and 17 after a second COVID-19 vaccine dose. Because of these issues, we believe parents should have the right to make an individual risk-benefit calculation for their children.

In Europe, this stance is not controversial. Norway

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fhi.no%2Fen%2Fnews%2F2021-01-27-of-coronavirus-immunisation-for-children-and-adolescents-expanded%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e21>>
, Sweden

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fworld%2Fhealth%2Fdecides-against-recommending-covid-vaccines-kids-aged-5-12-2022-01-27%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e21>>
and the U.K.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Fconditions%2Fcoronavirus%2Fcoronavirus-vaccination%2Fwho-can-get-the-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e21>>
only recommend — not require — vaccines for high-risk 5-11 year-olds. Countries such as the Netherlands

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rijksoverheid.nl%2Fonderwerpen%2Fvaccinatie%2Fkinderen-van-5-tot-en-met-11-jaar%2Fcoronaprik-halen-na-besmetting-of-andere-vaccinaties&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e21>>
and Norway

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fhi.no%2Fen%2Fid%2Fvaccinatie%2Fcoronavirus-vaccine%2F%23vaccination-after-having-covid19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e21>>
acknowledge children may not benefit from vaccination if they have already recovered from infection.

Excluding unvaccinated children from in-person learning would come at an enormous cost, at a time when they should be catching up on critical academic and social experiences. In December, when the Los Angeles Unified School District tried to

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.latimes.com%2Fcalifornia%2Fstory%2F2021-12-10%2Flausd-plans-to-back-down-from-student-covid-vaccine-mandate&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e21>>
implement a K-12 COVID-19 vaccine mandate, they found that 30,000 students ages 12 and older hadn't met the mandate requirements. If we extrapolate those numbers to the entire state, and take into account lower vaccination rates among children ages 5-11

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aap.org%2Fen%2Fpages%2Fnovel-coronavirus-covid-19-infections%2Fchildren-and-covid-19-vaccination-trends%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e1402804](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aap.org%2Fen%2Fpages%2Fnovel-coronavirus-covid-19-infections%2Fchildren-and-covid-19-vaccination-trends%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e1402804&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e1402804), over a million California children could be forced into remote learning. It is also important to acknowledge that Black and Latino

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.politico.com%2Fstates%2Fcalifornia%2Fschools-tried-to-mandate-vaccines-then-it-faced-the-reality-of-sending-30-000-students-home-1402804&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e1402804> children are less likely to be vaccinated, meaning they would likely be excluded at higher rates

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mercurynews.com%2F2021/09/22%2Flagging-vaccination-rates-could-keep-the-bay-areas-black-students-out-of-school%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59f39e683af349aabdad08d9ee4e9fc6%7C11d0e1402804> than their white peers.

Experts increasingly admit that COVID-19 will be with us indefinitely. As we adapt to this new reality, it is vitally important that we follow the science, particularly when it comes to the health and safety of children.

Tracy Beth Høeg is a Danish-American physician in private practice in California with a PhD in Epidemiology and Public Health and is the senior author of multiple peer reviewed scientific studies of COVID-19 and children. Vinay Prasad is associate professor of epidemiology at UCSF and practicing hematologist oncologist He is author of 2 books and 300 peer reviewed papers.

From: Marie McFadden

Sent: 2/9/2022 9:33:01 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Haag, Hannah R (SBOH)

Cc:

Subject: NO mandated covid vaccines!!

External Email

Attention public SERVANTS!

Vote NO on this proposed covid vaccine mandate for our school children. Data is showing people with the vaccine are catching the virus just as easily as those who have not been vaccinated. There is absolutely no justification for forced injections on free citizens, let alone our children who are not in serious danger of this virus. This outrageous government overreach needs to end NOW!! There are protests worldwide right now against these vaccinations and all of these unconstitutional mandates. Vote NO!!! Thousands of students will be removed from the public school system by their parents acrossed the state if this ridiculous and outrageous overreachis implemented. You should all be ashamed of yourselves! It's time to start listening to the people you work for, WE THE PEOPLE. You have forgotten your place, you are employees, not our dictators. End this outrageous overreach, END THE MANDATES and VOTE NO on covid vaccines for school children!!!

M. McFadden

Tax Payer, Registered Voter and Parent

From: Rob Davis
Sent: 2/10/2022 11:40:27 AM
To: DOH WSBOH
Cc:
Subject: Concerns from Feb 10 TAG meeting

External Email

Hello, I attended portions of the Feb 10 TAG meeting and would like to provide some feedback.

Much data was presented at this meeting, but in my opinion much of it was misleading and/or inaccurate in my opinion.

For example, data was presented by Dr Loughgrin about deaths from covid in children (somewhere in the range of 66) as compared to deaths from Varicella, Rubella, etc (around 15 - 20). Lora Davis also presented on covid deaths in children, including presenting on the national "leading causes of death" in children. However, nothing was said to distinguish which children died FROM covid, vs those that died WITH covid. Co-existing conditions in children who died (ie "with" covid) was not addressed, thereby perpetuating fear about a disease that has been shown to be no more severe in children than seasonal influenza. As has become very clear over recent months, the questionable EUA testing protocols, combined with widespread/required testing, and inaccurate results from these tests make statistics gleaned from their results highly suspect. This was not addressed making policy based on suspect numbers is not a moral or ethical position.

Significantly, also not addressed was the horrifying report of deaths from suicide (#2 leading cause of death in children) - which has increased substantially due to terrible lockdown, distancing, and masking policies, all of which have been ineffective. Vaccine requirements for children, if enacted, would simply become another ineffective cause of harms that outweigh benefits.

In like manner, the presenter named Lora Davis presented a myriad of slides that discussed "case rates" in children. As noted above, if a "case" of covid is simply a positive (questionable) test, these data are questionable and invalid. This was not addressed. Also not addressed in any data is the potential for error in data accumulation when a fully vaccinated person is counted as an "unvaccinated" covid case if testing positive before the 2-week mark. This shoddy and misleading approach to data collection clearly elevates unvaccinated case numbers, and should not be relied upon for decision making.

The biggest takeaway from this meeting is that so much is unknown. Will there be future variants of covid? Unknown. Will vaccines be effective against such possible variants, since they proved to be ineffective against omicron? Unknown. What are the long-term effects of widespread vaccination in children. Unknown. We must not experiment on children in hopes of achieving a possible, unknown benefit.

It is absolutely NOT in the best interest of our children to force a vaccine which may cause injury and death upon them in the name "safety" for school settings. Any injury or death to a child that comes from a preventative vaccine intervention effectively negates the value of that intervention.

Thank you for your time,
Dr. Robert W. Davis

From: Consuelo Rodriguez
Sent: 2/9/2022 11:34:21 AM
To: DOH WSOBH
Cc:
Subject: Re: Reminder: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC starts in 1 day

External Email

Thank you for the reminder
See you there.

<https://donatenow.networkforgood.org/lacasahogar>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdonatenow.networkforgood.org%2F>

Consuelo Rodriguez de Negrete
Civic Engagement & Adult Education Program Assistant
La Casa Hogar.(509) 457 5058 cell 509 731 3889
106 S 6th Street
Yakima Wa 98901

☐ Celebrate with us, La Casa Hogar is undergoing an Executive Director transition! Read more...
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.lacasahogar.org%2Fevent-calendar%2Fannouncement-of-executive-director-transition%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C94a45eba20de4fa645f408d9ec02ecfb%7C1>

☐ Celebre con nosotros, ¡La Casa Hogar está pasando por una transición de Directora Ejecutiva! Lee más...
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.lacasahogar.org%2Fevent-calendar%2Fanuncio-de-transicion-del-directora-ejecutiva%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C94a45eba20de4fa645f408d9ec02ecfb%7C1>

"La Casa Hogar is a fragrance-free workplace. Thank you for not wearing any of the following during your visit: cologne, after shave lotion, perfume, perfumed hand lotion, fragranced hair products, and/or similar products. Our chemically-sensitive co-workers and clients thank you."

On Wed, Feb 9, 2022 at 9:13 AM Zoom <no-reply@zoom.us> <no-reply@zoom.us> wrote:

<<http://us02web.zoom.us/j/89036106373?pwd=Oa8b1a2e453e.png>>

Hi Consuelo Rodriguez,

This is a reminder that "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC" will begin in 1 day on:

Date Time: Feb 10, 2022 09:00 AM Pacific Time (US and Canada)

Join from a PC, Mac, iPad, iPhone or Android device:

Click Here to Join <<https://us02web.zoom.us/j/84038243635?tk=fL5l7S4f-gYyRd-cxV3DJ5X-GfDb0fzI73novjby1t0.DQMAAAATkRHVMxZleFFPTkIOeFRKS3FUanlaQjVDWXN3AAAAAAAAAAAAAAAAAAAAAA>

TQ>

Note: This link should not be shared with others; it is unique to you.

Passcode: 390357

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<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/ics?user_id=exQONINxTJK

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US: +1 669 900 9128 or +1 253 215 8782 or +1 301 715 8592 or +1 312 626 6799 or +1 346 248 7799 or +1 646 558 8656

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International numbers available: <https://us02web.zoom.us/j/84038243635?pwd=Oa8b1a2e453e.png>

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You can cancel

<<https://us02web.zoom.us/webinar/register/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/success?act=cancel>>
your registration at any time.

From: Pskowski, Samantha L (SBOH)
Sent: 2/9/2022 10:58:09 AM
To: DOH WSBOH
Cc:
Subject: FW: Not today Satan

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Becca Naro <narobecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:44 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Fwd: Not today Satan

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:38 PM
Subject: Not today Satan
To: samantha.pskowski@sboh.wa.gov <samantha.pskowski@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots. I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level). Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school. Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense. There isn't a Covid pandemic. There is a people with power pulling pandemic. Horrible people that do not respect the constitution. As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: Kate Ruppert
Sent: 2/13/2022 11:35:33 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccine as required for K-12 students. OPPOSE.

External Email

Hello,

I am a parent in Washington state. I listen to my pcp and pediatrician. We have open dialog and thorough discussions.

I read the news. Not just U.S. and local news, news from around the world.

I would like to discuss:

#6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

That 12 of 17 individuals from TAG voted that Covid 19 vaccines meet the criteria to reduce transmission shows that they do not read U.S. or outside U.S. news. That the Covid 19 vaccine meets the statement of #6 is a blatant lie.

Example: In my workplace, which uses masking and testing, breakthrough cases are over 77% of the cases. Almost every breakthrough case tied to work is vaccinated to vaccinated or vaccinated to unvaccinated transmission.

The highest number of hospitalized individuals that I work with are fully vaccinated AND boosted. This is something everyone at work sees. Not a single soul that is not currently boosted that has vocalized their concerns is getting the booster.

Both vaccinated and unvaccinated discuss symptoms and experiences of Covid 19 infection: the symptoms and period of illness is almost identical with some nuances such as person A had a sore throat for a couple days longer, person B just had a runny nose and cough, person C had a more persistent cough and so forth.

Pfizer's data for children's trial studies, ages 5-11, was not large enough to accurately determine data. There were actually at least 7x more adverse events to the vaccinated group than the placebo group.

My pcp has advised that healthy people under 30yrs should not receive the vaccine and that the adverse effects of the vaccine are greater the younger the receiver is than the effects of Covid 19. My pcp did say if the youth has an underlying condition, like leukemia, that vaccinating for Covid 19 may help reduce their symptoms. My pcp noted that children with severe illness such as cancers are the majority having complications. My pediatrician has advised similar.

My own child has already had Covid 19. The disease came to my household, even with precautions taken. Multiple vaccinated individuals in my department passed it to several fellow employees (vaccinated to three vaccinated AND vaccinated to one unvaccinated)

My partner and I were terrified for our child and the imminent hospitalization and death to come... Our child was over Covid 19 in two and a half days and back to their normal

self in quick order. Zero negative effects, nothing detrimental, no death, no need to "reduce symptoms."

(We adults survived fine as well. One of us with autoimmune disease and pregnant and the other over-weight, pre-diabetic, with sleep apnea. No doctors, no hospitals, no deaths. Thank goodness as Delta symptoms.)

As we have known since the beginning of Covid 19: Children are mostly unaffected by this disease. So far a death rate near .003%.

The only positive I see in being sick and unvaccinated is that you know right away that your body is "off" and if you are honest, you will stay home, keep the kids home, and that alone will reduce transmission more than the vaccine appears to reduce transmission.

If adults or individuals at higher risk fear children, those individuals should mask and take proper precautions for themselves. Healthy children should not be given a medical treatment they do not need, especially via requirement for education; by coercive means. This is discrimination of the healthy based on medical procedure that has little to no benefit to them.

Reduce transmission by staying home and getting tested, even with "allergies." Coercion to utilize public and private education systems is wrong. Please note again, the vaccines do not stop transmission.

https://www.wfmz.com/news/pr_newswire/pr_newswire_health/physicians-for-informed-consent-updates-its-pfizer-covid-19-vaccine-risk-statement-analyzes-new-safety/article_49e522ed-2eaf-5d0a-8b3c-1a154bfa96ca.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wfmz.com%2Fnews%2Fpr_newswire%2Farticle_49e522ed-2eaf-5d0a-8b3c-1a154bfa96ca.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C708aa8674ae14ce6c79d08d9ef27c9aa%7C11d0e19.html

<https://www.msn.com/en-us/news/us/cdc-report-shows-vaccinated-people-can-spread-covid-19/ar-AAML2bE>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2Fcdc-report-shows-vaccinated-people-can-spread-covid-19%2Far-AAML2bE&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C708aa8674ae14ce6c79d08d9ef27c9aa%7C11d0e19.html>

[https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-](https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmedia%2Freleases%2Fs0730-mmwr-covid-19.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C708aa8674ae14ce6c79d08d9ef27c9aa%7C11d0e19.html>

19.html

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmedia%2Freleases%2Fs0730-mmwr-covid-19.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C708aa8674ae14ce6c79d08d9ef27c9aa%7C11d0e19.html>

<https://www.israelnationalnews.com/news/304124>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.israelnationalnews.com%2Fnews%2F304124>

<https://www.nejm.org/doi/full/10.1056/NEJMc2102507>

https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvariants%2Fomicron-variant.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C708aa8674ae14ce6c79d08d9ef27c9aa%7C1

https://physiciansforinformedconsent.org/wp-content/uploads/2021/08/Pfizer-COVID-19-Vaccine-Risk-Statement-PDF.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphysiciansforinformedconsent.org/content%2Fuploads%2F2021%2F08%2FPfizer-COVID-19-Vaccine-Risk-Statement-PDF.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C708aa8674ae14ce6c79d08d9ef27c9aa%7C11d0e

R/
Kate

From: Stephanie Bohnett
Sent: 2/13/2022 7:55:32 PM
To:
Cc:
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: Ashlee Asher
Sent: 2/10/2022 12:30:40 PM
To: DOH WSBOH
Cc:
Subject: I vote NO to kids vaccines!!!

External Email

Hi,
This is getting and has been out of control. Our children DO NOT need to get this shot.
Covid doesn't even effect children! It's insane you are even thinking of putting this
poison in children!
Also, there is currently no published literature on pediatric Covid-19 vaccine effectiveness
in K-12 school setting.

Ashlee Asher

From: Lori Hayden
Sent: 2/10/2022 4:33:16 PM
To: DOH WSBOH
Cc:
Subject: Unacceptable vaccine

External Email

I just wanted to state that this vaccine is totally unacceptable because it is experimental and the long term consequences are yet unknown. Pfizer has not even released their safety data. Many people were coerced or mandated to get it in order to keep their jobs or a lot more people would not have gotten it. There is a lot of controversy because highly vaccinated countries have the highest rates of transmission and countries with lower vaccination rates are seeing lower transmission. This vaccine may actually cause spread of the disease. Too many unknowns yet and not enough safety data to be giving it to kids who are absolutely not at risk from the disease, but are more at risk from the illness. What kind of society would sacrifice the health of their kids, long term consequences of this new technology are totally unknown, in order to protect themselves?

Absolutely unacceptable because safety trials were cut short.

From: Nickee
Sent: 2/11/2022 2:34:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Hello,
I oppose for forced vaccinations. Absolutely not okay to force this vaccine on children.
This is so wrong. We are seeing evidence that these vaccines are causing injury and
myochariditic issues.
Please stop this nonsense.
Sincerly,
Concerned citizen.
Nickee Gwinner

From: mikki bosman
Sent: 2/11/2022 2:46:51 PM
To: DOH WSOH
Cc:
Subject: Vaccines for Children



attachments\9F56E95D9A534434_E223370BE7AA4C3C9416D4064E64D790.jpg

External Email

02/11/22

•

COVID

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeviews>> VIEWS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeviews&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e21726>>

Breaking: FDA Postpones Meeting on COVID Shots for Kids Under 5 After Pfizer Says Not Enough Data. But Don't Let Up!

Citing insufficient data, Pfizer today said it will delay applying for Emergency Use Authorization of its COVID vaccine for infants and children 6 months to 4 years old.

By

The Defender Staff

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender-staff%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e21726>>

Link copied

Miss a day, miss a lot. Subscribe to The Defender's Top News of the Day

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fabout-us%2Fsign-up%2F%3Futm_source%3Dtop_of_article%26utm_medium%3Dthe_defender%26utm_campaign%3Dsign-up> . It's free.

Pfizer today said

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehill.com%2Fpolicy%2Fhealthcare%2Fpfizer-biontech-to-delay-fda-request-for-vaccines-for-children-under-5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e21726>> it will delay applying for Emergency Use Authorization (EUA) of its COVID vaccine for infants and children 6 months to 4 years old stating there's not enough data on the efficiency of a third dose.

The U.S. Food and Drug Administration (FDA) in response postponed a meeting that had been scheduled for Feb. 15 to review Pfizer's application for the pediatric vaccine.

Two separate clinical trials

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pfizer.com%2Fnews%2Fpress-release%2Fpress-release-detail%2Fpfizer-and-biontech-provide-update-ongoing-studies-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
of Pfizer-BioNTech's COVID vaccine for the younger age group are in progress: one involving children between the ages of 6 months to 2 years old, the other involving children between ages 2 and 4.

CNBC last month reported

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2022%2F01%2F15%2Fhealth%2Fpfizer-covid-vaccine-kids-fda-authorization-postponed-rcna15730&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
says-fda-could-authorize-pfizers-covid-vaccine-for-kids-under-5-in-the-next-month.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172
two shots did not induce an adequate immune response in children 2 to 4 years old in Pfizer's clinical trials, leading Dr. Anthony Fauci
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.amazon.com%2FReal-Childrens%2Fdp%2F1510766804&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
to predict
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2022%2F01%2F15%2Fhealth%2Fpfizer-covid-vaccine-kids-fda-authorization-postponed-rcna15730&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
says-fda-could-authorize-pfizers-covid-vaccine-for-kids-under-5-in-the-next-month.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172
children in that age group would need a three-dose regimen of the vaccine.

In what the New York Times described

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2Flive%2F2022%2F01%2F15%2Fhealth%2Fpfizer-covid-vaccine-kids-fda-authorization-postponed-rcna15730&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
19-cases-
vaccine&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172
as a "highly unusual move," the FDA urged
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FDrWoodcockFDA%2Fstatus%2F1510766804&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
Pfizer to apply for EUA of the vaccine, even though two doses failed to produce the hoped-for immune response
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2Flive%2F2022%2F01%2F15%2Fhealth%2Fpfizer-covid-vaccine-kids-fda-authorization-postponed-rcna15730&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
omicron-vaccines%2Fin-a-trial-pfizer-biontechs-low-dose-shot-did-not-provoke-an-adequate-immune-response-in-2-to-5-year-olds&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172
among children 2 to 4 years old and the vaccine maker did not yet have data on the efficacy of a third shot.

Pfizer had planned to submit its application to the FDA next week, then provide additional data in the coming weeks on a third dose, NBC reported

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nbcnews.com%2Fhealth%2Fpfizer-covid-vaccine-kids-fda-authorization-postponed-rcna15730&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>
news%2Fpfizer-covid-vaccine-kids-fda-authorization-postponed-rcna15730&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172
.

The FDA did not say when the Feb. 15 meeting would be rescheduled, and Pfizer did not indicate when it would submit the application.

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%3Furl%3Dhttps%3A%2F%2Fwww.pfizer.com%2Fnews%2Fpress-release%2Fpress-release-detail%2Fpfizer-and-biontech-provide-update-ongoing-studies-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb4f1b590a19946516f5f08d9edb06320%7C11d0e2172>>

for Windows

From: Jenelle Arkills
Sent: 2/10/2022 11:33:38 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am listening to the webinar on the Covid vaccine requirement for youth and I urge you to NOT make it a requirement for children to get the vaccine to attend school. Thank you!

Jenelle Arkills
University Place, WA resident

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 8:33:53 AM
To: DOH WSB OH
Cc:
Subject: FW: Vaccines

From: Virginia Schnabel <rvschnabel@gmail.com>
Sent: Saturday, February 12, 2022 3:21 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Vaccines

External Email

To whom it may concern:

As a concerned citizen, I am writing to voice my opposition to any and all attempts to force parents to vaccinate children against their will.

This a personal and private decision that should be made by families alone, and any mandates forcing parents to violate their conscience regarding medical privacy and choice, should be rejected.

Every mandate by unelected and elected officials pushes our nation one step closer toward totalitarianism, such as is currently opposed upon Chinese citizens.

The United States was founded upon the principle of the freedom to govern oneself, and it is not appropriate for the government, or appointed boards, to undermine this principle.

Sincerely,

Virginia Schnabel

From: Cheryl Lovett
Sent: 2/9/2022 6:29:44 PM
To: DOH WSBOH
Cc:
Subject: COVID Vaccine

External Email

To whom it may concern,
Why are we even considering to make the COVID vaccine a requirement for schools?

Children are the least likely to get COVID and those that have have completely recovered. The vaccine has proven to be ineffective, rushed through testing and has been proven to be dangerous to kids. Most children hospitalizations have been of the vaccinated from side effects such as myocarditis (swelling of the heart) this can be fatal!!

Why are exemptions being denied when there have been exemptions for all the current vaccinations that have been tested through time? Why are religious and medical exemptions ok for other school vaccines but not this one?

Every other state is opening back up with no vaccine mandates and case counts are at all time low. COVID is a bad flu virus and as such should be treated like the flu. Flu Vaccines are per personal choice. Not mandatory.

Please leave the vaccines requirements up to parents and their drs. Do not add this dangerous vaccine that even the maker of said it is not doing what it should with the virus. Side effects are worse than getting COVID! Natural immunity should be honored as such.

--

Cheryl

From: Elizabeth J
Sent: 2/11/2022 8:50:07 AM
To: DOH WSBOH
Cc:
Subject: No Vax Requirement

External Email

There is no reason to require children k-12 to have a covid vaccine. It should be optional, just like a flu shot. Do not make this a requirement. The people do not want it. There are no long term studies, we have no idea what the effects will be on our children. Do the right thing, make sure parents and children have a choice.

Elizabeth Johnson
Mother of 4

From: Candace Hulse

Sent: 2/10/2022 2:30:37 PM

To: eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: No required Shot

External Email

There is not enough current data on the current variant except that vaccinated people spread it as much as unvaccinated! What about the children that have tested positive already? CDC has admitted natural Immunity outweighs the vaccination. Please do not recommend This vaccination.

Candy Hulse

Sent from my iPhone

> On Feb 10, 2022, at 2:24 PM, Candace Hulse <CandaceHulse@johnlscott.com> wrote:

>

> I have been observing this meeting. Most of you have said you want more information!!! More Data!! Then you cannot and should not not consciencely. It's for recommending a vaccine for school children!!

>

> Thank you

> Candy Hulse

> 425-417-4219

>

> Sent from my iPhone

>

>> On Feb 9, 2022, at 11:02 PM, Candace Hulse <CandaceHulse@johnlscott.com> wrote:

>>

>> I am writing you to encourage you to not in-force a required Covid shot for school age children. I and thousands of others will not allow our children to participate in government public schools of required. The "vaccine" is unproven in small children and they have very little or no Covid sickness. You know this! Please do not approve a required COvid 19 shot. The new variants are weak and getting weaker sickness wise, and do not pose a threat to hardly any child.

>>

>> Thank you

>> Candy Hulse

From: Tyger
Sent: 2/10/2022 4:17:12 PM
To: DOH WSBOH
Cc:
Subject: Forcing Kids to Vax

External Email

The thought that you are even considering implementing such a regulation based on the facts of kids and Covid is disgusting. The impact to children is not known. You will not only lose students, but will also lose community members. It is not your job to make decisions about my child's healthcare.

Other states are removing mandates, freeing our children...while you are still doing the exact opposite needlessly! The harm you are doing to our children is not something they will ever recover from!

Shame on you!

From: pauline@virtualseattle.com
Sent: 2/11/2022 12:22:18 PM
To: DOH WSOH
Cc:
Subject: Public Hearing Feb 10 Comments on youth vaccine criteria 5 & 6

External Email

To the Board of Health Youth Vaccine Hearing Committee:

I believe the email provided in the Chat for public participant comments was sboh.wa.gov/Meetings/ProvidePublicComments It doesn't work so I called and was given this address. I'm not sure how many participants there were or how many wanted to comment. I will try to make up for a few of them.

A question I have is... I'm curious, since the virus hasn't been isolated, how does the vaccine contain antigens? Or is it the spike proteins that produce antigens?

"COVID-19 is the murder of billions by the Fauci created synthetic tripartite viral bioweapon monkey virus SARS COV2. The bioweapons spike protein contains the deadly sequences of HIV/ XMRV/ SARS. The weaponization (gain of function) of this man-made bio toxin began in the early 2000s. It has been injected into vulnerable populations via polio, MMR and Flu vaccines for at least two decades. The COVID "vaccine" is simply the injection of the disease causing spike protein in a synthetic virus. Dr. Judy Mikovits

It sounds like we've only just begun killing people! See below.

Taking into mind Criteria #5 example of measles vaccination, I do know about the MMR and its relationship to Non-Hodgkins Lymphoma which my 17-year old was diagnosed with.

Not YOUR DAUGHTER, MY DAUGHTER!!!

Deaths From Childhood Diseases Were Declining Before Vaccines

<https://childrenshealthdefense.org/child-health-topics/false-narratives/deaths-from-childhood-diseases-were-declining-before-vaccines/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fchild-health-topics%2Ffalse-narratives%2Fdeaths-from-childhood-diseases-were-declining-before-vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C>>

Why would we want to further spread these spike proteins by vaccinating more people, now targeting children? THIS IS UNTHINKABLE

Vaccination is causing mutations and infection. None of the COVID vaccines have been tested and FDA approved.

Plus there are 36,167 adverse events reported to VAERS as of February 4, 2022 in children under 18.

Why are we sacrificing children on the altar of the God of War Against Humanity? Kind of answers itself doesn't it.

The FDA will meet February 15, 2022 to discuss expanding the Emergency Use Authorization (EUA) for Pfizer's covid jab to children 6 months to 5 years old. Pfizer itself said the vaccine is not ready, but the White House asked them to submit an application anyway!

Every Friday, VAERS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-jr-david-kessler-covid-vaccine-vaers%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C11d> publishes vaccine injury reports received as of a specified date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed. Historically, VAERS has been shown to report only 1% of actual vaccine adverse events <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2Fvaccine%2Fvaers%2F2011.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C11d>

U.S. VAERS data from Dec. 14, 2020, to Jan. 21, 2022, for 5- to 11-year-olds show:

* 7,052 adverse events

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
 , including 152 rated as serious
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
 and 3 reported deaths
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>

The most recent death involves a 7-year-old girl (VAERS I.D. 1975356

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind>
) from Minnesota who died 11 days after receiving her first dose of Pfizer's COVID vaccine when she was found unresponsive by her mother. An autopsy is pending.

* 14 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fmyocarditis%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
of myocarditis and pericarditis (heart inflammation).

* 24 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fblood%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
of blood clotting disorders.

*

U.S. VAERS data from Dec. 14, 2020, to Jan. 21, 2022, for 12- to 17-year-olds show:

* 27,772 adverse events

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19%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C

, including 1,588 rated as serious

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19%26SERIOUS%3DON%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C

and 37 reported deaths

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeaths%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
19%26DIED%3DYes%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C

.

The most recent deaths involve a 13-year-old male (VAERS I.D. 2042005

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeath%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
) from an unidentified state who died from a sudden heart attack seven months after receiving his second dose of Moderna, and a 17-year-old female from an unidentified state (VAERS I.D. 2039111

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeath%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
) who died after receiving her first dose of Moderna. Medical information was limited and it is unknown if an autopsy was performed in either case.

* 68 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeath%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death -- with 96% of cases attributed to Pfizer's vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeath%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>

.

* 609 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeath%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
of myocarditis and pericarditis with 597 cases

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeath%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
attributed to Pfizer's vaccine.

* 154 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffind%2Fdeath%26STATE%3DNOTFR%26WhichAge%3Drange%26LOWAGE%3D12%26HIGHAGE%3D18&data=04%7C>>
of blood clotting disorders, with all cases attributed to Pfizer.

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before measles

vaccine was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

Do any of the COVID-19 shots fulfill this criterion? No they do not prevent this "dis-ease" this flu.

I would like to share some information you may have not considered. So please just consider this:

In the first place it is unethical to use children as shields for adults.

Consider what Peter Doshi, Ph.D has said: "I want to address this idea of vaccinating children to protect adults. I encourage the Advisory Committee to read Dr. Lavine et al.'s editorial to explain why, "Vaccinating children is likely to be of marginal benefit in reducing the risk to others." And even if you think a small benefit is better than nothing, let's not forget that it's an unproven hypothetical benefit. We need confirmatory evidence, not just assumptions. And then there's the ethics and the law. FDA can only indicate a product for use in a given population if benefits outweigh risks in that same population. So if benefits don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021, <https://www.fda.gov/media/150815/download> <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150815%2Fdownload](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150815%2Fdownload&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C150815%2Fdownload) , pp. 171-172. (emphasis added)

Children and young adults are at an extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," The Lancet Children & Adolescent Health, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext) <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flanchi%2Farticle%2FPIIS2352-4642\(21\)00066-3%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C150815%2Fdownload](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flanchi%2Farticle%2FPIIS2352-4642(21)00066-3%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C150815%2Fdownload)

3%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C150815%2Fdownload

The Forbes article "The Hideous Truths of Testing Vaccines on Humans" examined the testing of hepatitis vaccines on the residents of Willowbrook, a home for severely disabled children. The author states: "In 1966, renowned medical ethicist Henry K. Beecher published an article titled, "Ethics and Clinical Research," which listed

ONE IN 100,000 IS TOO MUCH!! A Hong Kong study shows 1 in 2,700 develops myocarditis. This should be STOPPED IMMEDIATELY! You said NOTHING ABOUT THE LONG-TERM DAMAGE TO THE HEART. It's basically the death of the heart. Unless transplanted these people will die, will they not? What about the athletes that have died on the playing field or been benched? Why were none of those cases shown?

COVID Shots Could Cause 'Crippling' Neurodegenerative Disease in Young People, MIT Scientist Warns

https://childrenshealthdefense.org/defender/mit-scientist-stephanie-seneff-neurodegenerative-disease-young-people-covid-shots/?utm_source=salsa&eType=EmailBlastContent&eId=9fac5cf4-8fac-4805-8a0d-274fea1d4904
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/mit-scientist-stephanie-seneff-neurodegenerative-disease-young-people-covid-shots%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26eId%3D9fac5cf4-8fac-4805-8a0d-274fea1d4904&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C11d0e21>

You people are up there talking and acting like you care about what? About your titles and credentials? Buddying up to the common man? Pretending to be truthfully considering the plight of the future of this state? And keeping people out of the hospital?

It's obvious you do not care about "First DO NO HARM."

Between January 4, 2020, and January 6, 2022, 573 children between the ages of 5-18 have died with COVID in the entire United States. CDC Deaths by Sex, Ages 0-18 years, <https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzv>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FDeaths-by-Sex-Ages-0-18-years%2Fxa4b-4pzv&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C11d0e21>>
And what was their preexisting condition?? Or were they simply tagged COVID to pump up the numbers?

On December 31, 2021, Anthony Fauci stated, " . . . [I]f a child goes into the hospital, they automatically get tested for COVID, and they get counted as a COVID-hospitalized individual, when in fact they may go in for a broken leg or appendicitis of something like that, so it's overcounting the number of children who are . . . hospitalized with COVID as opposed to because of COVID." MSNBC interview, <https://twitter.com/TheEliKlein/status/1476917049435856925>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FTheEliKlein%2Fstatus/1476917049435856925>>

Vaccines and Related Biological Products Advisory Committee member Dr. Cody Meissner stated “[F]our per million [pediatric hospitalizations] certainly does not constitute an emergency, and there are significant questions about the safety of this product.” June 10, 2021, VRBPAC meeting transcript, p. 62.

<https://www.fda.gov/media/150815/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F150815/download>

IT ISN'T EVEN APPROVED FOR ADULTS, LET ALONE CHILDREN

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, “activity” refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

Do any of the COVID-19 shots fulfill this criterion? No.

The Pfizer, Moderna, and Janssen products do not prevent transmission, serious disease, or death.

The CDC director says that vaccines do not prevent transmission. “Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says,” CNN Health, <https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnn.com%2F2021%2F08%2F05%2Fhealth%2Fus-coronavirus-thursday%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9>

“COVID-19 infections are increasing in Gibraltar, with 128 new infections reported on

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgraphics.reuters.com%2Fworld-coronavirus-tracker-and-maps%2Fcountries-and-territori%2520es%2Fgibraltar%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ce91b303e4468485d26>

<https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>
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<https://doi.org/10.1101/2021.06.01.21258176>

https://doi.org/10.1038/s41590-021-01089-8
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1038%2Fs41590-021-01089-8&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C11d0e21726

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1016%2Fj.toxrep.2024.100000&cid=72112722&context=menu&ui=en&es=en&ps=en&pr=en&pt=en&sc=en&se=en&sr=en&sp=en&st=en&sw=en&ui=en&es=en&ps=en&pr=en&pt=en&sc=en&se=en&sr=en&sp=en&st=en&sw=en>

Barnstable County, Massachusetts, had an outbreak amongst a population of tourists that was approximately 74% vaccinated, which indicates that vaccination does not prevent contracting or transmitting COVID. Brown, "Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings - Barnstable County, Massachusetts, July 2021," MMWR Morb Mortal Wkly Rep, 2021 Aug 6;70(31):1059-1062. <https://pubmed.ncbi.nlm.nih.gov/34351882/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34351882/>
.

Despite 100% vaccination rate, consistent testing, and quarantining, a research station in Antarctica still had an outbreak of COVID cases. "COVID-19 Outbreak Hits Research Station in Antarctica," WebMD News Brief, <https://www.webmd.com/lung/news/20220103/covid-19-outbreak-hits-research-station-in-antarctica>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.webmd.com%2Flung%2Fnews%2F20220103-covid-19-outbreak-hits-research-station-in-antarctica&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91b303e4468485d260b08d9ed9bf12f%7C11d>

And by the way, you are using and siting a fake PCR test! The inventor of it said that it could not be used as a diagnostic tool yet medical professionals would rule the world using it?

STUDENTS YOUNG AND OLD SHOULD NOT BE MANDATED TO BE VACCINATED. The media and government agencies are lying to the public.

THIS IS AGAINST THE CONSTITUTION AND AGAINST THE NATURE OF HUMAN BEINGS, CREATED IN THE IMAGE OF GOD, TO EVEN THINK OF DOING SO!

I watched all 5 hours and your evidence was cherry-picked and unconvincing. There are thousands upon thousands of doctors and scientists AGAINST vaccination.

You are few. We are MANY.

Sincerely,

Pauline Harry

Grandmother

From: Deborah Bussell
Sent: 2/11/2022 5:40:01 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Bob & Lori Thornton
Sent: 2/9/2022 2:58:16 PM
To: DOH WSBOH
Cc:
Subject: Vaccines for Kids

External Email

Around the world these vaccines are injuring and killing adults and kids are less likely to contract Covid-19 or die from it ! The result of vaccinating kids is more kids will die from the vaccine than will be helped !

NO to vaccines for the kids!

From: Brehanna Heide
Sent: 2/12/2022 10:57:55 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: April Thomas
Sent: 2/10/2022 1:57:47 PM
To: DOH WSBOH
Cc:
Subject: Vote No on Vaccine Mandates for WA Students

External Email

Hello,

My name is April Thomas, I have 3 children aged 9,13 and 15. I am strongly against mandated COVID vaccines for our children to attend school. My children are vaccinated for all other diseases, but I don't believe the COVID vaccine is necessary for our children. I have a Master of Public Health and work at Evergreen hospital and since they have been tracking COVID by age there has been only 2 cases of COVID in children aged 18 and younger. I am not convinced the benefits of this experimental vaccine outweigh the potential risks to our children.

Thank you for your consideration,

April Thomas
206-300-3327

From: Frank Durocher
Sent: 2/10/2022 12:08:16 PM
To: DOH WSBOH
Cc:
Subject: Re: 2/10/22 TAG Meeting

External Email

I am watching the webinar right now.

The data being presented by all parties is doing a great job of demonstrating that COVID can be bad. But we already know that.

I want to remind you that the questions that need to be answered are as follows:

1. Does the vaccine prevent infection?
2. Does the vaccine prevent transmission?

To those questions, I will draw your attention to two major points:

1. The data shown by several, including Laura Newman, tell us that the vaccine's efficacy drops off significantly between 3 and 6 months after vaccination. This is not even the duration of a school year, and thus is not effective for the very thing that we are trying to accomplish.
2. To quote Chas DeBolt: "When community transmission was low, there was no association between in-person learning and community spread." This should tell all of us that kids should not be the target for mandates!

Frank Durocher

909.225.0575

From: Frank Durocher <frankdurocher@gmail.com>
Date: Thursday, February 10, 2022 at 8:36 AM
To: wsboh@sboh.wa.gov <wsboh@sboh.wa.gov>
Subject: 2/10/22 TAG Meeting

Hello, it's my understanding that this morning we will be discussing the merits of including the COVID vaccine into WAC 246-105.

I appreciated that the last time a similar discussion took place, on whether or not to adopt a ban on emergency vaccinations from being included, the group's general consensus was essentially "We don't know enough right now to enforce a ban on responding to unknowns in the future." That is a very sensible approach!

And here we are again, and I'd ask the same question: do we know enough about the long-term impact to enforce the opposite, either? I appeal to your sensibilities and implore you to NOT include the vaccine into 246-105 WAC.

What we *do* know, however, is the following:

1. The vaccines do not prevent infection
2. The vaccines do not prevent the spread of infection
3. The efficacy of the vaccine does not even last the duration of a school year
4. Kids are the *least impacted* population by this virus

There are simply too many unknowns still to enforce something this far-reaching, and we cannot experiment with kids as the mechanism to address this pandemic. Kids cannot pay the price to keep the fear of adults at bay. The schools have done an incredible job of handling cases and doing everything necessary to keep our kids in the classrooms, and I applaud them for that.

Vaccines should remain highly available to every single individual that deems it necessary for their own well-being, and I encourage those that make the choice to get the vaccine. Enforcing it for kids at this time is just not the way to go.

Thank you for your time, and I look forward to the discussion!

Frank Durocher

909.225.0575

From: Vree, Bev
Sent: 2/10/2022 10:23:14 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am a supporter and employee for Lynden Christian School. I would like you to know that I am STRONGLY against vaccine mandates required in schools in our state. This should be a choice for the parents to make, not politics. The children need to be in school learning, and I fear there will be mass exodus from schools if this is passed. Thank you!
Bev Vree

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From: Anna Sannikova
Sent: 2/14/2022 4:25:00 PM
To: DOH WSBOH
Cc:
Subject: Comments: Feb. 17 Technical Advisory Group (TAG) Meeting to Consider COVID-19 for Inclusion in chapter 246-105 WAC



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attachments\17128B5BCEF04557_image.png

External Email

There is NO evidence to support that the vaccine prevents transmission. Yet this is being discussed to be added to the list required for school attendance.

The vaccine is not even approved and has zero long-term efficacy and unknown safety profile.

Children are at ZERO risk of this disease that mutated to the point of becoming a vanilla common cold and this dangerous vaccine with myocarditis is being pushed to the kids in order to attend school is nothing but an attack on children's health.

The only lagging and underreported postmarketing data that is available (VAERS) shows a dangerous pattern yet zero attention is being given. Disgusting!

From: ganymeade3
Sent: 2/15/2022 3:45:52 AM
To: DOH WSBOH
Cc:
Subject: Pfizer Board Member Says New Data Questions the Efficacy of the Vaccine Prompting FDA to Delay Decision to Vaccinate Kids Under 4

External Email

<https://www.thegatewaypundit.com/2022/02/pfizer-board-member-says-new-data-questions-efficacy-vaccine-prompting-fda-delay-decision-vaccinate-kids-4/>

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Secure Email.

From: Suzanne Karr
Sent: 2/9/2022 7:18:05 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for young children



attachments\E3B17536A76C452E_jama_oster_2022_oi_210145_1643049434.03827.pdf

External Email

Statistics show that small children are highly unlikely to contract COVID-19. In rare cases where they do get it their chances of survival are close to 100%. The covid vaccine has been shown to increase risks of pericarditis and myocarditis. This was shown to be the case in a study published by the journal of the American Medical Association. (see attached file) The United Kingdom and other countries have banned the vaccine for children saying the benefits do not outweigh the risks. Please do not mandate vaccines for children or discriminate in any way against them or parents who choose not to have their children vaccinated.

Thank you,
Suzanne D. Karr
2224 Grand
Everett, WA 98201

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Virus-free. www.avast.com

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov%7)>

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

Matthew E. Oster, MD, MPH; David K. Shay, MD, MPH; John R. Su, MD, PhD, MPH; Julianne Gee, MPH; C. Buddy Creech, MD, MPH; Karen R. Broder, MD; Kathryn Edwards, MD; Jonathan H. Soslow, MD, MSCI; Jeffrey M. Dendy, MD; Elizabeth Schlaudecker, MD, MPH; Sean M. Lang, MD; Elizabeth D. Barnett, MD; Frederick L. Ruberg, MD; Michael J. Smith, MD, MSCE; M. Jay Campbell, MD, MHA; Renato D. Lopes, MD, PhD, MHS; Laurence S. Sperling, MD; Jane A. Baumbblatt, MD; Deborah L. Thompson, MD, MSPH; Paige L. Marquez, MSPH; Penelope Strid, MPH; Jared Woo, MPH; River Pugsley, PhD, MPH; Sarah Reagan-Steiner, MD, MPH; Frank DeStefano, MD, MPH; Tom T. Shimabukuro, MD, MPH, MBA

 Supplemental content

IMPORTANCE Vaccination against COVID-19 provides clear public health benefits, but vaccination also carries potential risks. The risks and outcomes of myocarditis after COVID-19 vaccination are unclear.

OBJECTIVE To describe reports of myocarditis and the reporting rates after mRNA-based COVID-19 vaccination in the US.

DESIGN, SETTING, AND PARTICIPANTS Descriptive study of reports of myocarditis to the Vaccine Adverse Event Reporting System (VAERS) that occurred after mRNA-based COVID-19 vaccine administration between December 2020 and August 2021 in 192 405 448 individuals older than 12 years of age in the US; data were processed by VAERS as of September 30, 2021.

EXPOSURES Vaccination with BNT162b2 (Pfizer-BioNTech) or mRNA-1273 (Moderna).

MAIN OUTCOMES AND MEASURES Reports of myocarditis to VAERS were adjudicated and summarized for all age groups. Crude reporting rates were calculated across age and sex strata. Expected rates of myocarditis by age and sex were calculated using 2017-2019 claims data. For persons younger than 30 years of age, medical record reviews and clinician interviews were conducted to describe clinical presentation, diagnostic test results, treatment, and early outcomes.

RESULTS Among 192 405 448 persons receiving a total of 354 100 845 mRNA-based COVID-19 vaccines during the study period, there were 1991 reports of myocarditis to VAERS and 1626 of these reports met the case definition of myocarditis. Of those with myocarditis, the median age was 21 years (IQR, 16-31 years) and the median time to symptom onset was 2 days (IQR, 1-3 days). Males comprised 82% of the myocarditis cases for whom sex was reported. The crude reporting rates for cases of myocarditis within 7 days after COVID-19 vaccination exceeded the expected rates of myocarditis across multiple age and sex strata. The rates of myocarditis were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively). There were 826 cases of myocarditis among those younger than 30 years of age who had detailed clinical information available; of these cases, 792 of 809 (98%) had elevated troponin levels, 569 of 794 (72%) had abnormal electrocardiogram results, and 223 of 312 (72%) had abnormal cardiac magnetic resonance imaging results. Approximately 96% of persons (784/813) were hospitalized and 87% (577/661) of these had resolution of presenting symptoms by hospital discharge. The most common treatment was nonsteroidal anti-inflammatory drugs (589/676; 87%).

CONCLUSIONS AND RELEVANCE Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

Author Affiliations: US Centers for Disease Control and Prevention, Atlanta, Georgia (Oster, Shay, Su, Gee, Broder, Sperling, Marquez, Strid, Woo, Pugsley, Reagan-Steiner, DeStefano, Shimabukuro); School of Medicine, Emory University, Atlanta, Georgia (Oster, Sperling); Children's Healthcare of Atlanta, Atlanta, Georgia (Oster); Vanderbilt University Medical Center, Nashville, Tennessee (Creech, Edwards, Soslow, Dendy); Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio (Schlaudecker, Lang); Boston Medical Center, Boston, Massachusetts (Barnett, Ruberg); Duke University, Durham, North Carolina (Smith, Campbell, Lopes); US Food and Drug Administration, Silver Spring, Maryland (Baumbblatt, Thompson).

Corresponding Author: Matthew E. Oster, MD, MPH, US Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333 (eoevent416@cdc.gov).

JAMA. 2022;327(4):331-340. doi:10.1001/jama.2021.24110

Myocarditis is an inflammatory condition of the heart muscle that has a bimodal peak incidence during infancy and adolescence or young adulthood.¹⁻⁴ The clinical presentation and course of myocarditis is variable, with some patients not requiring treatment and others experiencing severe heart failure that requires subsequent heart transplantation or leads to death.⁵ Onset of myocarditis typically follows an inciting process, often a viral illness; however, no antecedent cause is identified in many cases.⁶ It has been hypothesized that vaccination can serve as a trigger for myocarditis; however, only the smallpox vaccine has previously been causally associated with myocarditis based on reports among US military personnel, with cases typically occurring 7 to 12 days after vaccination.⁷

With the implementation of a large-scale, national COVID-19 vaccination program starting in December 2020, the US Centers for Disease Control and Prevention (CDC) and the US Food and Drug Administration began monitoring for a number of adverse events of special interest, including myocarditis and pericarditis, in the Vaccine Adverse Event Reporting System (VAERS), a long-standing national spontaneous reporting (passive surveillance) system.⁸ As the reports of myocarditis after COVID-19 vaccination were reported to VAERS, the Clinical Immunization Safety Assessment Project,⁹ a collaboration between the CDC and medical research centers, which includes physicians treating infectious diseases and other specialists (eg, cardiologists), consulted on several of the cases. In addition, reports from several countries raised concerns that mRNA-based COVID-19 vaccines may be associated with acute myocarditis.¹⁰⁻¹⁵

Given this concern, the aims were to describe reports and confirmed cases of myocarditis initially reported to VAERS after mRNA-based COVID-19 vaccination and to provide estimates of the risk of myocarditis after mRNA-based COVID-19 vaccination based on age, sex, and vaccine type.

Methods

Data Sources

VAERS is a US spontaneous reporting (passive surveillance) system that functions as an early warning system for potential vaccine adverse events.⁸ Co-administered by the CDC and the US Food and Drug Administration, VAERS accepts reports of all adverse events after vaccination from patients, parents, clinicians, vaccine manufacturers, and others regardless of whether the events could plausibly be associated with receipt of the vaccine. Reports to VAERS include information about the vaccinated person, the vaccine or vaccines administered, and the adverse events experienced by the vaccinated person. The reports to VAERS are then reviewed by third-party professional coders who have been trained in the assignment of Medical Dictionary for Regulatory Activities preferred terms.¹⁶ The coders then assign appropriate terms based on the information available in the reports.

This activity was reviewed by the CDC and was conducted to be consistent with applicable federal law and CDC

Key Points

Question What is the risk of myocarditis after mRNA-based COVID-19 vaccination in the US?

Findings In this descriptive study of 1626 cases of myocarditis in a national passive reporting system, the crude reporting rates within 7 days after vaccination exceeded the expected rates across multiple age and sex strata. The rates of myocarditis cases were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively).

Meaning Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men.

policy. The activities herein were confirmed to be nonresearch under the Common Rule in accordance with institutional procedures and therefore were not subject to institutional review board requirements. Informed consent was not obtained for this secondary use of existing information; see 45 CFR part 46.102(l)(2), 21 CFR part 56, 42 USC §241(d), 5 USC §552a, and 44 USC §3501 et seq.

Exposure

The exposure of concern was vaccination with one of the mRNA-based COVID-19 vaccines: the BNT162b2 vaccine (Pfizer-BioNTech) or the mRNA-1273 vaccine (Moderna). During the analytic period, persons aged 12 years or older were eligible for the BNT162b2 vaccine and persons aged 18 years or older were eligible for the mRNA-1273 vaccine. The number of COVID-19 vaccine doses administered during the analytic period was obtained through the CDC's COVID-19 Data Tracker.¹⁷

Outcomes

The primary outcome was the occurrence of myocarditis and the secondary outcome was pericarditis. Reports to VAERS with these outcomes were initially characterized using the Medical Dictionary for Regulatory Activities preferred terms of myocarditis or pericarditis (specific terms are listed in the eMethods in the [Supplement](#)). After initial review of reports of myocarditis to VAERS and review of the patient's medical records (when available), the reports were further reviewed by CDC physicians and public health professionals to verify that they met the CDC's case definition for probable or confirmed myocarditis (descriptions previously published and included in the eMethods in the [Supplement](#)).¹⁸ The CDC's case definition of probable myocarditis requires the presence of new concerning symptoms, abnormal cardiac test results, and no other identifiable cause of the symptoms and findings. Confirmed cases of myocarditis further require histopathological confirmation

of myocarditis or cardiac magnetic resonance imaging (MRI) findings consistent with myocarditis.

Deaths were included only if the individual had met the case definition for confirmed myocarditis and there was no other identifiable cause of death. Individual cases not involving death were included only if the person had met the case definition for probable myocarditis or confirmed myocarditis.

Statistical Analysis

We characterized reports of myocarditis or pericarditis after COVID-19 vaccination that met the CDC's case definition and were received by VAERS between December 14, 2020 (when COVID-19 vaccines were first publicly available in the US), and August 31, 2021, by age, sex, race, ethnicity, and vaccine type; data were processed by VAERS as of September 30, 2021. Race and ethnicity were optional fixed categories available by self-identification at the time of vaccination or by the individual filing a VAERS report. Race and ethnicity were included to provide the most complete baseline description possible for individual reports; however, further analyses were not stratified by race and ethnicity due to the high percentage of missing data. Reports of pericarditis with evidence of potential myocardial involvement were included in the review of reports of myocarditis. The eFigure in the [Supplement](#) outlines the categorization of the reports of myocarditis and pericarditis reviewed.

Further analyses were conducted only for myocarditis because of the preponderance of those reports to VAERS, in Clinical Immunization Safety Assessment Project consultations, and in published articles.^{10-12,19-21} Crude reporting rates for myocarditis during a 7-day risk interval were calculated using the number of reports of myocarditis to VAERS per million doses of COVID-19 vaccine administered during the analytic period and stratified by age, sex, vaccination dose (first, second, or unknown), and vaccine type. Expected rates of myocarditis by age and sex were calculated using 2017-2019 data from the IBM MarketScan Commercial Research Database. This database contains individual-level, deidentified, inpatient and outpatient medical and prescription drug claims, and enrollment information submitted to IBM Watson Health by large employers and health plans. The data were accessed using version 4.0 of the IBM MarketScan Treatment Pathways analytic platform. Age- and sex-specific rates were calculated by determining the number of individuals with myocarditis (*International Statistical Classification of Diseases and Related Health Problems, Tenth Revision [ICD-10]* codes B33.20, B33.22, B33.24, I40.0, I40.1, I40.8, I40.9, or I51.4)²² identified during an inpatient encounter in 2017-2019 relative to the number of individuals of similar age and sex who were continually enrolled during the year in which the myocarditis-related hospitalization occurred; individuals with any diagnosis of myocarditis prior to that year were excluded. Given the limitations of the IBM MarketScan Commercial Research Database to capture enrollees aged 65 years or older, an expected rate for myocarditis was not calculated for this population. A 95% CI was calculated using Poisson distribution in SAS version 9.4 (SAS Institute Inc)

for each expected rate of myocarditis and for each observed rate in a strata with at least 1 case.

In cases of probable or confirmed myocarditis among those younger than 30 years of age, their clinical course was then summarized to the extent possible based on medical review and clinician interviews. This clinical course included presenting symptoms, diagnostic test results, treatment, and early outcomes (abstraction form appears in the eMethods in the [Supplement](#)).²³

When applicable, missing data were delineated in the results or the numbers with complete data were listed. No assumptions or imputations were made regarding missing data. Any percentages that were calculated included only those cases of myocarditis with adequate data to calculate the percentages.

Results

Case Characteristics

Between December 14, 2020, and August 31, 2021, 192 405 448 individuals older than 12 years of age received a total of 354 100 845 mRNA-based COVID-19 vaccines. VAERS received 1991 reports of myocarditis (391 of which also included pericarditis) after receipt of at least 1 dose of mRNA-based COVID-19 vaccine (eTable 1 in the [Supplement](#)) and 684 reports of pericarditis without the presence of myocarditis (eTable 2 in the [Supplement](#)).

Of the 1991 reports of myocarditis, 1626 met the CDC's case definition for probable or confirmed myocarditis ([Table 1](#)). There were 208 reports that did not meet the CDC's case definition for myocarditis and 157 reports that required more information to perform adjudication (eTable 3 in the [Supplement](#)). Of the 1626 reports that met the CDC's case definition for myocarditis, 1195 (73%) were younger than 30 years of age, 543 (33%) were younger than 18 years of age, and the median age was 21 years (IQR, 16-31 years) ([Figure 1](#)). Of the reports of myocarditis with dose information, 82% (1265/1538) occurred after the second vaccination dose. Of those with a reported dose and time to symptom onset, the median time from vaccination to symptom onset was 3 days (IQR, 1-8 days) after the first vaccination dose and 74% (187/254) of myocarditis events occurred within 7 days. After the second vaccination dose, the median time to symptom onset was 2 days (IQR, 1-3 days) and 90% (1081/1199) of myocarditis events occurred within 7 days ([Figure 2](#)).

Males comprised 82% (1334/1625) of the cases of myocarditis for whom sex was reported. The largest proportions of cases of myocarditis were among White persons (non-Hispanic or ethnicity not reported; 69% [914/1330]) and Hispanic persons (of all races; 17% [228/1330]). Among persons younger than 30 years of age, there were no confirmed cases of myocarditis in those who died after mRNA-based COVID-19 vaccination without another identifiable cause and there was 1 probable case of myocarditis but there was insufficient information available for a thorough investigation. At the time of data review, there were 2 reports of

Table 1. Characteristics of Reports to VAERS After mRNA-Based COVID-19 Vaccination That Met the CDC's Case Definition for Myocarditis Between December 14, 2020, and August 31, 2021

	Vaccination with BNT162b2			Vaccination with mRNA-1273			Overall
	First dose	Second dose	Dose unknown	First dose	Second dose	Dose unknown	
No. of myocarditis reports to VAERS	147	928	61	126	337	27	1626
No. of vaccination doses administered	114 246 837	95 532 396		78 158 611	66 163 001		354 100 845
Age, median (IQR), y	19 (16-37)	18 (16-25)	22 (16-35)	31 (23-47)	26 (21-36)	29 (22-39)	21 (16-31)
Time to symptom onset, median (IQR), d	3 (1-8)	2 (2-3)	3 (2-4)	3 (2-9)	2 (1-3)	2 (1-5)	2 (1-3)
Reported sex, No. (%)	(n = 147)	(n = 928)	(n = 61)	(n = 125)	(n = 337)	(n = 27)	(n = 1625)
Male	111 (76)	795 (86)	53 (87)	89 (71)	265 (79)	21 (78)	1334 (82)
Female	36 (24)	133 (14)	8 (13)	36 (29)	72 (21)	6 (22)	291 (18)
Reported race and ethnicity, No. (%) ^a	(n = 123)	(n = 772)	(n = 40)	(n = 100)	(n = 277)	(n = 18)	(n = 1330)
American Indian or Alaska Native	1 (1)	4 (1)	0	1 (1)	0	0	6 (<1)
Asian	10 (8)	58 (8)	1 (3)	5 (5)	10 (4)	0	84 (6)
Black	11 (9)	31 (4)	3 (8)	5 (5)	14 (5)	4 (22)	68 (5)
Hispanic	28 (23)	127 (16)	9 (23)	23 (23)	36 (13)	5 (28)	228 (17)
Multiple races	1 (1)	10 (1)	0	0	5 (2)	1 (6)	17 (1)
Native Hawaiian or Pacific Islander	0	5 (1)	1 (3)	1 (1)	0	0	7 (1)
White	72 (59)	531 (69)	26 (65)	65 (65)	212 (77)	8 (44)	914 (69)
Other ^b	0	6 (1)	0	0	0	0	6 (<1)

Abbreviations: CDC, US Centers for Disease Control and Prevention; VAERS, Vaccine Adverse Event Reporting System.

^b Individuals were able to choose this category without further specification.

^a Categories without ethnicity were either non-Hispanic or had no ethnicity reported.

death in persons younger than 30 years of age with potential myocarditis that remain under investigation and are not included in the case counts.

Reporting Rates of Myocarditis Within 7 Days After COVID-19 Vaccination

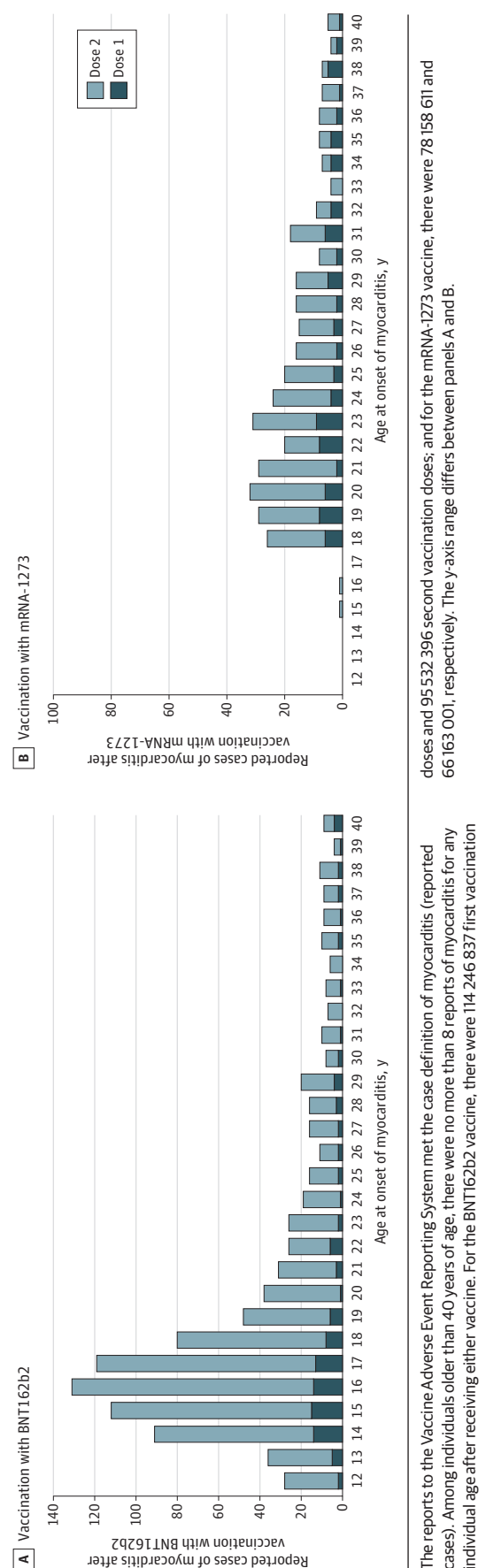
Symptom onset of myocarditis was within 7 days after vaccination for 947 reports of individuals who received the BNT162b2 vaccine and for 382 reports of individuals who received the mRNA-1273 vaccine. The rates of myocarditis varied by vaccine type, sex, age, and first or second vaccination dose (Table 2). The reporting rates of myocarditis were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.73 [95% CI, 61.68-81.11] per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.86 [95% CI, 91.65-122.27] per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.43 [95% CI, 45.56-60.33] per million doses of the BNT162b2 vaccine and 56.31 [95% CI, 47.08-67.34] per million doses of the mRNA-1273 vaccine). The lower estimate of the 95% CI for reporting rates of myocarditis in adolescent males and young men exceeded the upper bound of the expected rates after the first vaccination dose with the BNT162b2 vaccine in those aged 12 to 24 years, after the second vaccination dose with the BNT162b2 vaccine in those aged 12 to 49 years, after the first vaccination dose with the mRNA-1273 vaccine in those aged 18 to 39 years, and after the second vaccination dose with the mRNA-1273 vaccine in those aged 18 to 49 years.

The reporting rates of myocarditis in females were lower than those in males across all age strata younger than 50 years of age. The reporting rates of myocarditis were highest after the second vaccination dose in adolescent females aged 12 to 15 years (6.35 [95% CI, 4.05-9.96] per million doses of the BNT162b2 vaccine), in adolescent females aged 16 to 17 years (10.98 [95% CI, 7.16-16.84] per million doses of the BNT162b2 vaccine), in young women aged 18 to 24 years (6.87 [95% CI, 4.27-11.05] per million doses of the mRNA-1273 vaccine), and in women aged 25 to 29 years (8.22 [95% CI, 5.03-13.41] per million doses of the mRNA-1273 vaccine). The lower estimate of the 95% CI for reporting rates of myocarditis in females exceeded the upper bound of the expected rates after the second vaccination dose with the BNT162b2 vaccine in those aged 12 to 29 years and after the second vaccination dose with the mRNA-1273 vaccine in those aged 18 to 29 years.

Clinical Course of Myocarditis After COVID-19 Vaccination in Persons Younger Than 30 Years of Age

Among the 1372 reports of myocarditis in persons younger than 30 years of age, 1305 were able to be adjudicated, with 92% (1195/1305) meeting the CDC's case definition. Of these, chart abstractions or medical interviews were completed for 69% (826/1195) (Table 3). The symptoms commonly reported in the verified cases of myocarditis in persons younger than 30 years of age included chest pain, pressure, or discomfort (727/817; 89%) and dyspnea or shortness of breath (242/817; 30%). Troponin levels were elevated in 98% (792/809) of the

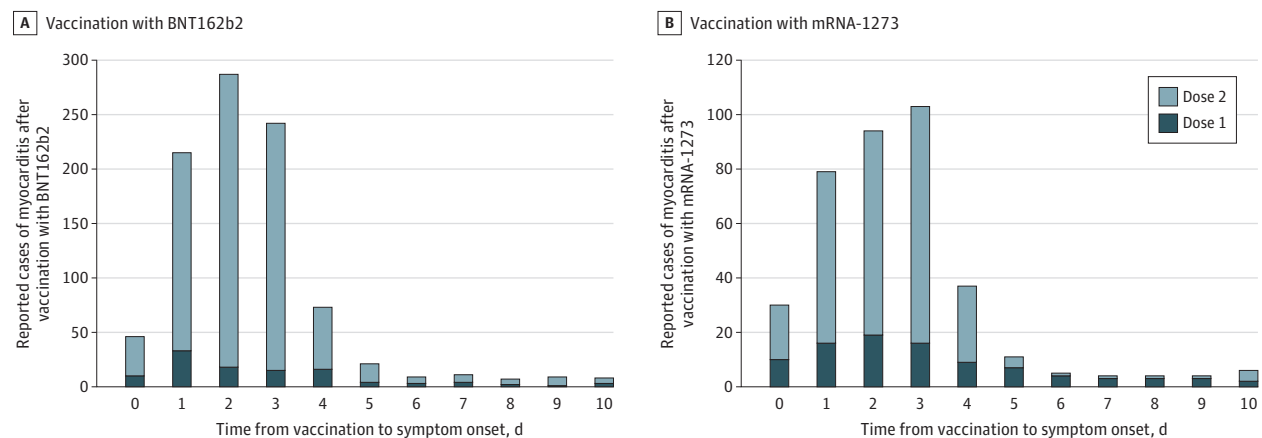
Figure 1. Cases of Myocarditis After mRNA-Based COVID-19 Vaccination by Age at Onset of Myocarditis



doses and 95 532 396 second vaccination doses; and for the mRNA-1273 vaccine, there were 78 158 611 and 66 163 001, respectively. The y-axis range differs between panels A and B.

The reports to the Vaccine Adverse Event Reporting System met the case definition of myocarditis (reported cases). Among individuals older than 40 years of age, there were no more than 8 reports of myocarditis for any individual age after receiving either vaccine. For the BNT162b2 vaccine, there were 114 246 837 first vaccination

Figure 2. Cases of Myocarditis After mRNA-Based COVID-19 Vaccination by Time From Vaccination to Symptom Onset



The reports to the Vaccine Adverse Event Reporting System met the case definition of myocarditis (reported cases). Among recipients of either vaccine, there were only 13 reports or less of myocarditis beyond 10 days for any individual time from vaccination to symptom onset. The y-axis range differs between panels A and B.

A, For the BNT162b2 vaccine, there were 138 reported cases of myocarditis with

known date for symptom onset and dose after 114 246 837 first vaccination doses and 888 reported cases after 95 532 396 second vaccination doses.

B, For the mRNA-1273 vaccine, there were 116 reported cases of myocarditis with known date for symptom onset and dose after 78 158 611 first vaccination doses and 311 reported cases after 66 163 001 second vaccination doses.

Table 2. Reports to VAERS After mRNA-Based COVID-19 Vaccination That Met the CDC's Case Definition for Myocarditis Within a 7-Day Risk Interval per Million Doses of Vaccine Administered

Reported cases of myocarditis within a 7-d risk interval per million doses of vaccine administered (95% CI) ^a					Expected cases of myocarditis in a 7-d risk interval per million doses (95% CI) ^c
Vaccination with BNT162b2			Vaccination with mRNA-1273 ^b		
First dose	Second dose		First dose	Second dose	
Males					
Age group, y					
12-15	7.06 (4.88-10.23)	70.73 (61.68-81.11)			0.53 (0.40-0.70)
16-17	7.26 (4.45-11.86)	105.86 (91.65-122.27)			1.34 (1.05-1.72)
18-24	3.82 (2.40-6.06)	52.43 (45.56-60.33)	10.73 (7.50-15.34)	56.31 (47.08-67.34)	1.76 (1.58,1.98)
25-29	1.74 (0.78-3.87)	17.28 (13.02-22.93)	4.88 (2.70-8.80)	24.18 (17.93-32.61)	1.45 (1.21-1.74)
30-39	0.54 (0.20-1.44)	7.10 (5.26-9.57)	3.00 (1.81-4.97)	7.93 (5.61-11.21)	0.63 (0.54-0.73)
40-49	0.55 (0.21-1.48)	3.50 (2.28-5.36)	0.59 (0.19-1.82)	4.27 (2.69-6.78)	0.78 (0.67-0.90)
50-64	0.42 (0.17-1.01)	0.68 (0.33-1.43)	0.62 (0.28-1.39)	0.85 (0.41-1.79)	0.77 (0.68-0.86)
≥65	0.19 (0.05-0.76)	0.32 (0.10-1.00)	0.18 (0.05-0.72)	0.51 (0.21-1.23)	
Females					
Age group, y					
12-15	0.49 (0.12-1.98)	6.35 (4.05-9.96)			0.17 (0.11-0.29)
16-17	0.84 (0.21-3.37)	10.98 (7.16-16.84)			0.42 (0.27-0.66)
18-24	0.18 (0.03-1.31)	4.12 (2.60-6.54)	0.96 (0.31-2.96)	6.87 (4.27-11.05)	0.38 (0.30-0.49)
25-29	0.26 (0.04-1.84)	2.23 (1.07-4.69)	0.41 (0.06-2.94)	8.22 (5.03-13.41)	0.48 (0.35-0.65)
30-39	0.72 (0.32-1.60)	1.02 (0.49-2.14)	0.74 (0.28-1.98)	0.68 (0.22-2.10)	0.47 (0.39-0.57)
40-49	0.24 (0.06-0.97)	1.73 (0.98-3.05)	0.18 (0.02-1.25)	1.89 (0.98-3.63)	0.89 (0.77-1.04)
50-64	0.37 (0.15-0.88)	0.51 (0.23-1.14)	0.65 (0.31-1.36)	0.43 (0.16-1.15)	1.00 (0.89-1.13)
≥65	0.08 (0.01-0.54)	0.35 (0.13-0.92)			0.26 (0.08-0.81)

Abbreviations: CDC, US Centers for Disease Control and Prevention; VAERS, Vaccine Adverse Event Reporting System.

^a Of 1453 cases of myocarditis with known vaccination dose and time to symptom onset, 1267 had symptom onset within the 7-day risk interval.

^b The observed estimates were not calculated for the strata with 0 cases of myocarditis. In addition, the observed estimates were not calculated for the

strata with cases of myocarditis after administration of mRNA-1273 in those younger than aged 18 years. The mRNA-1273 vaccine had not been authorized for use in the US in this age group.

^c Estimated using data from the IBM MarketScan Commercial Research Database for 2017-2019. Rates were not calculated for those aged 65 years or older due to the limitations of the database.

Table 3. Symptoms, Treatment, and Outcomes in 826 Patients Younger Than 30 Years of Age With Myocarditis

	Cases of myocarditis, No./total (%)
Presenting symptoms	
Chest pain, pressure, or discomfort	727/817 (89.0)
Dyspnea or shortness of breath	242/817 (29.6)
Palpitations	65/817 (8.0)
Abnormal findings	
Elevated troponin level ^a	792/809 (97.9)
Electrocardiogram	569/794 (71.7)
Echocardiogram	123/721 (17.1)
Decreased LVEF (<50%) on echocardiogram	84/721 (11.7)
Cardiac magnetic resonance imaging ^b	223/312 (71.5)
Hospitalized	784/813 (96.4)
Treatment	
Nonsteroidal anti-inflammatory drugs	589/676 (87.1)
Glucocorticoids	81/676 (12.0)
Anticoagulant therapy	54/676 (8.0)
Antiarrhythmic therapy	18/676 (2.7)
Low- or high-flow nasal cannula oxygen support	12/676 (1.8)
Diuretics	11/676 (1.6)
Intensive therapy	
Intravenous immunoglobulin	78/676 (11.5)
Vasoactive medications	12/676 (1.8)
Intubation or mechanical ventilation	2/676 (0.3)
Heart transplant	0
Extracorporeal membrane oxygenation or ventricular assist device	0
Outcome among those who were hospitalized	
Discharged from the hospital	747/762 (98.0)
Still hospitalized at time of review	15/762 (2.0)
Died	0
Resolution of presenting symptoms by hospital discharge	577/661 (87.3)

Abbreviation: LVEF, left ventricular ejection fraction.

^a Abnormal per the reference range for the hospital or laboratory where the test was performed.

^b Consistent with myocarditis.

cases of myocarditis. The electrocardiogram result was abnormal in 72% (569/794) of cases of myocarditis. Of the patients who had received a cardiac MRI, 72% (223/312) had abnormal findings consistent with myocarditis. The echocardiogram results were available for 721 cases of myocarditis; of these, 84 (12%) demonstrated a notable decreased left ventricular ejection fraction (<50%). Among the 676 cases for whom treatment data were available, 589 (87%) received nonsteroidal anti-inflammatory drugs. Intravenous immunoglobulin and glucocorticoids were each used in 12% of the cases of myocarditis (78/676 and 81/676, respectively). Intensive therapies such as vasoactive medications (12 cases of myocarditis) and intubation or mechanical ventilation (2 cases) were rare. There were no verified cases of myocarditis requiring a heart transplant, extracorporeal membrane oxygenation, or a ventricular assist device. Of the 96% (784/813) of cases of myocarditis who were hospitalized, 98% (747/762) were discharged from the hospital at time of review. In 87% (577/661) of discharged cases of myocarditis, there was resolution of the presenting symptoms by hospital discharge.

Discussion

In this review of reports to VAERS between December 2020 and August 2021, myocarditis was identified as a rare but serious adverse event that can occur after mRNA-based COVID-19 vaccination, particularly in adolescent males and young men. However, this increased risk must be weighed against the benefits of COVID-19 vaccination.¹⁸

Compared with cases of non-vaccine-associated myocarditis, the reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination were similar in demographic characteristics but different in their acute clinical course. First, the greater frequency noted among vaccine recipients aged 12 to 29 years vs those aged 30 years or older was similar to the age distribution seen in typical cases of myocarditis.^{2,4} This pattern may explain why cases of myocarditis were not discovered until months after initial Emergency Use Authorization of the vaccines in the US (ie, until the vaccines were widely available to younger persons). Second, the sex distribution in cases of myocarditis after COVID-19 vaccination was similar

to that seen in typical cases of myocarditis; there is a strong male predominance for both conditions.^{2,4}

However, the onset of myocarditis symptoms after exposure to a potential immunological trigger was shorter for COVID-19 vaccine-associated cases of myocarditis than is typical for myocarditis cases diagnosed after a viral illness.²⁴⁻²⁶ Cases of myocarditis reported after COVID-19 vaccination were typically diagnosed within days of vaccination, whereas cases of typical viral myocarditis can often have indolent courses with symptoms sometimes present for weeks to months after a trigger if the cause is ever identified.¹ The major presenting symptoms appeared to resolve faster in cases of myocarditis after COVID-19 vaccination than in typical viral cases of myocarditis. Even though almost all individuals with cases of myocarditis were hospitalized and clinically monitored, they typically experienced symptomatic recovery after receiving only pain management. In contrast, typical viral cases of myocarditis can have a more variable clinical course. For example, up to 6% of typical viral myocarditis cases in adolescents require a heart transplant or result in mortality.²⁷

In the current study, the initial evaluation and treatment of COVID-19 vaccine-associated myocarditis cases was similar to that of typical myocarditis cases.²⁸⁻³¹ Initial evaluation usually included measurement of troponin level, electrocardiography, and echocardiography.¹ Cardiac MRI was often used for diagnostic purposes and also for possible prognostic purposes.^{32,33} Supportive care was a mainstay of treatment, with specific cardiac or intensive care therapies as indicated by the patient's clinical status.

Long-term outcome data are not yet available for COVID-19 vaccine-associated myocarditis cases. The CDC has started active follow-up surveillance in adolescents and young adults to assess the health and functional status and cardiac outcomes at 3 to 6 months in probable and confirmed cases of myocarditis reported to VAERS after COVID-19 vaccination.³⁴ For patients with myocarditis, the American Heart Association and the American College of Cardiology guidelines advise that patients should be instructed to refrain from competitive sports for 3 to 6 months, and that documentation of a normal electrocardiogram result, ambulatory rhythm monitoring, and an exercise test should be obtained prior to resumption of sports.³⁵ The use of cardiac MRI is unclear, but it may be useful in evaluating the progression or resolution of myocarditis in those with abnormalities on the baseline cardiac MRI.³⁶ Further doses of mRNA-based COVID-19 vaccines should be deferred, but may be considered in select circumstances.³⁷

Limitations

This study has several limitations. First, although clinicians are required to report serious adverse events after COVID-19 vaccination, including all events leading to hospitalization, VAERS is a passive reporting system. As such, the reports of myocarditis to VAERS may be incomplete, and the quality of the information reported is variable. Missing data for sex, vaccination dose number, and race and ethnicity were not uncommon in the reports received; history of prior SARS-CoV-2 infection also was not known. Furthermore, as a passive system, VAERS data are subject to reporting biases in that both underreporting and overreporting are possible.³⁸ Given the high verification rate of reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination, underreporting is more likely. Therefore, the actual rates of myocarditis per million doses of vaccine are likely higher than estimated.

Second, efforts by CDC investigators to obtain medical records or interview physicians were not always successful despite the special allowance for sharing information with the CDC under the Health Insurance Portability and Accountability Act of 1996.³⁹ This challenge limited the ability to perform case adjudication and complete investigations for some reports of myocarditis, although efforts are still ongoing when feasible.

Third, the data from vaccination administration were limited to what is reported to the CDC and thus may be incomplete, particularly with regard to demographics.

Fourth, calculation of expected rates from the IBM MarketScan Commercial Research Database relied on administrative data via the use of ICD-10 codes and there was no opportunity for clinical review. Furthermore, these data had limited information regarding the Medicare population; thus expected rates for those older than 65 years of age were not calculated. However, it is expected that the rates in those older than 65 years of age would not be higher than the rates in those aged 50 to 64 years.⁴

Conclusions

Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

ARTICLE INFORMATION

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Author Contributions: Drs Oster and Su had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: Oster, Shay, Su, Creech, Edwards, Dendy, Schlaudecker, Woo, Shimabukuro.

Acquisition, analysis, or interpretation of data: Oster, Shay, Su, Gee, Creech, Broder, Edwards, Soslow, Schlaudecker, Lang, Barnett, Ruberg, Smith, Campbell, Lopes, Sperling, Baumbblatt,

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Critical revision of the manuscript for important intellectual content: Oster, Shay, Su, Creech, Broder, Edwards, Soslow, Dendy, Schlaudecker, Lang, Barnett, Ruberg, Smith, Campbell, Lopes, Sperling, Baumbblatt, Thompson, Pugsley, Reagan-Steiner, DeStefano, Shimabukuro.

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Supervision: Su, Edwards, Soslow, Dendy, Schlaudecker, Campbell, Sperling, DeStefano, Shimabukuro.

Conflict of Interest Disclosures: Dr Creech reported receiving grants from the National Institutes of Health for the Moderna and Janssen clinical trials and receiving personal fees from Astellas and Horizon. Dr Edwards reported

receiving grants from the National Institutes of Health; receiving personal fees from BioNet, IBM, X-4 Pharma, Seqirus, Roche, Pfizer, Merck, Moderna, and Sanofi; and receiving compensation for being the associate editor of *Clinical Infectious Diseases*. Dr Soslow reported receiving personal fees from Esperare. Dr Schlaudecker reported receiving grants from Pfizer and receiving personal fees from Sanofi Pasteur. Drs Barnett, Ruberg, and Smith reported receiving grants from Pfizer. Dr Lopes reported receiving personal fees from Bayer, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, GlaxoSmithKline, Medtronic, Merck, Pfizer, Portola, and Sanofi and receiving grants from Bristol Myers Squibb, GlaxoSmithKline, Medtronic, Pfizer, and Sanofi. No other disclosures were reported.

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Disclaimer: The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the CDC or the US Food and Drug Administration. Mention of a product or company name is for identification purposes only and does not constitute endorsement by the CDC or the US Food and Drug Administration.

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who cared for these patients and reported the adverse events to the Vaccine Adverse Event Reporting System.

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From: Tobi Leidy
Sent: 2/10/2022 8:58:49 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Good morning,

I am concerned about the upcoming vote on including the covid vaccine as a school vaccine requirement. I have gotten all required vaccines for my children previously based on the effectiveness and extensive testing of them over the years. The covid vaccines have not been tested enough to be required for school enrollment. I am deeply concerned that our children should not be the test group for these new vaccines.

Thank you,
Tobi Leidy

From: Jennifer Miller
Sent: 2/9/2022 6:08:35 PM
To: DOH WSOBH
Cc:
Subject: Vote NO!! TAG advisory group

External Email

I am writing in preparation for your vote tomorrow on whether or not to add Covid vaccines to the school schedule. I do not support adding this shot to the schedule. The subset population who wants to be vaccinated can do just that at any time they want to. I have a child in that "subset" who is technically considered high risk. He is unvaccinated and recently had Covid. He had no symptoms besides a tiny bit of congestion that lasted about a day. My friends kids have had worse reactions to the shot than Covid - tired for 48 hours, missed school. The shot also does NOT prevent transmission. Anyone who has talked to anyone else these last few weeks can tell you just about every vaccinated person they know has had Covid. My caregiver had symptomatic Covid 4 weeks after her booster. The shots don't prevent symptoms or transmission. We should not even be considering injecting a very low risk population knowing kids are having cardiovascular issues after injection, not to mention any other side effects that may pop up years from now. The "subset" population your talking about is still dying from this like RSV, Pneumonia, CMV, SUDEP and I'm larger numbers!!! Stop pretending like you actually care about this population. This will be the hill myself and other parents die upon. I will pull my kids out so fast and follow the others who have already left this state for a state that allows parents to choose what is best for their child, not the government. Those that want the shot can get it - anytime. If the rest of us wanted the shot we would have already gotten it.

Jennifer Miller
Mom of 4 and a child with Cerebral Palsy and Epilepsy

Sent from my iPhone

From: Maria Johnson
Sent: 2/10/2022 10:38:09 AM
To: DOH WSBOH
Cc:
Subject: Vaccine children

External Email

Why take a vaccine for omnicron when it's mild and vaccine will still infect?
Why take a vaccine where none of the drug companies will release what's in the vaccine and all the risks?
Why take the vaccine when you still can transmit and get the virus?
Why not encourage using other means to help
Not get the virus and treatment that is better than a vaccine with proven effectiveness?
With religious exemptions and medical exemptions for the children, how can you keep teachers from segregation towards the unvaccinated?
Why even go this direction if the virus is so mild?

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Meghan Jones
Sent: 2/9/2022 1:16:49 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

NO MORE MASKS ON OUR CHILDREN.
NO COVID VACCINES FOR CHILDREN.

Sent from my iPhone

From: Stephanie
Sent: 2/9/2022 9:07:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Members of the board,

I am a mother of 3 that attend public schools here in WA. I urge you NOT to add the COVID-19 vaccine as a requirement for public education. There is NO EVIDENCE that children are at high risk of severe complications from this virus. It's been clear from the very beginning. In addition, these vaccines DO NOT STOP THE VIRUS FROM SPREADING! How many vaccinated people do you know that have still gotten COVID after being fully vaccinated? And boosted! While the vaccine may lessen the threats to high risk individuals if they get the virus, it does not stop them from getting and spreading the virus! The real science proves that! Our children are not guinea pigs! They are not high risk and this vaccine should be a CHOICE not a requirement. The FDA approved this for EMERGENCY USE! There is no emergency. Mandates are dropping left and right now because they are not needed! I know many many people who will pull their children out of public education if this passes, including myself. It is not ok. These are our children!! We don't know the impact of future fertility complications or anything else yet. But we do know there is a SIGNIFICANT increased risk of myocarditis in young healthy individuals, specifically males. This is not okay! This vaccine should still be in clinical trials! Most have been tested for years before being required! I am not at all against immunizations but I think they need to be properly tested for long term effects and the data needs to be shared and transparent. Our kids are DYING! Not from COVID but from this vaccine! WAKE UP!!! I urge you to do more unbiased research and stop the madness!

Sincerely,
Stephanie Helling
A very concerned parent

Sent from my iPhone

From: Marie McFadden

Sent: 2/10/2022 11:44:09 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Haag, Hannah R (SBOH)

Cc:

Subject: Vote No!!

External Email

Vote NO!!!

You better get ready for mass unenrollment across the state if you pass this mandate! Why aren't you using recent data? Are the vaxxed numbers that contradictory? You will not dictate this poison on my child! I will remove my child from the public school system! Thousands of other parents will too!! Who do you think you are?!?! Vote NO! Our children are not lab rats you fools!!!

From: Yael Kantor
Sent: 2/10/2022 8:46:44 PM
To: DOH WSBOH
Cc:
Subject: UK: Reinfections Reveal "The Bad Deal of COVID Vaxx"

External Email

Please consider these statistics when making decisions for young children. The harm that can be imposed is not rare. It is imperative to look beyond the stats coming from the CDC. The UK and Israel have far more efficient data collection

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffigorchudov.substack.com%2Fp%2Freinfections-reveal-the-bad-deal&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2359d3ccdf1a4336f02408d9ed1977e3%7C11d0>

Sent from my iPhone

From: Virginia Schnabel
Sent: 2/12/2022 3:19:53 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandates in school

External Email

To whom it may concern:

As a concerned citizen, I am writing to voice my opposition to any and all attempts to force parents to vaccinate children against their will.

This a personal and private decision that should be made by families alone, and any mandates forcing parents to violate their conscience regarding medical privacy and choice, should be rejected.

Every mandate by unelected and elected officials pushes our nation one step closer toward totalitarianism, such as is currently opposed upon Chinese citizens.

The United States was founded upon the principle of the freedom to govern oneself, and it is not appropriate for the government, or appointed boards, to undermine this principle.

Sincerely,
Virginia Schnabel

From: barbara schile
Sent: 2/10/2022 7:12:43 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please dont require covid shot for school attendance

Sent from my Verizon, Samsung Galaxy smartphone

From: Holly Jorgensen
Sent: 2/9/2022 9:28:13 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for 2/10 TAG meeting

External Email

Based on Criteria #5 and ☐ #6, the Covid-19 vaccine does not meet the requirements for K-12 students.

Children are low-risk for Covid-19 and typically develop mild disease. Death is extremely rare. If there is an instance where a child has health conditions that indicates high-risk and benefits from the vaccine, it can be administered on an individual basis.

The vaccine does not reduce person-to-person transmission. Please see studies below.

Subramanian, S.V.; Kumar, A. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. Eur J Epidemiol 2021, 1-4. doi: 10.1007/s10654-021-00808-7.

Kampf, G. The epidemiological relevance of the COVID-19-vaccinated population is increasing. The Lancet Regional Health - Europe 2021, 11 , 100272. doi: 10.1016/j.lanepe.2021.100272.

Thank you,
Holly Jorgensen

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis? Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I recommend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb0a72e7008784213532008d9edb03d23%7C11d0e2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cb0a72e7008784213532008d9edb03d23%7C11d0e2)

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in its entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Sara DeVito
Sent: 2/12/2022 9:08:56 AM
To: DOH WSOB
Cc:
Subject: Studies regarding the COVID vaccine's inability to prevent transmission

External Email

Dear WA State Board of Health members,

I observed the TAG meeting on February 10th. With reference to criteria #6 regarding person-to-person transmission:

The CDC has acknowledged that the vaccines are not capable of stopping the spread of the virus. CDC director Rochelle Walensky stated: "What they can't do anymore is prevent transmission." This is the CDC's rationale for masking regardless of vaccination status.

You learned during the presentations given on 2/10/22 that a study on NBA players found no difference in the level of viral load or persistence of the virus between vaccinated and unvaccinated individuals.

An additional study by UC Davis similarly found no significant difference in viral load between vaccinated and unvaccinated individuals who tested positive. It also found no significant difference between infected people with or without symptoms. Source: <https://www.ucdavis.edu/health/covid-19/news/viral-loads-similar-between-vaccinated-and-unvaccinated-people>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ucdavis.edu%2Fhealth%2Fcovid-19%2Fnews%2Fviral-loads-similar-between-vaccinated-and-unvaccinated-people&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce5c6391174dd4c0ea68008d9ee4a2af3%7C11d0e2>

Literature in the prestigious medical journal The Lancet also supports the findings that vaccinated people carry very high viral loads and transmit readily to other individuals.

Source: <https://archive.ph/cGPH5>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Farchive.ph%2FcGPH5&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Farchive.ph%2FcGPH5&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce5c6391174dd4c0ea68008d9ee4a2af3%7C11d0e2)

For a vaccine that does not prevent transmission and infection, there is absolutely ZERO rationale for mandating it to school children. The vaccine becomes a personal choice that individuals may consider for themselves and their own children, as they weigh the risks and benefits for themselves and their family. It is a medication intended to treat symptoms of a disease and nothing more. Just like any other such medication, the WA State Board of Health would not mandate such a drug to citizens. There is no "greater good" rationale for a mandate for a product that does not prevent transmission. I urge you to please take these points into consideration, just as I urge you to take into consideration the comments you have received from concerned parents thus far.

Thank you for your time and consideration on this issue.

Sara DeVito

From: Dave Matz
Sent: 2/10/2022 4:38:09 PM
To: DOH WSBOH
Cc:
Subject: facing what may prove to be the most important decision

External Email

Board members

You are involved in group think and group brain washing. You need to get out and see what the public thinks about your medical tyranny group.

We the people have had enough of peanut allergy's, autism and a raft of other side effects from your medical tyranny.

You live in a medical bubble and are not cognoscente of reality.

Date: January 7, 2021
To: The Washington State Board of Health Members and COVID-19 TAG
From: The Board and Members of Informed Choice WA

Dear Board of Health and TAG Members:

You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of

current policies, it is clear something has gone terribly wrong.

The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. The systemic capture of federal agencies by the drug industry and globalists has never been more obvious.

Public Health in the U.S. is currently suffering from a lack of checks and balances and a dangerous dilution of critical facts. If every citizen were to watch the FDA's Vaccine and Related Biologicals Advisory Committee (VRBAC) meetings and to read the entirety of the clinical trial submissions to the FDA and the injury and death reports filed with Pfizer and VAERS, they would understand the experimental nature of the COVID shots and the known and suspected risks. They would question the clinical trial irregularities, the buried data, the lack of independent evaluation, and the high levels of conflicts of interest. But most do not. Votes for recommendation are made by federal entities despite the lack of scientific justification and the details of the meetings are not incorporated into the language passed down to citizens. The messaging becomes, "The

vaccines are safe and effective and recommended by the CDC.” This simplistic false messaging creates division at all levels of society, undermines fully informed consent, violating federal regulations and human rights declarations.

If after the past two years of witnessing the erratic federal response to COVID you still have faith in federal recommendations, we ask you to consider one clear example that reveals the federal agencies and committees do not deserve your trust. In the absence of a single co-administration safety study, the ACIP approved and the CDC actively promotes this message:

“COVID-19 vaccine and other vaccines may be administered on the same day.”

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

We are asking you today to honor the Precautionary Principle and First Do No Harm. We are asking you to dismantle the TAG, to halt rulemaking consideration for adding COVID shots to school requirements, and to adopt our Rulemaking Petition for a new rule that would prohibit mandating Emergency Use Authorized products and licensed products that lack completed Phase 3 trials.

Attached is our preliminary response to the “Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030” that supports our requests. There is far more scientific and medical information available. We hope this is just the beginning of your reviewing the critically important information you have likely been missing until now.

Sincerely,

The ICWA Board

Bernadette Pajer, Yael Kantor, Heidi Hartnell, Angela Dye
Informed Choice Washington
Presents:

A review of the COVID-19 shots

(Pfizer, Moderna, Janssen)

using the Washington State Board of Health’s

“Criteria for Reviewing Antigens for Potential Inclusion in
WAC 246-105-030”

<https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Before proceeding, it must be noted that the COVID-19 shots currently available do not meet the definition of “immunizing agent” per WAC 246.105.020(13), which states: “Immunizing agent” means any vaccine or other immunologic drug licensed and approved by the United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against vaccine-preventable diseases.

None of the currently available COVID-19 shots are licensed and approved by the FDA for school-age children; the shots similarly do not meet WHO requirements and are only authorized by the WHO for emergency use.

WAC: <https://app.leg.wa.gov/WAC/default.aspx?cite=246-105-020>

For clarity, BOH’s criteria language is shown in red, and ICWA language is shown in black.

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.

The vaccine must be recommended by the ACIP. The ACIP reviews licensed vaccines. It makes

recommendations for newly licensed vaccines and regularly updates its recommendations. Its

process includes:

page 1

(1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine;

(2) a thorough review of the scientific literature (both published and unpublished, when available)

on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data;

(3) an assessment of cost effectiveness;

(4) a review of the morbidity and mortality associated with the disease in the population in general

and in specific risk groups;

(5) a review of the recommendations of other groups; and

(6) a consideration of the feasibility of vaccine use in existing child and adult immunization

programs. Feasibility issues include (but are not limited to) acceptability to the community,

parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects;

and social, legal, and ethical concerns. [emphasis added]

Do any of the COVID-19 shots fulfill this criterion? No.

The ACIP did NOT recommend a COVID-19 shot licensed by the FDA for use in ages 5-11 or 12-15, nor did it place such a shot on the CDC Recommended Schedule.

There is no FDA COVID-19 shot licensed for ages 5-15 and no COVID-19 shot whatsoever on any CDC Recommended Schedule for any age. CDC Immunization Schedules, <https://www.cdc.gov/vaccines/schedules/index.html>.

The CDC recommended schedule website page for ages 7-18 mentions the ACIP's EUA and BLA recommendations for COVID, but it DOES NOT include the shots on the schedule.

On May 12, 2021, the ACIP adopted the following recommendation: "The Pfizer-BioNTech COVID-19 vaccine is recommended for children 12-15 years of age in the U.S. population under the FDA's Emergency Use Authorization." May 12, 2021 ACIP Meeting - Discussion and Vote, CDC YouTube channel, <https://youtu.be/91FCQN1aYqk>. On November 2, 2021, the ACIP adopted a similar recommendation for 5-11 year olds. Nov 2, 2021 ACIP Meeting - Clinical considerations for COVID-19 vaccination & Votes, CDC YouTube channel, <https://youtu.be/Fknv90AxSn8>.

Federal Emergency Use Authorization statutes indirectly prohibit school mandates of EUA products by requiring recipients be informed they have the option to accept or refuse the vaccine:

"The possible side effects of the vaccine are still being studied in clinical trials. . .

Under the EUA, there is an option to accept or refuse receiving the vaccine."

Vaccine Information Fact Sheet for Recipients and Caregivers about the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019
page 2

(COVID-19) for Use in Individuals 5 through 11 Years of Age, pp. 4-5,
<https://www.fda.gov/media/153717/download>.

The option to accept or refuse an EUA product is not conditioned upon written assertion of exemption. Medical, personal, or religious exemptions are not required in order to exercise the right to refuse. Under EUA law, a parent or guardian may simply decline a shot for their minor child, without providing explanation or paperwork. A state-level daycare or school requirement would introduce the need for filing of exemptions, unlawfully exceeding the parameters set forth by Congress for EUA products.

"FDA believes that the terms and conditions of an EUA issued under section 564 preempt state or local law, both legislative requirements and common-law duties, that impose different or additional requirements on the medical product for which the EUA was issued in the context of the emergency declared under section 564." Vaccine EUA Questions and Answers for Stakeholders, U.S. Food & Drug Administration,

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders#61b6059d67093>

Alarming, the CDC and ACIP made this recommendation even though they acknowledged that for both age groups:

Regarding potential harms after vaccination, evidence was type 4 (very low certainty) for serious adverse events and type 1 (high certainty) for reactogenicity. No data were available to assess the other GRADE benefits and harms including prevention of hospitalization due to COVID-19, prevention of multisystem inflammatory syndrome in children (MIS-C), SARS-CoV-2 seroconversion to a non-spike protein, or prevention of asymptomatic SARS-CoV-2 infection.

The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Adolescents Aged 12–15 Years — United States, May 2021, CDC MMWR, May 21, 2021,

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm> and The Advisory Committee

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<https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm>.

page 3

From: megaroo77@yahoo.com
Sent: 2/10/2022 12:16:22 PM
To: DOH WSBOH
Cc:
Subject: Thursday 2-10 Board Meeting



attachments\CC76D4E932A3467D_final-ICWA-to-BOH-and-TAG-on-Criteria-.pdf

External Email

I stand with Informed CHOICE WA!!!

NO COVID19 VACCINE MANDATE FOR KIDS

*Informed*CHOICEWA.org

Date: January 7, 2021

To: The Washington State Board of Health Members and COVID-19 TAG

From: The Board and Members of Informed Choice WA

Dear Board of Health and TAG Members:

You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong.

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(Pfizer, Moderna, Janssen)
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<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm> and *The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, November 2021*, CDC MMWR November 12, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm>.

Vaccines and Related Biological Products Advisory Committee (VRBPAC) member Dr. Eric Rubin stated “[Just b]ecause we give an EUA to the vaccine, doesn’t mean we have to use it. And I think we would have to think hard about how to use it given all of the concerns that have been raised.” Transcript of *FOOD AND DRUG ADMINISTRATION (FDA) Center for Biologics Evaluation and Research (CBER) 166th Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting*, June 10, 2021, p. 242. <https://www.fda.gov/media/150815/download>.

How can the CDC claim that benefits outweigh risks when they admit they do not know the risks?

Comirnaty is the only COVID-19 product that has ostensibly received FDA licensure for any pediatric populations—namely those 16 and up; however, that licensure is limited to manufacturing and delivery. The FDA has stated that this product is merely “**ready** for approval for **use** in individuals 16 years of age and older . . .” [emphasis added]. *August 23, 2021 Approval Letter - Comirnaty*, from FDA to BioNTech, p. 4, <https://www.fda.gov/media/151710/download>. The Comirnaty vaccine is not available anywhere in the United States, and there is debate about whether the vials of Pfizer’s EUA product are now “licensed” for those 16 and up, or if those are still EUA products. The FDA states that EUA Pfizer-BioNTech COVID-19 Vaccine and the Comirnaty (COVID-19 Vaccine, mRNA) “are legally distinct with certain differences that do not impact safety or effectiveness.” There is much debate over what “legally distinct” means, especially to consumers. If “legally distinct” means that the currently available Pfizer products in the U.S. are under EUA regulations, then there is no licensed product available for 16-18 year olds. Regardless of whether the Pfizer product is licensed for 16-18 year olds, the product lacks completed Phase 3 clinical trials, and the PREP Act still shields manufacturers for liability for injuries and deaths. As far as we can tell, never in history has the FDA licensed a product without completed clinical trials, nor when all the ongoing trials have been unblinded, subverting the ability to compare outcomes.

There are ZERO co-administration safety studies; therefore, it is highly concerning that the CDC states, and the Washington State Department of Health repeats: “COVID-19 vaccine and other vaccines may be administered on the same day.” CDC, Immunization Schedule, COVID-19 Vaccination, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Disregarding the absence of any safety studies, the Washington DOH states, “Your child can get a COVID-19 vaccine at the same time they get other vaccines. You do not need to schedule your child’s required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get your child caught up on all of their recommended vaccines.”

Washington State Department of Health, Vaccinating Youth,
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/VaccinatingYouth#VaccineTiming>

As noted in our cover letter, this is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

2. The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available.

*Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

Do any of the COVID-19 shots fulfill this criterion? No.

Immunogenicity: While the COVID-19 shots trigger the recipient's cells to create spike proteins, which then trigger an immune response and antibodies to the self-created spike proteins, this immune response has proven incapable of preventing infection or transmission. In short, the COVID shots do not prevent recipients from "contracting the disease."

Some studies show recipients may be afforded a short window—a few weeks or months—during which their risk of infection or risk of severe disease is minimally reduced in comparison to those without natural immunity, but even this protection appears to be dropping with each new variant.

This preprint study shows that PCR-positive tests for Delta variant occurred in a higher percentage of vaccinated individuals than in unvaccinated. From this it could be concluded that, regardless of vaccination status, all individuals are able to spread COVID-19 with similar viral loads. Riemersma et al., *Shedding of Infectious SARS-CoV-2 Despite Vaccination*,

<https://www.infosperber.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load.pdf>.

Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant, CNN interview with Wolf Blitzer, July 27, 2021, <https://www.youtube.com/watch?v=TKFWGvvlVLI>

Another pre-print study, Acharya et al., *No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant*, “found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.” <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>.

The CDC reported that among the first U.S. cases of COVID-19 attributed to the Omicron variant, 79% of the 43 cases studied occurred in fully vaccinated individuals, including 14 who had received booster doses. *SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021*, CDC MMWR, December 17, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm>.

The criterion explicitly requires that “information about population-based effectiveness is gained from large trials,” yet the clinical trial study on which the EUA was based for 5-11 year olds included only 2,268 children total. CDC and ACIP acknowledged that the study was too small to find serious adverse reactions. (See our response above to Criterion #1.) *Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age*, N Engl J Med 2022; 386:35-46, DOI: 10.1056/NEJMoa2116298, <https://www.nejm.org/doi/full/10.1056/NEJMoa2116298>.

A pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, therefore increasing chances of contracting COVID, after 90 days. The authors suggest a booster would be necessary in order to attain previous levels of protection. Do parents really want their child to get a booster every 90 days? Would this be practical or manageable? Hansen et al., *Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study*, <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5>

In contrast to the inability of the COVID shots to prevent disease, natural immunity has been found to prevent infection. This superior, broad protection will serve children well throughout their lives. “[C]hildren display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs.” Dowel, et al., *Children develop robust and sustained*

cross-reactive spike-specific immune responses to SARS-CoV-2 infection,
<https://www.nature.com/articles/s41590-021-01089-8>

In study after study, it has been shown that natural immunity far exceeds vaccine-induced immunity in length and quality. Please view the following studies here that show the superiority of natural immunity: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

3. The vaccine containing this antigen is cost effective from a societal perspective.

This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

Do any of the COVID-19 shots fulfill this criterion? No.

To parents and members of Informed Choice Washington, the most important consideration in this criterion is the "medical and societal costs of adverse reactions to the immunization" as well as what the criterion overlooks:

- the cost of ignoring or outright censoring lifesaving preventative and early treatment protocols, which lead to superior natural immunity;
- the cost of exposing children to genetic therapies, such as DNA and mRNA injections, in the absence of adequately sized and designed safety studies for either short or long-term outcomes;
- and the cost of interrupting a child's natural immune response to what is now an endemic virus without a complete understanding of how that interruption will impact their immunity to the virus and its mutations in the future.

Please see risk information provided under Criterion #4 below, in particular, the two graphs summarizing data from Pfizer's clinical trials that have already demonstrated that any benefits from the shots are outweighed by the injuries and death they cause. This does not account for long-term and yet unknown harms.

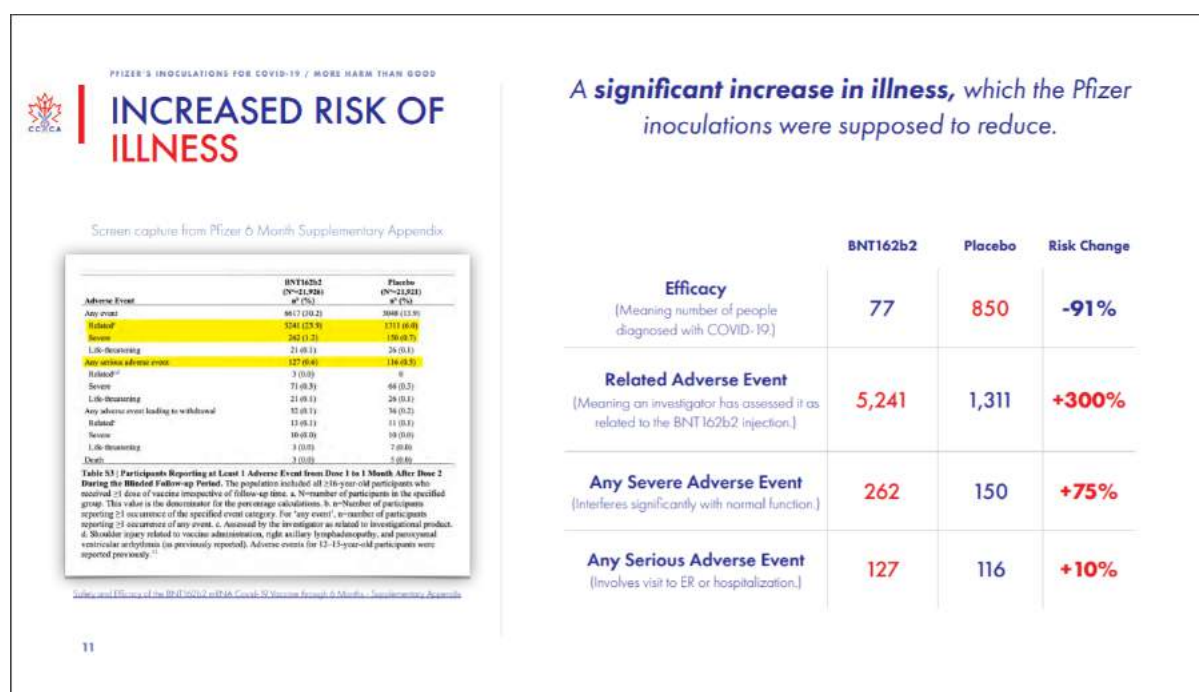
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.

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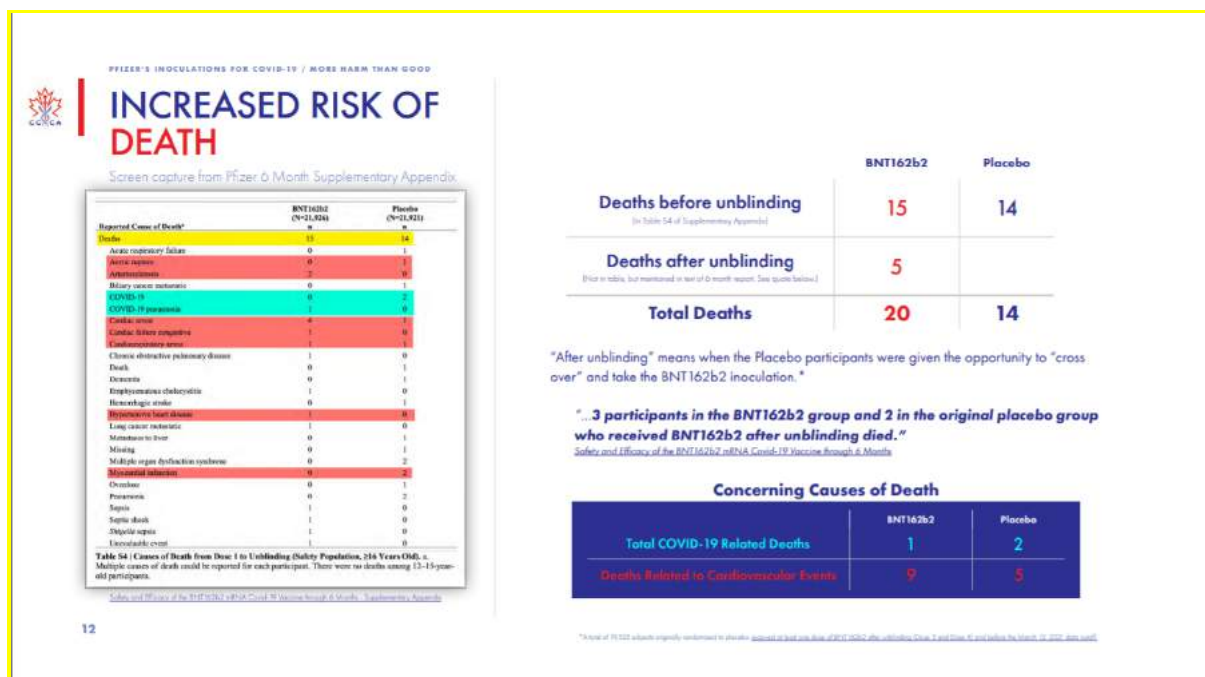
While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

The graphic below includes Table S3, *Participants Reporting at Least 1 Adverse Event From Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period*, on page 11 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#). Vaccinees experienced worse health outcomes than did placebo recipients.



The following graphic, which includes Table S4, *Causes of Death from Dose 1 to Unblinding*, on page 12 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), illustrates the increase in deaths within six months for those who received the injections. Of particular concern are the types of death, including cardiovascular events

(in red); there are almost twice as many in the test group as in the control group. This is Level One evidence of harm, as the data is derived from a randomized control trial (RCT).



Although FDA press releases proclaim that the benefits of the product would outweigh its risks, this conclusion is based upon modeling, which is the lowest quality of evidence given its reliance on layers of assumptions and subjectivity. FDA already had access to a superior form of data: the RCT results from the manufacturer itself, which it disregarded; "Therefore, the FDA conducted its own benefit-risk assessment using modelling to predict how many symptomatic COVID-19 cases, hospitalizations, intensive care unit (ICU) admissions and deaths from COVID-19 the vaccine in children 5 through 11 years of age would prevent versus the number of potential myocarditis cases, hospitalizations, ICU admissions and deaths that the vaccine might cause. The FDA's model predicts that overall, the benefits of the vaccine would outweigh its risks in children 5 through 11 years of age." FDA NEWS RELEASE: "FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Children 5 through 11 Years of Age," U.S. Food & Drug Administration, <https://www.fda.gov/news-events/press-announcements/fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age>

One 12-year-old child, Maddie de Garay, participated in Pfizer's study. She suffered multiple and severe injuries, requiring 9 ED visits and 3 hospital stays (totaling 64 days by June 1, 2021). She is still in a wheelchair today. The New England Journal of Medicine article in which Pfizer's RCT results was reported, [Safety and Efficacy of the](#)

[BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), failed to disclose any of Maddie's adverse reactions. Pfizer disingenuously mischaracterized her injuries as "functional abdominal pain" in its *Emergency Use Authorization (EUA) Amendment for an Unapproved Product Review Memorandum*, p. 30.

<https://www.fda.gov/media/148542/download>. Senator Ron Johnson held a roundtable, in which many individuals who took the COVID-19 vaccine shared their adverse reaction experiences that required medical attention.

<https://thehighwire.com/videos/stephanie-and-maddie-de-garay-testimony/> at 5:13.

This study asks a very pertinent question: Why are we vaccinating children against COVID-19? The abstract in this study explains the following:

A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs. those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially... (emphasis added.)

This study goes on to say that:

... it will use the term 'inoculated' rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission (emphasis added.)

Kostoff, Ronald, et al., "Why Are We Vaccinating Children Against Covid-19?" Toxicology Reports, Vol 8 2021, pages 1665-1684,
<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Here is a list of websites where medical professionals and/or individuals have documented their experiences with reactions from the COVID-19 vaccine:

<https://openvaers.com/covid-data/adverse-events-by-state>

<https://vaers.hhs.gov/data.html>

<https://www.c19vaxreactions.com>,

<https://www.RealNotRare.com/>

<https://www.medalert.org>

<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

Dr. Cody Meissner, VRBPAC member, stated: “I want to be sure that the risk of the vaccine is less than the risk of hospitalization because four [COVID hospitalizations per million in children under 18] certainly does not constitute an emergency, and there are significant questions about the safety of this vaccine. . . . [This hospitalization rate is] on the CDC website. That is not an emergency. It is a very low hospitalization rate. And the rates may change as the season changes, but we’re starting from a tiny, tiny rate. . . . [T]he rates are also falling pretty dramatically among adults and children. So as more people are immunized and become immune from infection, I think it’s very likely that we’re going to get this pandemic under pretty good control. Now the issue -- so the issue to me is safety. . . . [W]e can look at the 2,000 or 2,200 adolescents who are enrolled in the Pfizer vaccine between 12 through 15 years of age -- 2,200, so half got the vaccine, half got placebo. Nobody was hospitalized. Nobody died. And there were some who got URIs[upper respiratory infections] So 2,200 is not going to address the issue of safety. I’m worried about myocarditis. . . . [W]e don’t know what that means on a longterm basis. Will there be scarring of the myocardium? Will there be a predisposition to arrhythmias later on? Will there be an early onset of heart failure? I think that’s unlikely, but we don’t know that. And so before we start vaccinating millions of adolescents and children, it is so important to find out what the consequences are because COVID-19 disease is disappearing in adolescents and children. And I think we have to be so clear about what we’re dealing with. Let me make one more point. In 2003, there was a publication in JAMA regarding myocarditis following the Dryvax vaccine, the smallpox vaccine which is, of course, a live vaccine. But in that situation, the military -- it was given to young recruits. The rates of myocarditis in the military young men -- because it was mostly men in those days -- was 2 per 100,000. And after the Dryvax vaccine the rates were 7.8 cases of myocarditis in the 30 days afterwards. So there was a three-fold increase. And in fact, Dr. Tony Fauci wrote an editorial in that same issue of JAMA discussing these rates of myocarditis. So I am really concerned that the FDA may by not insisting on a full BLA, which to me means at least 12 months, maybe even 18 or 24 months of follow up in children and adolescents, before they are recommended to receive this vaccine. I do not feel we can justify a EUA including children under an Emergency Use Authorization. The burden of disease is so small, and the risks are just not clear. We don’t know.” June 10, 2021, VRBPAC meeting transcript, p. 62, p. 225- 228. <https://www.fda.gov/media/150815/download>

From the front lines in medical care

Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. “More VC Nurses Blow Whistle on ‘Overwhelming’ Numbers of Heart Attacks, Clotting, Strokes,” *The Conejo Guardian*, December 14, 2021. <https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/>

Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories.

<https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/>

Colette Martin, an RN of 17 years, testified in front of the Louisiana House about the harms of vaccine reactions that she has witnessed. She also stated that more children have died from the vaccine than from covid itself. Louisiana House of Representatives Health and Welfare Committee Hearing, December 6, 2021,

https://www.house.louisiana.gov/H_Video/VideoArchivePlayer?v=house/2021/dec/1206_21_HW (begin at 6:54:00)

In the first two and a half months after EUA was granted, 1,223 deaths were reported to Pfizer. This is a huge red flag that requires deep investigation. See Table 1, Page 7, showing fatal case outcomes in Pfizer’s “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021”

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>,

While critics commonly question the veracity of VAERS data, as reported on the U.S. government’s Healthy People 2020 site, 83% of the reporters to the Vaccine Adverse Events Reports System were health care workers or pharmaceutical and government-based sources during the years 1990-2010. “The majority of VAERS reports are submitted by vaccine manufacturers (37%) and health care providers (36%). The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parents/guardians, 7%) [sic], and other sources (10%).” Office of Disease Prevention and Health Promotion, Vaccine Adverse Reporting System, <https://www.healthypeople.gov/2020/data-source/vaccine-adverse-event-reporting-system>.

Further, 72% of a sampling of 250 of the 1,644 VAERS reports of early death received in the first three months of 2021 were filed either by health service employees or pharmaceutical employees. “We identified health service employees as the reporter in at least 67% of the reports, while pharmaceutical employees were identified as the reporter in a further 5%.” Even though the sample contained only people vaccinated early in the rollout, *i.e.*, those who were elderly or with significant health conditions, an adverse vaccine reaction could be ruled out in only 14% of the cases. Mclachlan, et al., *Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis*. 10.13140/RG.2.2.26987.26402. (2021)

“While it seems that the incidence of pericarditis during the vaccination campaign period is increased, a more comprehensive data collection on a wider scale should be done. We hope this report will raise awareness to the subject and will serve as a reminder to report events as part of the post-marketing investigations and allow for a thorough adverse events following immunization analysis.” *Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine*, https://journals.lww.com/pidj/Fulltext/2021/10000/Transient_Cardiac_Injury_in_Adolescents_Receiving.1.aspx

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before measles vaccine was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

Do any of the COVID-19 shots fulfill this criterion? No.

First, we must emphatically state that it is unethical to use children as shields for adults.

Peter Doshi, Ph.D: “I want to address this idea of vaccinating children to protect adults. I encourage the Advisory Committee to read Dr. Lavine et al.’s editorial to explain why, “Vaccinating children is likely to be of marginal benefit in reducing the risk to others.” And even if you think a small benefit is better than nothing, let’s not forget that it’s an unproven hypothetical benefit. We need confirmatory evidence, not just assumptions. And then there’s the ethics and the law. **FDA can only indicate a product for use in a**

given population if benefits outweigh risks in that same population. So if benefits don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021 <https://www.fda.gov/media/150815/download>, pp. 171-172. (emphasis added)

Children and young adults are at an extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," *The Lancet Children & Adolescent Health*, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

The *Forbes* article "The Hideous Truths of Testing Vaccines on Humans" examined the testing of hepatitis vaccines on the residents of Willowbrook, a home for severely disabled children. The author states: "In 1966, renowned medical ethicist Henry K. Beecher published an article titled, "Ethics and Clinical Research," which listed Willowbrook as an example of an unethical clinical experiment and concluded that "there is no right to risk an injury to one person for the benefit of others." *Forbes*, June 12, 2020,

<https://www.forbes.com/sites/leahrosenbaum/2020/06/12/willowbrook-scandal-hepatitis-experiments-hideous-truths-of-testing-vaccines-on-humans/>

Second, the measles example given in this criterion reveals that historically the BOH and DOH have never stepped back to consider the long term or unintended consequences of mass-vaccination campaigns. We agree that nearly everyone in the United States used to be exposed to measles, mostly in childhood when it's safest to experience, and they developed lifetime immunity. Merck's on-trial-for-fraud MMR vaccine does not confer lifetime immunity for a significant portion of the population, pushing susceptibility into the very young and into adult populations. We are nearing a time when more people in the U.S. will be susceptible to measles than before the vaccines were released. And studies show a third dose doesn't help. Was there perhaps a better way to reduce those 450 annual deaths and the cases of very severe illness, without sacrificing superior natural immunity for the vast majority (99.99%) of the population—and without exposing millions of children annually to the risks of the MMR? What about the failure of the mumps portion of the shot? More information can be found here: <https://informedchoicewa.org/measles/> To learn about the politics surrounding the loss of the personal exemption to the MMR, see this post:

<https://informedchoicewa.org/education/were-wa-lawmakers-deceived-about-measles-last-session-part-1/>

Is there perhaps a better way to protect those susceptible to severe disease and fatal COVID-19 outcomes, without sacrificing superior natural immunity for the >99.9% of the population who fully recover and develop natural immunity? Optimal nutritional support, early treatment protocols, and the benefits of natural immunity are tragically not part of public health's approach with any vaccine-targeted infection. With COVID, the neglect of these public health tools has cost many lives.

Third: as shown in our response to Criterion #1, the shots do not prevent transmission; any unethical attempt to use children as shields will fail.

As of January 6, 2022, the seven-day case rate in Washington State for ages 4-11 was 504.8 per 100,000. The seven-day hospitalization rate was 1.2 in 100,000. Compare this with the risk of myocarditis in vaccinated adolescents, which is 18.52 in 100,000 as seen in <https://pubmed.ncbi.nlm.nih.gov/34849657/>

Age Group	7-Day Case Rate	7-Day Hospitalization Rate	7-Day Testing Rate	7-Day Percent Positivity
Ages 4-10	504.8	1.2	--	--
Ages 11-13	558.1	0.7	--	--
Ages 14-19	731.8	1.8	--	--
Ages 0-11	480.7	2.3	--	--
Ages 12-19	692.4	1.5	--	--
Ages 20-34	869.9	10.7	--	--
Ages 35-49	724.5	12.0	--	--
Ages 50-64	444.2	20.0	--	--
Ages 65-79	227.3	30.9	--	--
Ages 80+	211.2	56.2	--	--

Cases, Hospitalizations, Testing and Percent Positive by Age

Graph from <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

Between January 4, 2020, and January 6, 2022, 573 children between the ages of 5-18 have died with COVID in the entire United States. CDC Deaths by Sex, Ages 0-18 years, <https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzy>

On December 31, 2021, Anthony Fauci stated, “. . . [I]f a child goes into the hospital, they automatically get tested for COVID, and they get counted as a COVID-hospitalized individual, when in fact they may go in for a broken leg or appendicitis of something like that, so it's overcounting the number of children who are . . . hospitalized **with** COVID as opposed to **because** of COVID.” MSNBC interview, <https://twitter.com/TheEliKlein/status/1476917049435856925>

Vaccines and Related Biological Products Advisory Committee member Dr. Cody Meissner stated “[F]our per million [pediatric hospitalizations] certainly does not constitute an emergency, and there are significant questions about the safety of this product.” June 10, 2021, VRBPAC meeting transcript, p. 62.

<https://www.fda.gov/media/150815/download>

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, “activity” refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

Do any of the COVID-19 shots fulfill this criterion? No.

The Pfizer, Moderna, and Janssen products do not prevent transmission, serious disease, or death.

The CDC director says that vaccines do not prevent transmission. “Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says,” *CNN Health*,

<https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

“COVID-19 infections are increasing in Gibraltar, with 128 new infections reported on average each day. That’s 97% of the peak — the highest daily average reported on January 5. There have been 9,600 infections and 100 coronavirus-related deaths reported in the country since the pandemic began. . . Gibraltar has administered at least 108,323 doses of COVID vaccines so far. Assuming every person needs 2 doses, that’s enough to have vaccinated about 160.7% of the country’s population.” Reuters COVID-19 Tracker, accessed January 7, 2022,

<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/gibraltar/>

Vaccinated people can still spread the Delta variant. Vaccination does not stop the transmission of COVID. “Testing a subset of low-Ct samples revealed infectious

SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.” Riemersma, “Shedding of Infectious SARS-CoV-2 Despite Vaccination,” <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>

Individuals who have been previously infected do not show a need to be vaccinated. This is consistent with Chapter 246-105-020 WAC: “fully immunized” means an immunization status where a child has proof of acquired immunity . . . ’ It is unreasonable to mandate that those with natural immunity be “boosted” with a vaccine when there is not scientific evidence that this practice is safe or effective in the long term. Boosting an individual’s levels of antibodies to the vaccine-induced spike protein—which no longer matches the dominant strain now circulating—is experimental. Also see Shrestha, “Necessity of COVID-19 vaccination in previously infected individuals,” <https://doi.org/10.1101/2021.06.01.21258176>.

Children have sustained and robust natural immunity after contracting COVID. Dowel, “Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection,” *Nat Immunol* 23, 40–49 (2022). <https://doi.org/10.1038/s41590-021-01089-8>.

Long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, “Why are we vaccinating children against COVID-19?” *Toxicology Reports*, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>.

Barnstable County, Massachusetts, had an outbreak amongst a population of tourists that was approximately 74% vaccinated, which indicates that vaccination does not prevent contracting or transmitting COVID. Brown, “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings - Barnstable County, Massachusetts, July 2021,” *MMWR Morb Mortal Wkly Rep*, 2021 Aug 6;70(31):1059-1062. <https://pubmed.ncbi.nlm.nih.gov/34351882/>.

Despite 100% vaccination rate, consistent testing, and quarantining, a research station in Antarctica still had an outbreak of COVID cases. “COVID-19 Outbreak Hits Research Station in Antarctica,” WebMD News Brief, <https://www.webmd.com/lung/news/20220103/covid-19-outbreakohitsoresearchostation-in-antarctica>

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general publics' acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246- 105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

Do any of the COVID-19 shots fulfill this criterion? No.

There has never been more opposition from the medical and scientific community or the public to any type of vaccine or vaccine policy than there is to the COVID-19 products and policies.

EXAMPLES OF MEDICAL AND SCIENTIFIC OPPOSITION

- Over 15,000 members of the [International Alliance of Physicians and Medical Scientists](#) published a declaration resolving that healthy children shall not be subject to forced vaccination. They state:
 - Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
 - Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
 - Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
 - Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether COVID vaccines assist herd immunity.

Supporting Evidence:

<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children>

- More than 500 scientists, medical doctors and health care and other professionals united as the [Canadian Covid Care Alliance](https://www.canadiancovidcarealliance.org). Their presentation *More Harm Than Good* reviews Pfizer's six-month data and reveals that Pfizer's COVID-19 inoculations cause more illness than they prevent. See the *More Harm than Good* video and PDF slides here: <https://www.canadiancovidcarealliance.org>

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. . . Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent."

1. The [Association of American Physicians and Surgeons](#), established in 1943, opposes COVID-19 vaccination mandates. In regards to children, AAPS states:
 - a. In the testing, only 1,518 children received the shots, and 750 received a placebo. This is far too few to see uncommon side effects, such as myocarditis/pericarditis, as Pfizer admits.
 - b. Follow-up was for two months in one group and only 2.5 weeks in another. The Pfizer application states that long-term sequelae of post-vaccination myocarditis/pericarditis in participants 5 to 12 years of age will be studied after the vaccine is authorized for children.
 - c. The children were not examined for mild, asymptomatic myocarditis, which might cause long-term damage, as by checking troponin levels or echocardiograms, or for blood clotting problems, as by checking platelet counts and D-dimers.
 - d. The only FDA-approved product, BioNTech's Comirnaty (not yet available in the U.S.) is required to do studies on myocarditis lasting 5 years.
 - e. Monthly safety report cards on the three available vaccines, which have different dosages, are supposedly required, but none have been produced or released.
 - f. The claim of 91% relative effectiveness against symptomatic COVID in children is based on 16 cases of COVID in the placebo group and three cases in the vaccinated group over the brief follow-up period. This is an absolute risk reduction of about 2%.
 - g. We do not and cannot know the long-term effects on cancer, fertility, or autoimmune diseases. "But we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes," stated committee member Dr. Eric Rubin, physician at Boston's Brigham and

Women's Hospital, immunology professor at the Harvard T.H. Chan School of Public Health, and current editor-in-chief of the New England Journal of Medicine. The alternative to giving a product to most of an entire generation is animal studies or restricting use to a defined group most likely to benefit, with close follow-up.

- h. The dosage for children is one-third the adult dose. Dosage in pediatrics is generally determined by weight. Not all children weigh the same, and their weight does not triple between age 11.9 and 12.0 years.
 - i. The COVID products are not shown to interrupt infection and transmission. Masking and distancing are still being recommended or required for adults. Thus, hopes for a return to normalcy once vaccinated are misplaced.
 - j. To give truly informed consent, parents need complete information about possible side effects, such as the outcome for Maddie de Garay, a 12-year-old whose public-spirited parents enrolled her in a trial. Post-shot, she experienced excruciating pain and a 2-month hospitalization, and is now in a wheelchair. Pfizer has not acknowledged a connection to the shot, nor did it fully disclose her injuries in it. The reaction may be "extremely rare," but many would decline to take even a 1-in-1 million chance of this outcome.
 - k. The government has already ordered 68 million doses, so authorization is anticipated, and likely will be followed by mandates.
 - l. Several Nordic countries have paused the use of COVID vaccines in persons under the age of 30. Persons at low risk for COVID complications are more likely to die from the shot than from COVID.
 - m. Dr. Harvey Risch, Yale epidemiologist, stated that he would home-school his children if public schools mandated this vaccine.
 - n. No one should administer a COVID shot to a child unless parents have given fully informed, completely voluntary consent, without threats or inducements.
 - o. SOURCE:
<https://aapsonline.org/aaps-statement-on-covid-shots-for-children/>
2. The [Physicians for Informed Consent](#) have compiled a Pfizer Vaccine Risk Statement for children that highlights FDA, CDC, and Pfizer clinical trial data finding:
- a. The clinical trial found there were zero cases of severe COVID-19 in children of any age who did not receive the vaccine. In contrast, the trial found that the vaccine causes severe (grade 3) and grade 4 systemic reactions in children.

- b. The clinical trial indicates that vaccine efficacy declines significantly in less than six months. Although a booster dose of the vaccine is authorized for individuals 16 years of age or older, the clinical trial states that efficacy was not evaluated for Phase 3 BNT162b2 booster group participants. Instead, vaccine efficacy was inferred based on antibody levels observed in only about 300 vaccinated subjects over a one-month time period.
- c. The clinical trial provided no evidence that the vaccine prevents asymptomatic infection or transmission of SARS-CoV-2 or COVID-19. In addition, recent studies have observed that a significant proportion of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.

SOURCE:

<https://physiciansforinformedconsent.org/physicians-for-informed-consent-updates-its-pfizer-covid-19-vaccine-risk-statement-analyzes-new-safety-data-for-children/>

- 3. The [World Council for Health](#), whose leadership includes Dr. Tess Lawrie (PhD, MD, Founder, Evidence-Based Medicine Consultancy LTD, Bath, United Kingdom, 10-year Senior consultant to the WHO supporting health policy recommendations for countries globally), issued a statement in December 2021:
 - a. There is now more than enough evidence to declare the novel Covid-19 vaccines unsafe for use in humans. Victim testimonies and adverse reaction reporting systems have revealed millions of adverse reactions to the experimental vaccines, including life-changing injury and death.
 - b. The inoculations are capable of causing immeasurable harm to those who received them, with children being more likely to die from the Covid-19 vaccines than from actual SARS-CoV-2 infection.
 - c. World Council for Health anticipates that unprecedented humanitarian efforts will be essential to assist the people harmed by this global vaccination experiment, due to the known and unknown harms.
 - d. The World Council for Health demands an end to this crisis and hereby declares it illegal and unlawful for anyone to participate, directly or indirectly, in this harmful experimental vaccination programme. The World Council for Health declares individuals, governments, and other corporations will be held liable for their involvement.
 - e. World Council for Health Calls for an Immediate Stop to the Covid-19 Experimental “Vaccines” DECLARATION:
<https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist/#full>

SOURCE: <https://worldcouncilforhealth.org/news/2021/12/covid-19-vaccines/14001/>

4. Paul E Alexander MSc PhD, Howard C. Tenenbaum DDS, Dip. Perio., PhD, Dr. Parvez Dara, MD, MBA: “We must not expose our children to ‘unnecessary’ harm. We must not expose them to a substance that has not been tested on children (or plan to be) in the way it should be and for as long as necessary. We must not expose children to a vaccine that based on their risk, is absolutely not needed. Moreover, they can become infected naturally, if their immunity is needed.”
<https://www.aier.org/article/why-we-must-not-be-forced-into-vaccinating-our-children-from-covid-beware/>
5. Dr. Robert Malone (MD, Northwestern School of Medicine, MS, UC San Diego and Salk Institute Molecular Biology and Virology Laboratories, Giannini Postdoctoral Research Fellow, UC Davis, Harvard Medical School fellow -- Global Clinical Research Scholar (2016), original inventor of the mRNA vaccine platform used in the Pfizer and Moderna COVID-19 vaccines as well as the DNA vaccine platform used by Inovio): Interview in which Dr. Malone voices his grave medical and scientific concerns for the use of any of the COVID shots, especially in children:
<https://unityprojectonline.com/news/dr-robert-malone-md-on-the-joe-rogan-experience/>
6. Dr. Peter McCullough (MD, FACC, FAHA, FASN, FNKF, FNLA, FCRSA, Chief Medical Advisor, Truth for Health Foundation; President, Cardiorenal Society of America; Editor-in-Chief, Reviews in Cardiovascular Medicine; one of the most highly published medical specialists in practice today and an authoritative commentator for major media on COVID-19). Dr. McCullough has been interviewed hundreds of times and testified to numerous legislatures and to Congress. He is a tireless proponent for early treatment to save lives, and although he at first administered the EUA shots to his patients, as information began to emerge, he stayed informed and up-to-date. He no longer supports use of any of the existing COVID-19 shots. His interview by Joe Rogan is extensive and can be found here:
<https://unityprojectonline.com/news/dr-peter-a-mccullough-on-the-joe-rogan-experience/>

In an [interview in August 2021](#), Dr. McCullough reviewed his five main points of education:

- a. COVID-19 is NOT spread asymptotically
- b. Asymptomatic people should not get tested

- c. Natural immunity is robust complete and durable
- d. COVID-19, no matter what variant, is easily treatable at home
- e. Current COVID-19 vaccines are obsolete and should be considered unfit for human use. “They [the vaccines] do not cover the new variants; patients are failing on these vaccines. They’re being hospitalized and getting sick despite having had the vaccines . . .the vaccines at this point in time have amounted to record mortality and injury and should be considered unsafe and unfit for human use.”

“Dr. Peter McCullough’s 5 most important truths about COVID-19,” LifeSiteNews, August 4, 2021,
<https://www.lifesitenews.com/news/dr-peter-mcculloughs-5-most-important-truths-about-covid-19/>.

EXAMPLES OF ETHICAL, LEGAL, AND SOCIAL ISSUES LISTED BY [THE UNITY PROJECT](#):

- [Why the CDC Ignores Natural Immunity](#), by Aaron Kheriaty
- [Judicial Precedents and Vaccine Mandates](#), by Aaron Kheriaty
- [Why I am Challenging in Court the University of California’s Vaccine Mandate](#), by Aaron Kheriaty
- [University Vaccine Mandates Violate Medical Ethics](#), by Aaron Kheriaty, *The Wall Street Journal*
- [Dear Pfizer: Leave the Children Alone](#), by Paul Alexander
- [Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial](#), by Paul Thacker
- [How College COVID Vaccine Mandates Put Students In Danger](#), by Bostom, McCullough, Kheriaty, Rietsch, Cretella, and Bradley
- [Scientists Sue the FDA for Data it Relied Upon to License Pfizer’s Covid-19 Vaccine](#), by Aaron Siri
- [Covid-19 Vaccine Manufacturers Can Harm You With Near Complete Impunity](#), by Aaron Siri
- [FDA Buries Data on Seriously Injured Child in Pfizer’s Covid-19 Clinical Trial](#), by Aaron Siri
- [Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS](#), by Aaron Siri
- [Vaccine Mandates: The Next Prohibition?](#), by Justin Hart
- [Jab Mandates Are Both Unethical and Fail the Cost/Benefit Test](#), by Michael Tomlinson

DATA DISASTER: A Call for an Investigation Into the CDC's Conduct During COVID-19. <https://standforhealthfreedom.com/cdc-investigation/>

EXAMPLES OF PUBLIC OPPOSITION - GLOBAL

- Paris, France:
<https://rumble.com/vr0wcf-france-yellow-vests-stage-rally-in-paris-against-covid-measures-18.12.2021.html>
- Austria: <https://rumble.com/vridjv-rising-up-in-austria.html>
- London, England:
<https://rumble.com/vrcp2h-britain-sees-massive-protest-against-vaccine-passports.html>
- Australia:
<https://rumble.com/vpld09-australia-nov20th-nationwide-massive-vaccine-protests-from-perth-melbourne-.html>
- New Zealand
<https://rumble.com/vqve38-thousands-protest-covid-19-rules-in-new-zealand.html>

EXAMPLES OF U.S. PUBLIC OPPOSITION

Evidence that half the country refusing; people willing to lose jobs rather than comply; large organizations of professionals publishing position papers; example of LA Unified School district; Enumclaw example?

<https://www.cityofenumclaw.net/DocumentCenter/View/6670/Res-1734---Covid-19-Vaccine-Verification-Discrimination>

Less than half of parents support a requirement for middle and high school students to be vaccinated for COVID. "About One in Five Americans Remain Vaccine-Resistant," Gallup, August 6, 2021,

<https://news.gallup.com/poll/353081/one-five-americans-remain-vaccine-resistant.aspx>

Healthcare workers are willing to lose their job rather than take the COVID vaccine.

"Roughly 3,000 hospital workers lost jobs over Washington's COVID-19 vaccine mandate," KING 5 News, November 17, 2021,

<https://www.king5.com/article/news/local/washington-hospitals-lose-roughly-3000-workers-over-covid-19-vaccine-mandate/281-b0ff14de-27b6-4b0a-bcca-ed924c314ca0>

As of October 19, 2021, nearly 2,000 state workers chose to be fired rather than take the vaccine. "Nearly 1,900 Washington state workers quit or are fired over COVID vaccine mandate," *The Seattle Times*, October 19, 2021,

<https://www.seattletimes.com/seattle-news/politics/nearly-1900-washington-state-workers-quit-or-are-fired-over-covid-vaccine-mandate/>

There have also been many stories in the news describing our service members who are being discharged secondary to their declination of the shots.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

Do any of the COVID-19 shots fulfill this criterion? No.

The burden on school nurses for tracking COVID cases and for managing all the COVID measures is already unreasonable. ICWA board member Heidi Hartnell is a teacher in Washington State and can speak to the amount of time schools already spend tracking COVID cases and close contacts. If the requirement of vaccination is added to the existing required measures, this would create an extensive amount of maintenance and updating of immunization records. She says, “With the demonstrated waning efficacy of the COVID vaccination in adults, it would seem that this would also be true with children. If children are required to be “up to date” with a booster every six months, this will be a huge burden on schools as vaccination records will constantly need to be checked and updated. Currently, a majority of the required vaccinations are completed by the time a child enters kindergarten and these forms do not require frequent updating. However, if the COVID shot and subsequent boosters were to be added, this would place a hardship on already wearied teachers and school personnel. Ultimately these shots do not prevent contracting or transmitting the virus, and so this work achieves nothing in the public health sense.”

The only thing that makes sense, given that >99.9% of children are at zero risk from COVID, is to simply enforce the “stay at home if symptomatic” rules that have served public health well for decades. We can never achieve, nor would we want to achieve, zero exposure schools. Children’s immune systems need exposure to the microbial world, including to viruses, to properly develop and protect them as adults. This is just as true for COVID, which has become endemic, so children will be encountering the virus and mutations for the rest of their lives. More than 140 studies demonstrate that natural immunity will serve them well and far longer than the shots, and it is their

parents who should make the risk-benefit decision, not the State of Washington. "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Public health would be even better served if the BOH would acknowledge natural immunity, and support and promote early treatment protocols, so that everyone of all ages and of any vaccination status could see better outcomes.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html> -

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

Do any of the COVID-19 shots fulfill this criterion? No.

Considering the risks discussed in Criterion #4 above, the burden of compliance on parents is unacceptable.

Considering that any injury sustained by a child is borne completely by the parents because the manufacturers are shielded under the Public Readiness and Emergency Preparedness (PREP) Act, the burden of compliance is unacceptable.

<https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

The shots are available everywhere, even grocery stores often without an appointment, so it is easy for most parents to find an opportunity to get their child a shot if they so choose, but for those parents who choose to opt out of a school vaccine requirement, the burden is out of balance.

Parents can't go to Safeway or Rite Aid for an appointment with a practitioner to get the required risk-benefit consultation and signature. They must make an appointment with a practitioner, take time off work, arrange transportation, etc. That first step is now the most burdensome. For the past several years, it has been increasingly difficult for parents to find any practitioner willing to give them the required risk-benefit consultation. Many doctors and clinics are kicking families out of their practices who do not vaccinate, or who do not fully vaccinate according to the CDC schedule. This has nothing to do with health or protection and everything to do with the financial incentives built into the

insurance and public health systems that reward high vaccination uptake. This practice is supported by the American Academy of Pediatrics, which has critical conflicts of interest associations with the pharmaceutical and medical industries. “The AAP recently issued a clinical report that stated it is an “acceptable option for pediatric care clinicians to dismiss families who refuse vaccines”

<https://www.infectiousdiseaseadvisor.com/home/topics/prevention/new-aap-policy-on-patient-dismissal-for-vaccine-refusal-may-erode-solidarity-among-pediatricians/>

The BOH’s criterion is based on the assumption that “a process exists to opt out of immunization requirements by children attending either child care or school.” If parents are unable to find a practitioner willing to provide the required risk-benefit consultation and sign an exemption form or letter stating that they have done so, then that opt-out does not exist.

And finally, a tremendous burden exists in the coercive aspect of any vaccine requirement. Parents who opt their children out of one or more vaccinations experience emotional and psychological stress because they know they face scrutiny by school staff, by health care providers, by surveillance systems, as well as cultural pressure. Children who lack one or more vaccinations are singled out at various times, excluded from school and extracurricular activities. If a vaccine is NOT on the schedule, a parent is able to choose what is best for their child without the added stress. It is an unreasonable burden to stress entire families with a requirement that should be a personal medical decision. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.” Harm to others cannot be prevented by requiring children attending school to take this vaccine.

From: Amy Stazel
Sent: 2/9/2022 10:09:29 AM
To: DOH WSBOH
Cc:
Subject: Concerned parent

External Email

Hello,

I wanted to write to voice my concern again about required vaccines for attending public school. As a parent we all try to protect our children in every way possible, including researching vaccines. I would urge that there be information providing the effectiveness with these covid vaccines. I know many people who are fully vaccinated that are still getting sick with covid. I know many people who aren't vaccinated who haven't gotten covid. From what I have found, vaccines are tested for many years before they are given. I have also looked at deaths from the vaccine and other side effects, and I don't understand with even what is reported how this is still continuing on, and now discussing that it be required to attend school, ridiculous!

This should be stopped immediately. I know for myself, my kids would have to be pulled from school as I will not give this experimental vaccine to my children.

Thank you

Sent from my iPhone

From: Tonya Sanders-Williamson
Sent: 2/10/2022 3:04:20 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,
It is unreasonable and detrimental to our children's physical and mental health to require them to keep their faces covered 35+ hours a week while in a formal learning setting. The kids' emotional health is suffering as well as their ability to receive the education they have a right to. We ask that those making these decisions consider our childrens' well-being and discontinue the mask mandate in schools.
Thank you,
Bryan and Toni Williamson

From: Jim Huleatt
Sent: 2/9/2022 12:15:55 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



attachments\F54F89E71EF44424_6456017DC72E41A3A4079035B9221939[84904314].png

External Email

To Whom it May Concern,

I respectfully ask that you not mandate Covid 19 vaccinations for school aged children. Our whole family has had Covid and my two school aged boys had symptoms that were less then the common cold. The only way we found out they had covid is because they were required to be tested to play in their sports activities. Our bodies are made to create natural immunities. No mandate should be based on positive case counts only on hospital cases and death rates.

Jim Huleatt

Jim Huleatt

360-319-0061

jimjh@windermere.com

From: kelley@timekeepersshipping.com
Sent: 2/9/2022 4:10:53 PM
To: DOH WSBOH
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

Instead of writing a lengthy email, I have made a short video of my views regarding the addition of the Covid-19 vaccine to the vaccine schedule requirement for school aged children. Please take the few minutes and watch.

Thank you very much for your time and thoughtful consideration of this most crucial issue.

Sincerely,
Kelley Bouma

https://share.icloud.com/photos/03ea3nqVmooCxr6d_0R3aSvow
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fshare.icloud.com%2Fphotos%2F03ea3nqVmooCxr6d_0R3aSvow>

From: c.kaiponen

Sent: 2/9/2022 3:16:13 PM

To: Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), DOH WSOB

Cc:

Subject: Public comment

External Email

Good morning,

Thank you for all that you do for our community!

I really wish there was something that we could do to support the children in our community pertaining their right to breathe fresh air. It is so unnecessary that they wear masks at school for this virus that is 99% survival rate in children's age group.

We need to see their smiling faces.

They need to see their friend's smiling faces.

They need to see their teacher's smiling faces.

They need it as part of feeling connection to our community. We need to help their mental health and growing brains receive the air they are entitled to breathe. This is just absurd this has gone on this long. This isn't fair.

Please help end this.

Also,

Please DO NOT enforce Gene Therapy AKA covid inoculation requirements for children in our state. This would be discrimination against me and my family. I know of many other families as well that this would discriminate against as well.

We live in the United States of America. We are entitled to our freedom of making our own personal medical choices. For ourselves and for our children. Personal medical autonomy has decades of established law decided at the Supreme Court. Please watch the attached video for more information about the VAERS coming from Pfizer. Which is very alarming.

<https://resistthemainstream.org/heres-the-pfizer-video-that-got-dr-robert-malone-suspended-off-twitter>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fresistthemainstream.org%2Fheres-the-pfizer-video-that-got-dr-robert-malone-suspended-off-twitter&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3b96d924755d4cf5fd0508d9ec2228e7%7C11d0e2>>
/

Please remember that VAERS is a statutory requirement of the fda. How is covid-19 a true state of emergency still when the survival rate is so high?

I have chosen to not be inoculated and contracted covid right after Christmas. And I am ok! My entire family is ok! Everything is ok! Everyone should be allowed to make the

personal choice of medical treatment, period. we have natural immunity! Let's focus on natural immunity and healthy hygiene.

Please do not make Gene Therapy AKA, EUA (which has a 99% survival rate) ' Covid Vaccine', a requirement for public schools. Promoting myocarditis (which is a common side effect of the inoculation) in our youth is completely unethical. The risk simply outweighs any benefit, because what is the benefit? They would still catch and spread virus, so there are absolutely NO benefits.

There is already discrimination happening if my child has a common cold and I call to her school office to let them know she will be absent. They ask right away if she is vaccinated. I ask, "with what?" They say, "covid vaccine." This is no one's business if my child is injected with gene therapy. But once they get an answer from me, they put our situation in a "side A" or "side B" flow sheet. (Brings times back to NO BLACKS ALLOWED AT THIS WATER FOUNTAIN for example) Just like they do with the volunteers at the school district. This is creating MASSIVE SEGREGATION.

The current situation for having a cold and staying home to get well school process is performing unconstitutional discrimination against my family. Religious beliefs and personal medical choices are personal choices. Please set an example in our state to show that we honor our people of America and allow them the freedom that our constitution states we all have!

Lets spread kindness and love and promote healthy hand washing, not discrimination and segregation.

Please help end this.

Thank you for your time.

May God Bless you and your loved ones,

Christina Thacker
Kitsap county resident 38 years

Sent from my Verizon, Samsung Galaxy smartphone

From: yu ki
Sent: 2/9/2022 11:24:30 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

* Almost 100% of kids don't suffer from severe COVID. In fact, many have no symptoms at all. Thus, they may have already had COVID which is another excellent reason not to get the vaccine.

* The World Health Organization (WHO) has announced that young people should not take the vaccine.

* A concerning number of young people, especially those under 30, are suffering from myocarditis (heart inflammation), blood clots, low platelets and more following COVID-19 vaccination.

* The risks of COVID-19 vaccination adverse outcomes certainly outweigh the benefits to children and young adults who are considered low risk populations.

* Parental rights to make independent, informed decisions regarding their children's medical interventions, including vaccines, are being threatened.

* Some scientists have raised concerns that the safety risk of COVID-19 vaccinations have been underestimated. As of January 28th 2022, there have been 1,088,558 vaccine injuries including 23,149 deaths following COVID-19 vaccination.

* Clinical trials in children and young adults are ongoing and will not be completed for at least one year.

* Not a single published study has demonstrated that patients who have had a prior COVID-19 infection benefit from the vaccination.

Please do not require Covid-19 vaccine for school .

Sincerely,

Kimberly Y

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:24:11 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Mandates

From: John Olson <heynewyeaow@gmail.com>
Sent: Friday, February 11, 2022 9:49 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Vaccine Mandates

External Email

To whom it may concern,

If vaccine Mandates are made in Washington you will see a mass Exodus of students from the public school system. If you think the Trucker brigade in Canada is big, just wait.

I promise that if you decide to inject something we know little about into our kids, my kids will be taken out of public schools.

Do not make this mistake. You will not win. Listen to science. Out body, or choice.

John Olson

From: Melissa McTighe
Sent: 2/12/2022 4:33:18 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hoff, Christy Curwick (DOH)
Sent: 2/15/2022 8:47:42 AM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\A77546402814438E_masks.pdf

From: Dani Kessler <dani_kessler@hotmail.com>
Sent: Tuesday, February 15, 2022 8:42 AM
Subject: St. Patrick Catholic School - Parent Feedback

External Email

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the Baltimore Archdiocese is doing
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.baltimoresun.com%2Feducation/md-school-masking-20220211-20220211-w62eycynu5fybgztpujemsuwa-story.html%3Ffbclid%3DIwAR1xe8ncPOmITYxyAOFAkx7IDyI7ycxmek4TocY5sUR2ia9XBBVvkKTY8u4&data=>!>

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, inn March of 2020, there was quite literally nothing known about this new

illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. CDC - Mask Effectiveness Indoors

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolum>

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” CDC – Masks vs. Respirators

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fniosh%2Fnpptl%2F508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1bf%7C11d>

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks correctly, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? COVID-19 Worker Safety - Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acgih.org%2F covid-19-fact-sheet-worker-resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1>

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for "surgical masks" and right in the description it says are non-medical. Amazon Surgical Mask

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsmile.amazon.com%2FHDFK-Disposable-Protective-Breathable-Non-Woven%2Fdp%2FB088YJCQ7Z%2Fref%3Dsr_1_2_sspa%3Fcrd%3DX9O3K75VJ277%26keywords%3Dsurg2-spons%26psc%3D1%26spLa%3DZW5jcnlwdGVkUXVhbGlmaWVyPUEyUUUFNTVISFRGQVBGJmVuY3J5cHRIZ

) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals - when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I'm sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! Stephen Petty - On PPE and Aerosols

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=JL4yoUssHhJesfGpD1rYOwYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1bf%7C>

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful.

150+ Comparative Studies and Articles on Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fmore-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1bf%7C>

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn't exist.

Here's where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state's elderly and high-risk population safe and we simply cannot do without it, how is it there isn't overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn't mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and the subsequent enforcement of masking is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. The Educational Consequences of Masking Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nationalreview.com%2F2022/02/22/educational-consequences-of-masking-children%2F%3Ffbclid%3DIwAR0E9-jL4yoUssHhJesfGpD1rYOwYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1bf%7C>

However, I don't think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher's mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child's frown and respond with kindness. Or how they see another child's smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that

impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks?

The data says they are. JAMA Pediatrics – Mental Health & Wellbeing

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F4bc0-45d3-b2bb->

[b9c227e1313f%26utm_source%3DFor_The_Media%26utm_medium%3Dreferral%26utm_campaign%3Dfor-the-media](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F4bc0-45d3-b2bb-b9c227e1313f%26utm_source%3DFor_The_Media%26utm_medium%3Dreferral%26utm_campaign%3Dfor-the-media)

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

I'm a Public School Teacher. The Kids Aren't Alright.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1bf%7C11d0e2)

[kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1bf%7C11d0e2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cca22643f16c6482161c808d9f0a2e1bf%7C11d0e2)

Masked Schoolchildren

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d)

[schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d)

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The Strength of Weak Ties

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cse.wustl.edu%2F~m.neuma>

The residents of this state, and specifically the parents of school age students, have been understanding of restrictions, and, more recently, patient in waiting for policies to be adjusted in response to the data. But as the data continues to build against mask mandates with no changes to policy, we are asking you to push back on behalf of the health and education of our children.

We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above.
It's worth all 26 minutes.

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the [Baltimore Archdiocese is doing!](#)

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. [CDC - Mask Effectiveness Indoors](#)

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” [CDC – Masks vs. Respirators](#)

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks *correctly*, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? [COVID-19 Worker Safety - Masks](#)

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for “surgical masks” and right in the description it says are non-medical. [Amazon Surgical Mask](#)) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals – when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I’m sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! [Stephen Petty - On PPE and Aerosols](#)

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Here’s where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state’s elderly and high-risk population safe and we simply cannot do without it, how is it there isn’t overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn’t mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and *the subsequent enforcement of masking* is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. [The Educational Consequences of Masking Children](#)

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We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

[I'm a Public School Teacher. The Kids Aren't Alright.](#)

[Masked Schoolchildren](#)

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Dani Kessler, 253-459-2449

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From: Holly Martin
Sent: 2/10/2022 1:05:33 PM
To: DOH WSBOH
Cc:
Subject: No vaccine for schools

External Email

These vaccines are still in trials. Do not experiment on students who by all measures are not in any risk of serious covid.

Holly Martin
425-765-8351

From: Jaclyn Ward
Sent: 2/11/2022 5:31:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lynn Hisey
Sent: 2/9/2022 9:16:53 PM
To: DOH WSBOH
Cc:
Subject: Mandating Covid Vaccines for school children

External Email

Dear TAG Members,

I have been monitoring the last few TAG zoom meetings and it is apparent to me that members of this advisory group are not analyzing the most relevant current data or being guided by the overwhelming number of scientists, researchers and doctors that have concluded that Covid Vaccines for children present higher risks for VARES than the virus does. I urge you to not attempt to remove parental rights to chose to do what is in the best interest and safety of their children. Take off your blinders and search out recent evidence, research and opinions that differs from Anthony Fauci who has been proven to be so wrong so often and done much harm. You will be held responsible if your vote is to advise the WABOH to mandate vaccines. I know from talking to concerned parents that there will be a mass exodus from public schools if this becomes a mandate. Do the right thing.

Sincerely,

Linda D. Hisey

Jefferson County

From: Christina Patton
Sent: 2/14/2022 2:58:42 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 inclusion in Chapter 246-105-WAC

External Email

To the Washington State Board of Health:

I am writing to you to ask that you do NOT make the COVID vaccine a mandate in order for children to attend public school and here is why:

- * The vaccine has only been approved for emergency use only at this point. No other vaccines that are required to go to school are for emergency use ONLY.
- * There are no long-term studies on the side effects of the vaccine and we don't know what kind of harm it could cause our children in the future.
- * We know that there is a risk for teens and young adults to get myocarditis and pericarditis from the vaccine. We also know that children have died from taking the vaccine.
- * Kids are not dying from COVID.
- * The vaccine does not stop the spread of COVID nor does it prevent someone from getting COVID.
- * This is not a vaccine like the Measles, Mumps, Polio, Chicken Pox, and it shouldn't be required just like the flu shot is not required.
- * This should be a parent decision on whether a child should get the vaccine.
- * There have already been about 40K children removed from public schools within the last year, if you make the vaccine a requirement you are going to see thousands more.

Thank you for taking the time to hear my concerns and the concerns of many other Washington parents.

*Tina Patton

Concerned Parent of 2

From: Schreiber, Tracy N (SBOH)
Sent: 2/9/2022 10:13:37 AM
To: DOH WSOH
Cc:
Subject: FW: Covid vaccines

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:05 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Donna cook
Sent: 2/9/2022 10:43:45 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for Tomorrow 2/10/22 Hearing

External Email

I am a parent of a public school 3rd grader.

I write today to request that the covid immunization not be added to the required immunizations for public school.

Covid is not showing to be a large risk to children and is still under emergency use authorization.

I am concerned and torn about my son's future if this trial vaccine becomes required as my son thrives in the public school environment but I can't with good conscience give him an immunization that is so new, no long-term studies and for a virus that has been proven to not cause significant damage to the younger ages.

I will be forced to home school if this immunization becomes required. Washington state has already lost 55,000 enrolled public school children this school year. I am active and involved in multiple mothers groups in my community and the large majority are in the same situation, I fear if you make the immunization a requirement you will lose many many more thousand enrolled students, which will drastically decrease federal funding and cause voters to no longer approve bonds and levies; therefore, impacting the children still in the public school system.

I fear that the communities of color will be the hardest hit by the loss of these funding sources, as statistics and history have proven those communities do not have resources to home school, they will have no choice but to immunize their children to continue attending public school which will be struggling due to the loss of federal funding and the inevitable loss of bonds and levys.

Please consider my words and look at the big picture when you vote on the immunization requirements for this next school year.

Thanks for your time
Donna Cook
Auburn, WA

From: Becky Cosner
Sent: 2/9/2022 1:35:18 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Good afternoon,

I am writing with deep concern about the direction of this state. Your intrusion on personal medical decisions is alarming at best, but more likely along the lines of abuse, bullying and total disregard of the constitution.

Our children belong to us, not the state. Covid is a very insignificant issue with regard the vast majority of healthy Americans and especially to children (serious illness or death is nearly 0%). Juvenile mental health is at a crisis level, largely due to poor state leadership that has resulted in years of failed liberal policies that don't, in fact, follow any kind of real and valid science (not limited to Covid).

Shutting down discourse you disagree with doesn't make your position correct or valid. In fact, it nullifies it. "Science" that can't be questioned becomes propaganda. "Leaders" who rule rather than serve are tyrants. These are all the very things our forefathers warned of and protected us against in the constitution.

Leave our children alone — any attempt to force vaccination on them is purely evil. Parents are free to make the decision they believe best based on informed medical consent. Again, I repeat, leave our children alone.

With great dissatisfaction in our state,
Becky

Sent from my iPad

From: Michelle Van Diest
Sent: 2/11/2022 2:19:13 PM
To:
Subject: Covid shot requirement

External Email

Board of health,

This is just wrong.

I listened to the TAG meeting the other day and kept hearing more than once that they did not have enough data to support this of that they needed more evidence. They are going to get data from the colleges and I heard the NBA - how can you compare a basketball player to a 12 year old child? That is not a fair comparison at all.

The shot is not a "vaccine" - it is a jab that can injure or kill kids. I have seen people talk about the effects on their kids.

I implore you to vote no on this when the time comes - I know there are a lot of parents who will be pulling kids from schools - with our governor the way he is I am seriously considering moving out of state and starting over someplace that will care about my son.

I await your responses.

From: Stacie Neiswanger
Sent: 2/10/2022 4:13:44 PM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine should NOT be mandatory for students

External Email

I implore you NOT to make the covid vaccine mandatory for school aged children. There is zero emergency to make this mandatory, covid is not and has not been a pediatric disease. The flu is more dangerous to our children than covid and the flu vaccine is not mandatory - why would this one be mandatory?

Beyond that, you can not force something on children - that is not your right or responsibility. That responsibility falls on the parents/guardian - the ones financially responsible for them. Are you prepared financially to assist families of children that experience adverse reactions from these vaccines? No, you wouldn't.

Each family is different, and you have no idea about their family history when it comes to health. It is a family's right to make an informed decision based on their individual family needs, not to have one forced upon them by the government.

It is not right and please do not consider making this vaccine mandatory in our children. Plus, it's not even fully approved I don't even know why its being considered at this point. However, I'm sure it will eventually get approved and even at that point it is not necessary for children - it should be a choice made by the parent if they feel it is necessary for their child(ren).

From: JULIE KISSICK MALLOY
Sent: 2/15/2022 9:02:23 AM
To:
Cc:
Subject: AGAINST VACCINE MANDATE

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

We will not give up or back off against this mandate.

Julie Kissick Malloy

From: Kahler, Kelie (SBOH)
Sent: 2/13/2022 9:44:03 AM
To: DOH WSB OH
Cc:
Subject: FW: NO to mandatory CoViD vaccine for public schools!

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

From: Val R <valerieraschko@gmail.com>
Sent: Saturday, February 12, 2022 11:21 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; samantha.pskowski@snoh.wa.gov; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: NO to mandatory CoViD vaccine for public schools!

External Email

To whom it may concern,

Please do not make the CoViD vaccine a requirement for public schools in Washington state. A choice for that shot needs to be up to the parents. Further, there is not enough science to back up this requirement. It does not stop one from acquiring the virus. It does not stop one from spreading the virus. There are ZERO long term safety studies.

It would actually be more effective as a board of health to recommend vitamin D, proper nutrition, exercise & rest.

If you vote this CoViD vaccine through as a requirement, you will see a massive uprising & thousands of children will be pulled from the public school system to homeschool. Mark my words.

Thank you,
Valerie Raschko

Sent from my iPhone

From: Helen Stewart
Sent: 2/9/2022 1:35:31 PM
To: DOH WSBOH
Cc:
Subject: Mandatory covid vax for kids

External Email

I do not support a mandatory covid vax for kids.
Thank you
Helen Stewart
19011 32nd Ave nw
Stanwood WA 98292

From: James Watson
Sent: 2/14/2022 4:01:27 PM
To: DOH WSBOH
Cc:
Subject: Save the Children Plea from the UK Medical Freedom Alliance

External Email

I am aware that TAG has voted to recommend vaccinations for Washington State school children. Please read the attached link and seriously consider changing your vote. Your prior vote could put each of you personally at risk of legal consequences. James Watson

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgwtdguide.substack.com%2Fp%2Fsave-the-children-plea-from-the-uk%3Fr%3D12rxqk&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C25daf58ba7b8416d6edc08d9f01>

Sent from my iPhone

From: Andrey Popov
Sent: 2/9/2022 3:58:15 PM
To: DOH WSBOH
Cc:
Subject: Feb. 10 TAG Meeting

External Email

Hi SBOH,

It seems that the question of mandating COVID vaccinations for school children are on the agenda. As a vaccinated parent of two vaccinated children, I strongly oppose such mandates. Vaccination is a surgical procedure that should be strictly voluntary. It is the forced nature of COVID vaccination that gives it such a bad reputation, and causes people to avoid vaccinating.

Cheers,

Andrey Popov
4252836344

From: Darleen Christopher
Sent: 2/9/2022 8:26:40 PM
To: DOH WSOB
Cc:
Subject: Please Don't Call This 'Science': How FDA, CDC Justified Approval of Moderna's Spikevax • Children's Health Defense

External Email

With over 150 athletes dead, you can't fake the news. Don't put my kids at risk! We aren't buying the narrative, nor into the greed.

https://childrenshealthdefense.org/defender/fda-cdc-approval-moderna-spikevax-vaccine/?utm_source=salsa&eType=EmailBlastContent&Id=4e4d0598-f8fd-49d4-a14c-f0221a80e575

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/fda-cdc-approval-moderna-spikevax-vaccine%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26Id%3D4e4d0598-f8fd-49d4-a14c-f0221a80e575&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21>

Please Don't Call This 'Science': How FDA, CDC Justified Approval of Moderna's Spikevax

The U.S. Food and Drug Administration's approval last week of Moderna's Spikevax COVID vaccine — backed by the Centers for Disease Control and Prevention — made a mockery of science and the regulatory process.

Josh Mitteldorf, Ph.D.
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fauthor/josh-mitteldorf-ph-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21>>

<<https://childrenshealthdefense.org/wp-content/uploads/how-was-Moderna-Spikevax-approved-feature-800x417.jpg>>

Miss a day, miss a lot. Subscribe to The Defender's Top News of the Day
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fsubscribe-us%2Fsign-up%2F%3Futm_source%3Dtop_of_article%26utm_medium%3Dthe_defender%26utm_campaign%3Dsign-up%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21>
. It's free.

The U.S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) did it again.

The FDA last week granted
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/full-approval-moderna-spikevax-covid->>

vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1
its seal of approval for a ghost vaccine that is unavailable in the United States — and it
did so using a preordained process that made a mockery of “science” and of “regulation.”

Days later, the CDC backed
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-cdc-moderna-spikevax-covid-vaccine-injuries%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
the FDA’s decision, using similarly flawed data and reasoning.

The approval of Moderna’s Spikevax COVID-19
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-moderna-spikevax-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
vaccine was an even greater travesty than the FDA’s approval
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-health-defense-sues-fda-pfizer-comirnaty-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
last August of Pfizer’s Comirnaty shot.

That’s because Moderna
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-attkisson-steven-gundry-pfizer-moderna-vaccines-heart-attack-risk%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
has been even more secretive than Pfizer
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-fda-lose-bid-delay-release-covid-vaccine-safety-data%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
about its trial data, and because Moderna’s shot is linked
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F375%2Fbmj-2021-068665&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
to an even higher rate of heart disease than Pfizer’s.

The FDA’s approval of the Pfizer Comirnaty vaccine led people to believe
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-media-fda-approval-pfizer-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
they would get a fully licensed, FDA-approved vaccine — when in fact they were still
getting the Pfizer-BioNTech vaccine distributed under Emergency Use Authorization
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Femergency-preparedness-and-response%2Fmcm-legal-regulatory-and-policy-framework%2Femergency-use-authorization&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
(EUA).

People can ask for the Comirnaty vaccine as often as they like — but it is not
being distributed
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-fda-media-pfizer-comirnaty-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
in the U.S. The Comirnaty vaccine is supposed to be the same formulation as the old
Pfizer-BioNTech vaccine, but the vials labeled “Comirnaty” are in a legal class
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-one-can-force-you-pfizers-comirnaty-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e1>
of their own.

Why this Kabuki theater?

Because any adult who is harmed or killed as a side effect of an “FDA-approved” vaccine can sue the manufacturer. But if you are harmed in exactly the same way by an EUA vaccine, you are out of luck — the manufacturer and everyone in the chain of delivery has full immunity from lawsuits. The law depends on the label.

Now Moderna has the same legal advantage as Pfizer. Its "Spikevax" is the same formula as the old Moderna vaccine, but only if you are dosed with a vial bearing the "Spikevax" label can you sue for bodily harm. So, of course, the Moderna vaccine continues to be distributed, but Spikevax is not available in the U.S.

The approval of Spikevax is not just a legal sham. It's also a scientific sham. FDA approval is supposed to include long-term safety testing, but there is no long-term data available for a product that has been in existence less than a year.

The FDA hearings on the licensing of Spikevax were one-sided and dominated by self-congratulatory rhetoric. They also raised more questions than answers.

Questions for the FDA

* Besides offering publicity to the manufacturer and sowing confusion in the public mind, why would the manufacturers want FDA approval for a vaccine that is not available in the U.S.?

* Neither Pfizer nor Moderna explicitly specified the content of their placebos, but a published review

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2F10.1056>
claims they were simple saline. If this is the case, why is the rate of medical problems following injection with a “placebo” so much higher with Moderna’s placebo compared to Pfizer’s placebo?

For example, 18 people out of 15,000
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Fsuppl%2F10.1056/NEJMs2100001>
 in the Moderna placebo group died before the start of the trial (2 weeks from the second
 vaccination), while only 4 people out of 22,000
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F144241>
 who received Pfizer's placebo dose died in a comparable period. There were 31 "severe
 adverse events" in the placebo group of the Moderna trial, and zero in the (larger) Pfizer
 placebo group. What was in that "placebo" that killed 18 people and sent 31 to the
 hospital?

* The FDA relies on the Vaccines and Related Biological Products Advisory Committee (VRBPAC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fadvisory-committees%2Fblood-vaccines-and-other-biologics%2Fvaccines-and-related-biological-products-advisory-committee&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d>
) to help assess the safety of vaccines before approval. There was an animated debate at the VRBPAC meeting for the Pfizer vaccine. Why was VRBPAC not invited to convene for the Moderna vaccine? The answer is given in this letter of approval
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15581>
I from the FDA to Moderna (January 31, 2022):

"We did not refer your application to the Vaccines and Related Biological Products Advisory Committee because our review of information submitted in your BLA [Biologics

License Application], including the clinical study design and trial results, did not raise concerns or controversial issues that would have benefited from an advisory committee discussion.”

* The FDA plainly states that it limited the scope of its analysis to the trial data alone. Why isn't the FDA interested in the enormous amount of data that has become available in the last year?

Safety: Did FDA cook the books?

Deaths and disabilities associated with the mRNA “vaccines” have occurred with shocking frequency, 90 times as many as the worst vaccine in the past. There have been more than 1 million COVID vaccine reactions reported to the Vaccine Adverse Event Reporting System (VAERS), compared to 11,000 for the worst vaccine in 2020 (Shingrix).

There were more than twice as many
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Findex.php&data=04%7C01%7C66110732-4056-4131-8003-601100007208%7C%7C%7C%7C&isRedactedAddress=true>
deaths related to the COVID vaccines this year as the sum total of all vaccine deaths in
the 30-year history of VAERS.

To rig the approval process in favor of such a product, the FDA needed to rewrite the rule book. The agency did this with a new statistical criterion, masking murder with mathematics. I am grateful to Matthew Crawford
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgroundingtheearth.substack.com%2Faway-vaccine-safety-signals&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e2> for having decoded the algebra and sounded the alarm.

The safety criterion chosen by the FDA is an obscure computation called PRR, which stands for Proportional Reporting Ratio. As the name implies, it is based on RATIOS of different event types and is utterly blind to the ABSOLUTE RATE of such events.

PRR measures the distribution of different kinds of adverse events, e.g. blood clots, heart attacks and deaths. If those ratios are severely out of line with the great variety of vaccine reactions in the past, PRR would detect that.

For example, if the new vaccines caused an extraordinary risk of myocarditis
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeuk-regulators-reassess-covid-vaccines-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C1>
, but everything else was low, then PRR would flag that. But if myocarditis was just one risk among many that have been reported from past vaccines, then PRR would not pick that up.

The real scandal is that PRR is blind to the absolute risk numbers. PRR is defined in such a way as to look for unusual PATTERNS of adverse events, but it is completely insensitive to unusual RATES of adverse events.

Of course, it is the rates and not the patterns that are of primary concern, and the PRR is designed NOT to reflect that.

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For example, suppose we have two vaccines:

- * Vaccine A has 1 reported death per million vaccinations, 3 reported heart attacks per million, and 20 reported headaches per million.
- * Vaccine B has 1 reported death per hundred vaccinations, 3 reported heart attacks per hundred, and 20 reported headaches per hundred.

Vaccine A is quite safe, and vaccine B is extremely dangerous. And yet the formula for PRR will produce the same result for vaccine A and B!

Clearly, PRR is not an appropriate criterion for evaluating the safety of any particular vaccine. Did the FDA use PRR in order to cook the books?

In Moderna's own trials, 1.3% of vaccine recipients
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056/NEJMoa2002438>>
had a reaction to the vaccine that was severe enough to require medical attention. The following possible side effects were listed in information given to doctors:

"Anaphylaxis and other severe allergic reactions, myocarditis, pericarditis, and syncope have been reported following administration of the Moderna COVID-19 Vaccine during mass vaccination outside of clinical trials."

Off with his head! — the CDC's ACIP hearings

In Alice's Wonderland
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gutenberg.org%2Ffiles%2F11-h%2F11-h.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726-4>>
, the Red Queen's justice began with the execution, then there was a verdict — and finally a trial.

The FDA hearing was followed by a meeting of the Advisory Committee on Immunization Practices (ACIP), which reports to the CDC.

The committee on Feb. 4 voted to recommend
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdocs%2Fcdc-moderna-spikevax-covid-vaccine-injuries%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726-4>>
the Moderna Spikevax. Only after that action step had been secured did the committee hear testimony
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffive.childrenshealthdefense.org%2Fdocs%2Feb-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726-4>>
from the Public Health Agency of Canada that Moderna's vaccine was associated with a myocarditis risk five times higher than Pfizer's.

Questions for the CDC

- * All-cause mortality was equal in both placebo and vaccine groups (16 deaths in each). In the midst of a pandemic, Moderna's vaccine demonstrated no survival benefit. This should have been enough to end any further consideration of approval.
- * We have detailed data on myocarditis from decades of past history. One-fourth of myocarditis patients
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>>

are dead within 5 years, but the same study reports that if the myocarditis is caused by human immunodeficiency virus, then three-fourths die in the same 5 years.

We have no long-term data on vaccine-induced myocarditis, but we do have some 6-month data, which show 39% of cases still had their activity restricted by their doctors, 20% were still on heart medication, 32% still reported chest pain, 22% still had shortness of breath, 22% had palpitations and 25% still reported fatigue. Thirteen vaccine recipients died. (All these numbers were presented at the ACIP hearing on Feb. 4

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffive.childrenshealthdefense.org%2Ffeb-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726>.)

Why should we have confidence that the course of vaccine-induced myocarditis will be much less severe than other forms of the disease?

* The Moderna trial, like the Pfizer trial, was limited to healthy people, mostly young, with no pre-existing problems. Pregnant women were explicitly excluded. Why is the vaccine being approved as safe for everyone, including diabetics and immune-compromised, elderly and pregnant women

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Frecommendations%2Fpregnancy.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726>?

* When mRNA vaccines were approved on an emergency basis, the FDA promised to track all safety concerns with a new cell phone app called V-Safe

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Fsafety%2Fvsafe.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726>. Why are the results of V-Safe being withheld from the public?

* The FDA was considering approval of Moderna's vaccine in January 2022. There was a full year's experience with side effects reported from nearly 200 million doses of the Moderna vaccine in the U.S. alone. But the FDA limited its consideration to the 15,000 subjects who were in the Moderna trial, ending March 26, 2021. Why was this huge trove of data on vaccine safety not reviewed by the FDA?

* Yes, we understand that the vaccine doesn't become fully effective until 2 weeks after the second shot. But is that a reason to exclude from consideration the damage that is inflicted by enhanced vulnerability to disease during those two weeks, or, for that matter, the four weeks between shots? These have been counted as diseases of the "unvaccinated," but in fact, people in this stage of treatment are much more vulnerable than the truly unvaccinated.

* France
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.courthousenews.com%2Ffrederick-jab%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726> parents-sue-after-daughter-mistakenly-gets-moderna-and Germany

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fworld%2Fhealth%2Fmoderna-recommends-only-biontechpfizer-vaccine-people-under-30-2021-11-10%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726>

do not recommend Moderna's vaccination for young people, presumably because the Moderna vaccine is associated with a higher rate

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F371%2Fg068665&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726>

of myocarditis than the Pfizer vaccine. How did our FDA come to a different conclusion?

* Anaphylaxis following vaccination is an immediate, life-threatening and an undeniable consequence of the vaccine. The CDC claimed the rate of anaphylaxis is 6 per 1 million.

However, in March of 2021, an examination
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjama%2Farticle%2F2768211>
of anaphylaxis following mRNA vaccines revealed a much higher incidence of this adverse
event. In fact, 9 of 38,971 Moderna vaccine recipients suffered documented anaphylaxis.
This equates to 230 per million, or 38 times higher than the CDC estimate.

Efficacy — but at what cost?

The proper measure of the efficacy of any medication is how it affects all aspects of a patient's health. But in evaluating the Moderna vaccine, the FDA looked only at its effect on COVID.

There are early but disturbing indications that vaccination worldwide has had dramatic effects on other aspects of health, unrelated to COVID. Insurance company trade journals report

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11> companies-report-increase-premature-

deaths%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11 that they are paying life insurance claims for adults 18-64 years of age at a rate 40% higher than during any normal year.

[illegible]

Could it be that the vaccines have had a small benefit for COVID severity and disastrous impact on other aspects of human health?

We now have some real-world experience with the efficacy of vaccines. For example, we know the virus mutated to a more contagious, less lethal form. Omicron <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-surges-fda-vaccine-strategy-question%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C1>> is now the dominant form of the virus in the U.S. and most other parts of the world today.

The Omicron mutations are concentrated in the spike protein — the only part of the virus to which the vaccinated population has immunity. This suggests the virus is

mutating in response to the vaccine, and mutations are an important factor affecting efficacy in the long run

Nevertheless, the FDA considered efficacy data predominantly from the first five months of data (through March 26, 2021

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15593>
) in making its decision to fully license Spikevax, with an absolute cutoff in November, before Omicron became dominant.

More questions

- * Almost all subjects in the original Moderna trial who received placebo initially were subsequently given the vaccine. How will we ever know the long-term effects of the vaccine if we have no controls with which to compare?

- * Why do CDC studies of death rates based on vaccination status differ so markedly from the same question asked by independent groups in other countries?

Here, for example, is a report from Public Health Scotland

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublichealthscotland.scot%2Fmedia%2F15593>
01-19-covid19-

winter_publication_report.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726

stating that vaccination increases vulnerability to Omicron. Here is a similar report from England

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthdata.org%2Fsites%2F15593>
. This study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flink.springer.com%2Farticle%2F10021-00808-7>

7&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726

shows countries with higher vaccination rates tend to have higher rates of COVID, and this one

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fosf.io%2Fym7ta%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726>
confirms the same result for U.S. states.

- * We are now in an era dominated by the Omicron variant, against which all the vaccines seem much less effective. But even “follow-up data” was analyzed only through March 26, 2021

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15593>
, nine months before Omicron took over. Why did the FDA base its decision on data only from older variants?

- * The secondary efficacy endpoint was the prevention of severe COVID-19. Now that it is accepted that there is little, if any, protective effect of mRNA vaccines from infection, the prevention of severe disease should be the primary focus of approval determination.

Moderna claims its vaccine efficacy is an astonishing 98.2% in preventing severe COVID-19 (Table 8

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15593>
) . Pfizer’s was 96.7% (Table S6

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10021-00808-7>
material&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf298f442561e4ea1d67408d9ec4d34f5%7C11d0e21726

).

The reason for the calculated difference in efficacy between these two products was not from a lower incidence of severe disease in the vaccine arm of Moderna’s trial (it was lower in Pfizer’s trial). It was because the incidence of severe disease in Moderna’s placebo group was much higher than in Pfizer’s.

Severe COVID-19 in Pfizer’s placebo group occurred in 30 participants out of

23,0379. In Moderna's, severe disease occurred in 106 participants out of 14,164 that received a placebo. Why was the incidence of severe COVID-19 nearly six times higher in Moderna's placebo group than Pfizer's?

Postscript: Failure was never an option

In America, why are clinical trials for new drugs run by the same companies that own the drugs, and will profit from them if the trial is successful?

It's a glaring conflict of interest, but necessary within a capitalist system. Since the trials cost, typically, hundreds of millions of dollars, only the company that will profit from the drug is motivated to invest such huge sums in testing.

In the case of the COVID vaccines, however, the development and the trials were both publicly funded. There was no excuse for contracting the same organization both to develop and test their own product.

[illegible]

This leaves us wondering, did our government ever want a fair and unbiased evaluation of the COVID vaccines? Or — after a full year of telling the public that vaccines were the only path out of the COVID crisis — did NIH feel they could not risk the possibility that the trials might fail?

There were no animal tests. There was no time to experimentally optimize dosage and delivery. They had to guess right the first time.

Maybe they thought this is what the exigency of a pandemic required — but please don't call it "science."

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

From: Testify Online Survey
Sent: 2/11/2022 11:23:03 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

February 10th

2.

Agenda Item or Issue:

Child vaccination

3.

Your Name:

Sierra pellegrino

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

5249 wellspring road mount Vernon wa 98273

7.

Email:

Sierrap131@gnail.com

8.

Phone Number (Include Area Code):

2064369139

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Mandatory child vaccination for covid 19

11.

Are you Pro or Con on the proposal?

2. Con

I do not believe that children need to be vaccinated. If teachers are already vaccinated they should have nothing to worry about. A child's immune system is very resilient. I'm not against children being vaccinated, but I am against forcing families to vaccinate their child or be forced to take them out of school. Covid 19 has already had a substantial negative impact on the youth in America. Further forcing parents and children(old enough to make their own choice) to vaccinate or be subject to dropping out is only going to set them back even further. I am a person who is vaccinated because I was forced to. I didn't not want it nor did I think I needed it. The children in our household have been exposed many times throughout the pandemic to each variant and have yet to get sick. If our children want the vaccine we will provide it to them, if they don't we will not. It is their choice, not ours, and certainly not anyone's choice whom is outside the household.

From: AnaLyn Herrick
Sent: 2/12/2022 4:31:14 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kahler, Kelie (SBOH)
Sent: 2/9/2022 9:38:27 AM
To: DOH WSBOH
Cc:
Subject: FW: Feb. 10 TAG Meeting Information



attachments\1AD2A6EF5F3C4B67_image003.png

From: Angela Pifer <AngelaP@SIBOGuru.com>
Sent: Wednesday, February 9, 2022 9:05 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Cc: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Calder, Allegra (DOHi) <allegra@berkconsulting.com>; eric.lofgren@wsu.edu; stevelim@uw.edu; Febach, Hannah M (DOH) <hannah.febach@doh.wa.gov>; Davis, Lora B (DOH) <Lora.Davis@doh.wa.gov>; Newman, Laura P (DOH) <laura.newman@doh.wa.gov>; DeBolt, Chas (DOH) <Chas.DeBolt@DOH.WA.GOV>
Subject: Feb. 10 TAG Meeting Information

External Email

Regarding the Feb. 10 TAG Meeting: Public Comment

Good Morning,

I have been a licensed health care provider for the past 17 years. I have a 12 year old in LWSD. PLEASE do not recommend mandating COVID-19 vaccination for our school children.

I feel motivated to state that I am not anti-vaccine. I have been vaccinated with all schedules, as has my daughter (except for this one, as I have grave concerns with the need and safety of this vaccine in her age group).

* The vaccine was made for 5 variants ago.

- * Studies have noted continuing decline in protection against Omicron, as well as declining protection over 90 days.
- * Omicron is declining. We have no idea if this will remain the variant, or, if a new variant will pop up and we have no idea if the wild type vaccine will be effective against the new variant.
- * The age group has a near nil risk of anything related to COVID.
- * These shots do not stop infection, nor transmission.
- * Pfizer states that they will need 5 years to study the safety data for this age group.
- * There are very concerning trends with adverse events and these must be investigated to the fullest.

Because of these points above, pushing this as a mandate is optics only; creating a false sense of protection to the parents who want this.

The flu is more deadly to our children than COVID. We do not mask, isolate, mandate, close contact trace, nor do we mandate an annual shot (because at times these are only 14% effective) to our children. PLEASE stop this insanity.

I respectfully submit that I will remove my 12 year old from public school if this mandate is approved.

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: Melanie Danuser
Sent: 2/11/2022 10:10:20 AM
To: DOH WSBOH
Cc:
Subject: Re: Results from Immunizations Technical Advisory Group

External Email

Thank you. When will a decision be made? I need information to plan for my children's future if it is passed as we will not be vaccinating our kids and pull them from public school. A timeline of the decision, when it will take affect, and information on exemptions would be appreciated. I am operating under the understanding that this will pass and the rest of the meetings are just a formality. If you can connect me with someone who has this information, it would be greatly appreciated as this will impact our lives in innumerable ways, including considering moving from the state. I need to make plans.

On Fri, Feb 11, 2022 at 9:30 AM DOH WSBOH <WSBOH@sboh.wa.gov
<mailto:WSBOH@sboh.wa.gov> > wrote:

Hello,

Board Staff are currently working on getting those minutes finished in the coming weeks, which will be uploaded to our webpage here:

<https://sboh.wa.gov/Meetings/MeetingInformation/2022/Feb10TAGMeeting>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FMeetings%2FMee>

Best regards,

Nathan Thai

Communications Consultant

Washington State Board of Health

Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov>

360-463-8928

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>
, Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH8>
, Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>

From: Melanie Danuser <melanie.danuser@gmail.com
<mailto:melanie.danuser@gmail.com> >
Sent: Thursday, February 10, 2022 9:19 PM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV <mailto:WSBOH@SBOH.WA.GOV> >
Subject: Results from Immunizations Technical Advisory Group

External Email

When will minutes or a decision from today's meeting be made available?

From: K Zelenka
Sent: 2/14/2022 2:50:34 PM
To: DOH WSBOH
Cc:
Subject: Please make sure your TAG sees these autopsy results

External Email

Just in case you missed the post-vaccination myocarditis deaths of these two boys:

<https://meridian.allenpress.com/aplm/article/doi/10.5858/arpa.2021-0435-SA/477788/Autopsy-Histopathologic-Cardiac-Findings-in-Two>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmeridian.allenpress.com%2Faplm%2F477788%2FAutopsy-Histopathologic-Cardiac-Findings-in-Two&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cea3fb4a4d1d64b2a9cb008d9f00c681e%7C11d0e217>>

From: Kara Abramowicz
Sent: 2/9/2022 10:10:50 AM
To: DOH WSBOH
Cc:
Subject: No to mandatory Covid 19 injections for school eligibility

External Email

Dear members of the Board of Health Committee,

I would like to strongly urge you not to make the Covid-19 injections mandatory for children to enter schools in the fall of 2022 or any time thereafter. As you are probably aware, the public schools are losing students at a rapid rate for a variety of reasons. A mandatory Covid-19 shot will only serve to exacerbate that trend since we, as parents, can read and we understand the following:

1. Data from the CDC and WHO explicitly shows that children 18 and under have negligible risk from severe illness or death from Covid-19
2. The Covid injection is still under Emergency Use Authorization and short and long term effects have not been sufficiently studied and analyzed
3. It is abundantly clear that the Covid-19 injections do not prevent the spread or infection of Covid rendering them utterly useless to a cohort who already has negligible risks from the virus
4. There are already evident risks of adverse effects--especially in young males--for myocarditis (and other risks) as documented in various studies and data from VAERS

Thank you,

Kara Whelan

Mill Creek

Mother of 2 school age children

From: Danylle G
Sent: 2/10/2022 3:01:32 PM
To: DOH WSBOH
Cc:
Subject: TAG meeting February 10th 2022

External Email

Hi,

I wanted to express concern about the TAG meeting today and the information that they are reviewing. They are reviewing information that comes from all ages of vaccinated and unvaccinated people. They are looking to make a vote/recommendation to you all about whether or not to vaccinate school children. Why are they not ONLY reviewing school age children vaccinated/unvaccinated data? Because there is none. There is not enough data for anyone to be able to make an educated and informed decision on these children. Vaccinating the age groups who are impacted by SARS-COV2 the SMALLEST/LEAST, and with whom there is the SMALLEST/LEAST amount of data on is completely unacceptable! We ALL owe it to our children to keep them safe. The virus has more than a 99% survival rate to begin with, there is an even higher survival rate amongst our youth. There is NO reason to vaccinate anyone let alone children when there are ZERO long term studies on a "vaccine" that does not prevent the spread of a virus. This virus affects any/every person differently and no one knows why yet, so you cannot say that it reduces hospitalization and death. There are too many studies that are being investigated for discluding certain data. In 5, 10 or 15 years (however long it takes) when there's enough accurate data to be able to make a decision on mandatory vaccination, then we should be discussing this. Not now.

Thank you,

Danylle Guerrero

From: Maria Johnson
Sent: 2/10/2022 11:00:48 AM
To: DOH WSBOH
Cc:
Subject: The effects of vaccine and masks

External Email

Why not see the effects all of this is happening to all our children? Suicide has gone up drastically I see this is more a concern than the virus.

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Testify Online Survey
Sent: 2/15/2022 6:08:08 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb 17 2022

2.

Agenda Item or Issue:

Covid vaccine

3.

Your Name:

Amy Call

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Spokane wa

7.

Email:

Asault@hotmail.com

8.

Phone Number (Include Area Code):

6613018101

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

The mandate to add covid vaccine to the state vaccine requirements to school age children is completely inappropriate. They long term studies to fertility, autoimmune disease and long term effects are unknown. My children have had covid and recovered. I WILL NOT VACCINE MY CHILDREN WITH MNR. I am not alone. I will fight for my children's right to live without fear of what a vaccine that will not protect them might do to their bodies. Stop this mandate! Unmask our children. Let people live their life how they see fit. Personally choice and personally responsibility NOT GOVERNOR mandates!!

From: Jordan Bjelland
Sent: 2/10/2022 5:34:49 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

As a mother of 2 school age children in this state it is my hope that the Technical Advisory Group will vote NO to add c19 injections for children to attend school. I have made sure my children have every immunization they need at the direction of their doctors. This injection though is not the same as those already on the list for entering school. These are new & there is no currently published literature on pediatric Covid 19 vaccine effectiveness in K-12 school setting. Also, these injections are widely available for any one wanting to get it, children in this state have been getting them for some time now. There is no mandate for children to get the flu shot for school and for years we've dealt with how that affected teachers, staff & student's attendance with out mandating the shot. It also seems that Covid 19 is on the downturn and we are coming to the end of the pandemic, which as a mom would tell me, there is no need to mandate such an injection on the masses of our students. Thank you for your time.
Shanan Bjelland

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/9/2022 12:52:55 PM
To: DOH WSBOH
Cc:
Subject: Fwd: No thanks

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: Becca Naro <narobecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:43:11 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Fwd: No thanks

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:39 PM
Subject: No thanks
To: <kaitlyn.donahoe@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots.

I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level).

Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school.

Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store.

That makes sense.

There isn't a Covid pandemic. There is a people with power pulling pandemic. Horrible people that do not respect the constitution. As you can see I am completely against forcing people and children

from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: karla sugitani
Sent: 2/9/2022 9:53:59 PM
To: DOH WSBOH
Cc:
Subject: School Covid Vax

External Email

Please do NOT proceed with adding any Covid vaccine to the school requirements. This particular vaccine does not meet any requirements for a childhood mandate and we have already decided to move out of state before getting this for our daughter:

- No consensus on schedule or doses. It currently triples on twelfth birthday.
- EUA
- Does not prevent transmission
- People under 18 are at very low risk of serious illness

Karla Sugitani

Sent from my iPhone

From: Testify Online Survey
Sent: 2/10/2022 12:24:40 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19
Vaccine February 10, 2022

3.

Your Name:

Vija Rogozina

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

5503 30th Ave NE Apt G Seattle WA 98105

7.

Email:

viya_rogozina@yahoo.com

8.

Phone Number (Include Area Code):

303-8875857

9.

Do you have any special expertise relevant to this topic?

1. Yes

I teach meditation, neuroplasticity, epigenetics and wellness.

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong. - The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. "Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says," CNN Health, <https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html> - Children and young adults are at extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," The Lancet Children & Adolescent Health, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021. [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext) - Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. "More VC Nurses Blow Whistle on 'Overwhelming' Numbers of Heart Attacks, Clotting, Strokes," The Conejo Guardian, December 14, 2021. <https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/> - Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories. <https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/> - Most importantly, the long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, "Why are we vaccinating children against COVID-19?" Toxicology Reports, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>. The COVID-19 shots DO NOT fulfill the criterion of BIOETHICS and DO NO HARM principle. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

From: Robert Holte
Sent: 2/9/2022 1:02:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: tara camp
Sent: 2/15/2022 10:14:02 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The mast majority of parents will not have their child vaccinated as the data clearly shows it is not beneficial and the very well documented and know side effects are far too dangerously. Additionally the CDC clearly states long term side effects will not be know for many years. If you pass this you will essentially dismantle the public school system as there will be a mass exodus of students from the public school system. I personally do not know any parent who supports this and I'm heavily involved in the community, school systems and state wide issues.
Parents will pull children, parents will relocate to other states.

Leave our kids alone, we as parents know what's best for our child.

Sent from my iPhone

From: Stefanie Howerton
Sent: 2/9/2022 7:58:33 PM
To: DOH WSBOH
Cc:
Subject: Mandatory shots for school children

External Email

Vaccine Mandates are ILLEGAL.

The FDA admitted when they approved the shot for children that the only way to find out if it is safe for this age group is to start administering the shots and find out.

To MANDATE it (especially before there have been any long-term safety studies) is a violation of the Nuremberg code and is a violation of international and constitutional law.

Anyone who enforces this mandate will be subject to punishment by national and international law. Do right by everyone including yourselves and refrain from mandating this shot. The repercussions will be devastating for you and for the children.

Sincerely,
A parent in Mead School District

From: Testify Online Survey
Sent: 2/11/2022 8:55:21 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Thursday the 24th?

2.

Agenda Item or Issue:

Vacation for school children

3.

Your Name:

Stephanie

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4111 Bledsoe

7.

Email:

tigerlee509@gmail.com

8.

Phone Number (Include Area Code):

3605353386

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

I do not want any of my four school aged children to get the covid 19 vacation

11.

Are you Pro or Con on the proposal?

2. Con

I believe it is in needed and it is 100% unwanted for our children to be test subjects for the covid 19 vacation. Their is not enough data for it and I know a few children that have gotten it and already have long lasting effects due to the vaccine that they did not have before. Do not force our children to get the vax our you will see a huge drop in numbers of students that are in our schools now.

From: Farhad Mazandarany
Sent: 2/14/2022 12:03:43 PM
To: DOH WSBOH
Cc:
Subject: Public Comment-Review of Criteria 5 & 6

External Email

This is regarding Washington's BOH TAG meeting on Feb 10, 2022 to review and vote on criteria 5 and 6 for school children as related to the Pfizer Covid -19 vaccine. Criteria 5 and 6 are reproduced below from what was given to TAG members at the meeting:
#5: The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

#6: Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Comments:

There is no evidence, and none was presented, that even suggests the vaccine in question(Pfizer) or any of the other vaccines, prevent infection and disease by any of SARS Cov-2 variants. All current vaccines, by definition, fail to satisfy criterion 5. Furthermore, the overwhelming majority of data to date demonstrate that healthy school age children have nearly zero risk of serious outcomes from infection. For example, the UK Office of Statistics, recently reported that in the entire population of England and Wales, about 60 million total population, only 3 children under 19 died in the nearly 2 year period from Feb 1, 2020 to Dec 31, 2021 on whose death certificate the only cause of death was Covid-19, in other words healthy children with no co-morbidities, link below.

<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsanda>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ons.gov.uk%2Faboutus%2F>

The data presented on disease and death of children from Covid-19 at the meeting did not separate healthy children from those with co-morbidities. Given how small the number of deaths in children are from all diseases, it is significant to know what fraction had such comorbidities as cancer, or other serious underlying conditions. Clearly, a very small subset of children have serious underlying conditions. To lump all children who died with Covid with those who died from Covid paints a confusing picture when assessing risks versus benefits for all children.

The entire question of risks, especially in view of the lack of Covid vaccine long term data and the existence of significant signals from VAERS on pericarditis and other serious heart conditions in children, would be sufficient cause for pause, even if the the vaccine(s) prevented disease.

I thanks you for the opportunity to participate in this important process.

Regards,

Farhad Mazandarany

From: James Watson
Sent: 2/9/2022 12:31:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

It is widely known that school children are least likely to be infected with Covid viruses and if they do become infected the symptoms will be mild. The latest virus Omicron, while highly contagious, generally has mild symptoms similar to a cold.

The CDC has acknowledged that the vaccines have limited efficacy and as a result promote boosters. Other medical experts state that successive vaccinations weaken the immune system.

It is also being revealed that the vaccines cause heart problems, strokes and blood clots especially among younger people. Even a three year old had died from a heart attack after being vaccinated. Many young athletes have either died or had very serious complications from vaccines.

The risks of giving Covid vaccines to children far out weigh any potential benefit. Therefore I strongly urge the Technical Advisory Group to recommend no vaccine mandate for Washington school children.

James Watson
Port Ludlow, WA

Sent from my iPhone

From: Alissa Miller
Sent: 2/9/2022 11:08:29 PM
To: DOH WSBOH
Cc:
Subject: No Covid vaccine requirement

External Email

I would ask you to vote no to requiring the Covid vaccine for school children. My children and thousands of others will be immediately homeschooled if this requirement is passed. Parents should have the right to determine what is best for their children.

-Alissa Miller

Sent from my iPhone

From: RoboMonkey2357
Sent: 2/9/2022 10:05:09 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Concerning mandatory COVID vaccine for private, public and childcare. Although you have heard public outcry regarding this vaccine being added to the list of vaccination. I feel the need to reintegrate that children have a low rate of death and health effects from COVID or any of the variants. In fact it's not in the top concerns of mortality with school age children. Suicide, drowning, car accidents unfortunately are far higher on the list. I urge you to NOT add this to the vaccination list. The benefits are very minuet. Studies are short term, limited and not released to the public to view in entirety. Transparency should be available within our own state health department. I will not have my children attending public school if this becomes mandatory. Consideration of moving out of state is increasing and my tax dollars and property tax will be spent in a state who listens to it's citizens. We have an excellent school board and district that continues to relay the parents concerns to the Health Department, Superintendent of Public Schools and Governor throughout this whole pandemic. I'm thinking it falls a deaf ears because no response from either is sent back as requested. Our public school district might see a decrease 70% student attendance if it mimics the survey the school district sent out to parents regarding mandatory COVID vaccine. We have over 10,000 children attend out school district. At \$12,000 per student annually, the public education system will feel the burden of your choice. Thank you for saying No to adding this onto the vaccination list. A concerned parent and Washingtonian, Shannon McHenry

From: Christina Riley
Sent: 2/10/2022 9:59:25 AM
To:
Subject: Question for TAG

External Email

First and foremost I asked to be put on the list serve last month via email and still have not been added.

☐

As far as my questions:

☐

☐ Are you going to show the data for VACCINATION injuries for Children and Adults ?

☐

☐ Are you going to allow Parents to weight in since the TAG group all seem to come from one "narrative" back ground and does not seem to come from an unbiased stand point. ☐

☐

☐ How can you suggest a vaccine requirement for a vaccination that has not had any long term study, and that you can not give long term data on especially in children?

☐

☐ How can you regulate a requirement for Children vaccination for public schools with a vaccination that is only approved in Emergency Use?

☐

☐ Do you believe in God?

☐

Thank you,
Christina Riley
☐ 360-620-0530

From: Betsie Elliott
Sent: 2/11/2022 10:03:26 AM
To: DOH WSBOH
Cc:
Subject: Comments: Immunization TAG

External Email

You all seem to be in a rush to recommend the COVID vaccine for children to attend Washington State schools, however as a whole every single person in this group doesn't seem to care about studies out there unless it suits their agenda. Your agenda was very telling yesterday by what was presented by the "experts" yesterday. There are many "experts" with the same impressive credentials that could present another side to the story. These people are left out of the conversation because the leaders of the TAG and the State of Washington aren't interested in what they have to say. Why is this? Your decision will greatly impact every single child in Washington.

You all say this vaccine is "safe" and "effective" but yet every day I see articles such as this posted without me even looking. These studies are largely ignored. Why aren't conversations about the safety of this vaccine happening? Do you all just assume because the FDA/CDC deemed it safe that it actually is? Plenty of other countries say the risk of vaccinating children with the covid vaccine far outweighs the benefit - why is this? Why do we have such a different approach? Is it because many of you get funding from BigPharma or the NIH? I don't believe one person that sits on this TAG genuinely has the best interest of my children at hand, rather they have an agenda to push.

Do better and be honest. My children do not deserve to have their life destroyed by people like you all.

-Betsie Elliott

From: Jodi Dotson
Sent: 2/10/2022 2:12:46 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I thought the PCR tests are no longer used for assessing infection? So, how can you use this type of testing when the person who made this test is it is=n invalid in using for Covid?

Why inoculate children when they are at lowest risk?

Jodi Dotson

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

Contemplate that for a moment—nearly a quarter of reported deaths occurred within the first two days after vaccination.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C8765f28a48fb4d40724408d9efcdfc7b%7C11d0e>

<https://margaretannaalice.substack.com/p/letter-to-the-washington-state-board>

Thank you for your consideration and have a nice day.

Respectfully,

Brooks Trubee
253-753-8871

From: Kristan Ashbridge
Sent: 2/10/2022 9:26:55 AM
To: DOH WSBOH
Cc:
Subject: Please oppose inclusion of the experimental shot for school age kids

External Email

Currently, there is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. Covid-19 is far down the list of causes of death for Washington children. Yet, suicide is the 3rd leading cause of death for our teenagers ages 15-19. This is an EXPERIMENTAL shot. Kids have a greater chance of dying on their way to school in an auto accident. I remain deeply concerned about the long term effects of this experimental jab for children. Please do not include this as a requirement for these innocent kids. We will unenroll and encourage others to unenroll if this is required.

19%2Bvaccine%2Bfor%2Bkids%2Band%2Bteens%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0Mho0M
PdIwQhQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
advisory-group-meets-for-the-first-time-on-
r%2F%26ss%3Dtw%26rt%3DState%2Badvisory%2Bgroup%2Bmeets%2Bfor%2Bthe%2Bfirst%2Btime%2
19%2Bvaccine%2Bfor%2Bkids%2Band%2Bteens%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0Mho0M
PdIwQhQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0

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advisory-group-meets-for-the-first-time-on-
r%2F%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DNTk3NTUzMTEzMTQzOTM2NDQ0

State officials consider mandating COVID vaccines for child care and school
children ...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
officials-consider-mandating-covid-vaccines-for-child-care-and-school-
children%26ct%3Dga%26cd%3DCAEYAioTNTk3NTUzMTEzMTQzOTM2NDQ0NDIaND3YzI5YTI1MmVmYmY5

Washington Policy Center

A technical advisory group of the State Board of Health met Thursday to discuss whether
to require Washington children to have COVID-19 vaccines ...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
officials-consider-mandating-covid-vaccines-for-child-care-and-school-
children%26ss%3Dfb%26rt%3DState%2Bofficials%2Bconsider%2Bmandating%2BCOVID%2Bvaccines%2B

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
officials-consider-mandating-covid-vaccines-for-child-care-and-school-
children%26ss%3Dtw%26rt%3DState%2Bofficials%2Bconsider%2Bmandating%2BCOVID%2Bvaccines%2B

Flag as irrelevant

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffe
officials-consider-mandating-covid-vaccines-for-child-care-and-school-
children%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DNTk3NTUzMTEzMTQzOTM2NDQ0

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
schools-chief-says-its-time-remove-statewide-mask-mandate-
schools%2FCDIDWGAQWRGLXH5C2JLTQKT7P4%2F%26ct%3Dga%26cd%3DCAEYAYoTNTk3NTUzMTEzMTQzOTM2NDQ0

State schools chief says it's time to remove statewide mask mandate in schools -
KIRO 7

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
schools-chief-says-its-time-remove-statewide-mask-mandate-
schools%2FCDIDWGAQWRGLXH5C2JLTQKT7P4%2F%26ct%3Dga%26cd%3DCAEYAYoTNTk3NTUzMTEzMTQzOTM2NDQ0

Meanwhile, the Washington State Board of Health is deciding whether the COVID-19 vaccine should be added to the list of required vaccines students ...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
schools-chief-says-its-time-remove-statewide-mask-mandate-
schools%2FCDIDWGAQWRGLXH5C2JLTQKT7P4%2F%26ss%3Dtw%26rt%3DState%2BSchools%2Bchief%2
%2BKIRO%2B7%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0Mho0MDdjMjlhMjUyZWZiZjkOmNvbTPlbj

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffe
schools-chief-says-its-time-remove-statewide-mask-mandate-
schools%2FCDIDWGAQWRGLXH5C2JLTQKT7P4%2F%26source%3Dalertsmailto%26hl%3Den%26gl%3DUS%

[illegible]

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
health-board-to-send-letter-encouraging-end-to-washingtons-mask-
mandate%2Farticle_033c103e-c260-5d0e-9815-
4df963399646.htmlo%26ss%3Dfb%26rt%3DYakima%2Bhealth%2Bboard%2Bto%2Bsend%2Bletter%2Benc

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
health-board-to-send-letter-encouraging-end-to-washingtons-mask-
mandate%2Farticle_033c103e-c260-5d0e-9815-
4df963399646.html%26ss%3Dtw%26rt%3DYakima%2Bhealth%2Bboard%2Bto%2Bsend%2Bletter%2Bben

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffe
health-board-to-send-letter-encouraging-end-to-washingtons-mask-
mandate%2Farticle_033c103e-c260-5d0e-9815-
4df963399646.html%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DNTk3NTUzMTEzMT

Data linked to professional licenses may be affected by potential Washington state breach ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Ffrct%3Flinked-to-professional-licenses-may-be-affected-by-potential-washington-state-breach%2F%26ct%3Dga%26cd%3DCAEYBS0TNTk3NTUzMTEzMTQzOTM2NDQ0NDIaNDAA3YzI5YTl1MmVmYXUwYUVl1hsujeNA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0e217>

GeekWire

Professionals in the database include real estate brokers, architects, geologists, tattoo artists, and others. The state Department of Licensing said ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh-linked-to-professional-licenses-may-be-affected-by-potential-washington-state-breach%2F%26ss%3Dfb%26rt%3DData%2Blinked%2Bto%2Bprofessional%2Bllicenses%2Bmay%2Bbe%2Bof%2Bcwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0e217>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh-linked-to-professional-licenses-may-be-affected-by-potential-washington-state-breach%2F%26ss%3Dtw%26rt%3DData%2Blinked%2Bto%2Bprofessional%2Bllicenses%2Bmay%2Bbe%2Bof%2Bcwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0e217>

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Thousands of People Have Been Reinfected With COVID-19 in Washington State, New ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Ffrct%3Fof-people-have-been-reinfected-with-covid-19-in-washington-state-new-report-shows%2C284391%253F%26ct%3Dga%26cd%3DCAEYBIO0TNTk3NTUzMTEzMTQzOTM2NDQ0NDIaNDAA3YzI5YTl1MmVmYXUwYUVl1hsujeNA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0e217>

The Chronicle

Thousands of Washington residents have tested positive for COVID-19 after recovering from the virus, a new report from the Department of Health ...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh-of-people-have-been-reinfected-with-covid-19-in-washington-state-new-report-shows%2C284391%253F%26ss%3Dfb%26rt%3DThousands%2Bof%2BPeople%2BHave%2BBeen%2BReinfected%2Bwith%2BCOVID%2B19%2Bin%2BWashington%2BState%2C%2BNew%2B...%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0NDIaNDAA3YzI5YTl1MmVmYXUwYUVl1hsujeNA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0e217>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh-of-people-have-been-reinfected-with-covid-19-in-washington-state-new-report-shows%2C284391%253F%26ss%3Dtw%26rt%3DThousands%2Bof%2BPeople%2BHave%2BBeen%2BReinfected%2Bwith%2BCOVID%2B19%2Bin%2BWashington%2BState%2C%2BNew%2B...%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0NDIaNDAA3YzI5YTl1MmVmYXUwYUVl1hsujeNA&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7ddd1254c999a5d08d9ef23276b%7C11d0e217>

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Tell your legislators to protect patient safety and access - Washington State
Hospital Association

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
your-legislators-to-protect-patient-safety-and-
access%2F%26ct%3Dga%26cd%3DCAEYByoTNTk3NTUzMTEzMTQzOTM2NDQ0NDIaNDA3YzI5YTI1MmVmY
tClT-
Q&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cf35a7d4dd1254c999a5d08d9ef23276b%7C11d0e2172e

Washington State Hospital Association

Washington is home to some of the best health care in the nation. ... state's highly rated quality of care, and increase costs across the board.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
your-legislators-to-protect-patient-safety-and-
access%2F%26ss%3Dfb%26rt%3DTell%2Byour%2Blegislators%2Bto%2Bprotect%2Bpatient%2Bsafety%2
%2BWashington%2BState%2BHospital%2BAssociation%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0M
hRWwUcgw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7dddd1254c999a5d08d9ef23276b%7C11

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fshyour-legislators-to-protect-patient-safety-and-access%2F%26ss%3Dtw%26rt%3DTell%2Byour%2Blegislators%2Bto%2Bprotect%2Bpatient%2Bsafety.%2BWashington%2BState%2BHospital%2BAssociation%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0MhRWwUcgw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf35a7dddd1254c999a5d08d9ef23276b%7C11>

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Recent member news: 2/11/2022 - Washington State Hospital Association

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
member-news-2-11-
2022%2F%26ct%3Dga%26cd%3DCAEYCCoTNTk3NTUzMTEzMTQzOTM2NDQ0NDIaNDA3YzI5YTl1MmVmYm
w&data=04%7C01%7Cwsboh%40sbob.wa.gov%7Cf35a7dddd1254c999a5d08d9ef23276b%7C11d0e21726

Washington State Hospital Association

It will be at two regular clinic locations the Health Education Center PeaceHealth at St Joseph Medical Center and Bellingham Technical College...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
member-news-2-11-
2022%2F%26ss%3Dfb%26rt%3DRecent%2Bmember%2Bnews%3A%2B2%2F11%2F2022%2B-
%2BWashington%2BState%2BHospital%2BAssociation%26cd%3DKhM1OTc1NTMxMTMxNDM5MzY0NDQ0M

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
member-news-2-11-
2022%2F%26ss%3Dtw%26rt%3DRecent%2Bmember%2Bnews%3A%2B2%2F11%2F2022%2B-

[Send Feedback](#)

From: Kelley Woods
Sent: 2/9/2022 11:57:44 AM
To: DOH WSBOH
Cc:
Subject: regarding adding COVID 19 to regs

External Email

Please do not add any covid virus to the current legislation governing vaccination requirement for public school enrollment. The mass confusion over what this pandemic is and how it is being handled is reason alone to wait until things settle and everyone has a chance to review the real impact of the virus and the response.

Kelley T. Woods
5080 Lake Erie Way
Anacortes, WA 98221

(360) 333-8577

From: Testify Online Survey
Sent: 2/10/2022 11:41:49 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb 10

2.

Agenda Item or Issue:

Review of criteria 5 and 6

3.

Your Name:

Megan Mauch

4.

Do you have a professional title?

1. Yes

Speech language pathologist

5.

Are you representing an organization?

2. No

6.

Address:

216 north 90th ave, yakima, WA 98908

7.

Email:

Megaroo77@yahoo.com

8.

Phone Number (Include Area Code):

509-985-9637

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am an expert in child development.

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Covid vaccine required for students

11.

Are you Pro or Con on the proposal?

2. Con

Much of what was presented was reported to be "predictive" or had "limited data." The vaccine was reported to be "not without risk" and only have "short term" outcomes. This information does not seem robust enough to require an emergency vaccine. It should remain optional. Finally, I am not sure increase cases in the past few months is a good argument. There has been a huge increase in testing and testing of non-symptomatic people. I employee you NOT to recommend this vaccine as required. Let parents make their own choice.

From: Natalie Bush
Sent: 2/9/2022 3:54:50 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group



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External Email

Governor Inslee & Washington State Board of Health,

The need for the immunization for Covid needs to be up to each individual, just like the flu shot is. It is not necessary for those people that have already had Covid to receive the shot as they will have natural immunity from the virus. We are at the end of the pandemic and this experimental shot is not justifiable at this point. If the government is not willing to hold the manufacturers accountable for deaths or illnesses that may be caused by the shot, then you should not be able to force it on anyone. There are major red flags when the drug companies don't want the compiled data to be released to the public for another 75 years. What are they hiding?

Sincerely,

Natalie Bush

Lifetime Resident of Washington State

Natalie Bush | PreK teacher

2200 Williams Blvd, Richland, WA 99354

(509) 946-0602 phone | (509) 943-5623 fax

nbush@libertychristian.net <mailto:nbush@libertychristian.net>

libertychristian.net

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Ficsnews&data=04>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2Fics_patri

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<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fpatriotathletics.olinesports.com%2F>

From: Ella Mae Kurashige
Sent: 2/9/2022 11:25:01 AM
To: DOH WSBOH
Cc:
Subject: Feb 10 BOH Meeting

External Email

Dear BOH,

It remains unethical to mandate a drug or treatment against a person's will. The pediatric research with Covid-19 vaccines will not be completed until next year. How and why is this even being considered without long-term research data? These are our children. They are at least risk of severe disease and death.

Therefore, I would love to know how/why this mandatory vaccination can be clinically justified.

I will be in attendance at the February meeting, as I was at the January meeting. Please inform us and explain your rationale for those of you choose to vote yes.

There will be a massive exodus from the public school system state-wide if this is mandated.

Please, do the right thing; vote no on mandatory vaccination to attend public school. Thank you!

Respectfully,
Ella Mae Kurashige RN, BSN, MSN

----- Forwarded message -----

From: Ella Mae Kurashige <ellamaek@hotmail.com> <mailto:ellamaek@hotmail.com> >
To: WSBOH@SBOH.WA.GOV <mailto:WSBOH@SBOH.WA.GOV> <WSBOH@sboh.wa.gov> <mailto:WSBOH@sboh.wa.gov> >
Date: Friday, January 7, 2022, 11:51 AM -0800
Subject: Jan 12 BOH Meeting

Dear BOH,

☐ Clinical research is a body of knowledge regulated by the FDA, 21CFR, and numerous ethical entities, such as the Helsinki Declaration and the Nuremberg Code, ICH, and others. It is my understanding the 2 covid-19 products from Pfizer are regulated according to these laws and guidelines.

I have grave concerns about what is happening in this state regarding the covid-19 product that received a continuance of its EUA-approval last year. It is illegal and unethical to mandate an EUA-approved drug; knowledge of risks and free will consent must be obtained. If it ever does receive FDA approval, it remains unethical to mandate

treatment or drugs against a person's will and should not be tied with school attendance. If it is, exemptions need to be in place and granted. Knowledge of risks and written, informed consent is required. Additionally, long term studies begun recently in children will not be complete for another 1-2 years; children have a well-functioning thymus gland with a strong immune system that places them at minimal risk from this virus.

Therefore, I oppose the Board's formation of a TAG to review information about covid-19 shots for possible mandates in WA state schools. I oppose mandates, period, due to the above ethical and legal issues as noted in 21CFR and above-referenced bio-ethical standards.

Therefore, I support Item #11 on the above-referenced agenda to prohibit the Board from adding any EUA product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Where there is risk, there is consent.

Respectfully, □

Ella Mae Kurashige RN, BSN, MSN

From: Todd Bedlington
Sent: 2/11/2022 9:00:25 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Dawn Van Diest
Sent: 2/9/2022 3:00:46 PM
To: DOH WSBOH
Cc:
Subject: No Mandatory Vaccinations

External Email

I urge the board to not even consider making the Covid-19 vaccination mandatory for schools.

As a vaccine-injured parent, I will do whatever I can to bring awareness to the lack of safety information for these vaccines. The trials and safety data have cut so many corners to date, and there is no emergency for the children. Covid has equaled, at worse, the impact of the yearly flu in children. And, no flu vaccines have ever been mandated on children. The Board has already mandated several vaccines for school and this one is not needed, as it does not stop transmission and children are not at serious risk.

Children should not have to submit to any sort of passport system to live their lives, especially from a vaccine that has not been rigorously tested and injuries are being ignored. I would be happy to testify as to the experience of a vaccine-injured person and how difficult it is to get treatment. The medical community has not been advised on vaccine-caused injuries because apparently the pharmaceutical manufacturers and governmental bodies are still choosing to ignore injuries. If the manufacturer cannot be held liable, maybe other bodies that mandate them can be? Please also remember that the FDA has required the manufacturer to provide additional safety data, such as for myocarditis, that won't be completed for several years. I'm sure the Board would not want to mandate a medical injection for something that ultimately turns out less safe than first promised.

As I'm sure you are already aware, but the amount of parents choosing to get their children vaccinated is low. Children have been through enough disruption and should not be forced with yet another medical decision made for them.

Thank you,
Dawn Van Diest

From: Testify Online Survey
Sent: 2/11/2022 5:22:11 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/17/22

2.

Agenda Item or Issue:

Vaccination

3.

Your Name:

Callie Sims

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

calliflowr@hotmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Covid vaccination of kids for school and daycare

11.

Are you Pro or Con on the proposal?

2. Con

Children should not be required to have a covid vaccination to attend school or daycare. There is limited data on what hospitalization of children included, i.e. were they seen and released, kept for observation, or required icu care etc. Unfortunately it has had a greter morbidity rate for our elderly. The vaccine doesn't have long term side effects known given it hasn't been out for years to provide the data.

From: Darleen Christopher
Sent: 2/9/2022 8:22:57 PM
To: DOH WSBOH
Cc:
Subject: don't mandate this. No one should control our bodies

External Email

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvuid4y-protect-our-children-dont-break-our-hearts.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca07587d2c5f44887318908d9ec4cdc73%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvuid4y-protect-our-children-dont-break-our-hearts.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca07587d2c5f44887318908d9ec4cdc73%3A)

Protect Our Children: Don't Break Our Hearts

From: Testify Online Survey
Sent: 2/10/2022 11:17:38 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

Covid Vaccines for children

3.

Your Name:

Carrie Swanson

4.

Do you have a professional title?

1. Yes

Director of Marketing

5.

Are you representing an organization?

2. No

6.

Address:

1417 9th ST SW, Puyallup, WA 98371

7.

Email:

cbswanky@comcast.net

8.

Phone Number (Include Area Code):

2536535003

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following reasons: 1. There is no medical justification for making the shot mandatory. 2. There are dozens of studies worldwide showing the near zero mortality rate for children associated with COVID-19. 3. The shot does not prevent transmission nor infection and as such, cannot be used as a justification to "slow the spread" as it does not do so. 4. The shot does not have a single commercially available or distributed dose in the United States that has passed FDA approval. 5. There has been zero release as to the actual ingredients in the vaccine. 6. There are no long-term efficacy studies to determine risk. 7. Parents and legal guardians retain the legal rights to all medical decisions for their children. 8. There are several therapeutic and reasonable options for early treatment, including for children, that would be more effective than a shot that does not reduce transmission or infection. 9. Lastly, your data being presented today does not take any co-morbidities into account which we know from recent data is a MAJOR contributor to people having more severe Covid outcomes. Thank you, Carrie Swanson

From: Rie S.B
Sent: 2/9/2022 10:19:29 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

* Almost 100% of kids don't suffer from severe COVID. In fact, many have no symptoms at all. Thus, they may have already had COVID which is another excellent reason not to get the vaccine.

* The World Health Organization (WHO) has announced that young people should not take the vaccine.

* A concerning number of young people, especially those under 30, are suffering from myocarditis (heart inflammation), blood clots, low platelets and more following COVID-19 vaccination.

From: K L
Sent: 2/9/2022 10:33:19 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Board of Health Members

Please do not include the Covid-19 shots as an immunization requirement for kids to enter school in WA state.

The COVID-19 shots are approved as Emergency Use only. As such, it cannot be mandated. This is an experimental drug and is unlawful to mandate it in kids, see the Nuremberg Code.

In addition, per the VAERS data, kids have died from the shots, are more likely to have heart inflammation which will lead to increased morbidity and mortality, experience permanent health consequences, heart palpitations which can lead to stokes, strokes, and neurological damage after the COVID-19 shots) versus they have a 99.99% recovery rate from the virus. In addition, kids are not super spreaders of this virus.

Your vote to NOT include the COVID-19 shots as mandatory for school entrance is most appreciated.

Sincerely,

Krista

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 2/9/2022 10:22:49 AM
To: DOH WSBOH
Cc:
Subject: FW:

From: Lenzi Malloy <lenziannamalloy@gmail.com>
Sent: Wednesday, February 9, 2022 10:18 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact, I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Jessica Stober

Sent: 2/11/2022 7:45:38 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: TAG

External Email

I and many other parents who tuned in yesterday were appalled. Numbers were skewed to present a narrative. This shot does not in any way meet criteria #5. And I think you all know that. The last question of your meeting pertained to transmission and the woman who answered could not present any measurable data on the shot preventing transmission.

#6 is also not applicable because the shot has not been proven to reduce transmission from any measurable data source study. And again, children are at virtually zero risk of dying from this disease. They are however at risk of heart issues and unknown long term effects. We know it can affect menstrual cycles.....but definitely not fertility?? How would you feel if an entire generation was infertile? These are the types of issues on your shoulders with a shot with no long term studies.

I have heard that your committee was appointed by our governor....who seems to have a monetary (not health) interest in vaccinating every living thing, natural immunity or not.

We as parents beg you to reconsider moving forward. My family could up and move since we own a home in another state, but many families who have already been hit hard will lose more education when they are pulled from school. As you probably heard when you allowed public comments last month many of us will NEVER inject our children with this product.

Thank you for your consideration and doing the right, moral thing and not allowing yourself to be paid or coerced.

From: Janice Moerschel
Sent: 2/9/2022 2:01:34 PM
To: DOH WSBOH
Cc:
Subject: No mandates

External Email

I urge that there be no mandates at all for children to take Covid shots. There is evidence accumulating that shows that younger adults (all below age 64) have experienced an increased death rate - 40% above the norm for heart/circulatory deaths, just in 2021 (this info comes from insurance companies). We don't know the reason for this but might suspect that the heart issues (including myocarditis) may have been caused by the spike protein in these shots. It is bad enough that almost the whole American public has been used as guinea pigs for the drug companies.

These so-called "vaccines" were never fully tested and certainly have not been tested on children. Do not force them on the children. Look at the real science and leave the children alone.

Sincerely,
Janice Moerschel
Spokane, WA

From: Nora Berry
Sent: 2/14/2022 5:06:52 PM
To: Tanya Goodman, Reykdal, Chris
(DOHi), sarrafans@bsd405.org, watsonc@bsd405.org, shuij@bsd405.org, chewc@bsd405.org, arasj@bsd405.org,
Micheala, Plaja,
Jenny, maria.flores@k12.wa.us, cindy.rockholt@k12.wa.us, jon.mishra@k12.wa.us, veronica.gallardo@k12.wa.us,
Amber (DOHi), DOR King County Leg Authority 2, DOH WSBOH, Thompson, Maddy (GOV)
Subject: Re: SuperBowl & The Big Game

External Email

Amen!! Stop the madness!! It is complete insanity! These people are criminal!!

So thankful for a group that is fighting back!!!

There are more of us than they know!!

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From: Tanya Goodman <goodman_tanya@outlook.com>
Sent: Monday, February 14, 2022 4:52:33 PM
To: superintendent@k12.wa.us <superintendent@k12.wa.us>; sarrafans@bsd405.org
<sarrafans@bsd405.org>; watsonc@bsd405.org <watsonc@bsd405.org>;
shuij@bsd405.org <shuij@bsd405.org>; chewc@bsd405.org <chewc@bsd405.org>;
arasj@bsd405.org <arasj@bsd405.org>; jarvisa@bsd405.org <jarvisa@bsd405.org>;
pattersony@bsd405.org <pattersony@bsd405.org>; gallingerh@issaquah.wednet.edu
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<thieler@issaquah.wednet.edu>; schoolboard@issaquah.wednet.edu
<schoolboard@issaquah.wednet.edu>; jholmen@lwsd.org <jholmen@lwsd.org>;
elaliberte@lwsd.org <elaliberte@lwsd.org>; mstuart@lwsd.org <mstuart@lwsd.org>;
sbliester@lwsd.org <sbliester@lwsd.org>; ccarlson@lwsd.org <ccarlson@lwsd.org>;
lchoi@lwsd.org <lchoi@lwsd.org>; boardmembers@lwsd.org
<boardmembers@lwsd.org>; michaela.miller@k12.wa.us
<michaela.miller@k12.wa.us>; jenny.plaja@k12.wa.us <jenny.plaja@k12.wa.us>;
maria.flores@k12.wa.us <maria.flores@k12.wa.us>; cindy.rockholt@k12.wa.us
<cindy.rockholt@k12.wa.us>; jon.mishra@k12.wa.us <jon.mishra@k12.wa.us>;
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amber.palmer@k12.wa.us <amber.palmer@k12.wa.us>; kcexec@kingcounty.gov
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maddy.thompson@gov.wa.gov <maddy.thompson@gov.wa.gov>
Cc: yutao.pku@gmail.com <yutao.pku@gmail.com>; gulick.alissa@gmail.com
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ams0808@hotmail.com <ams0808@hotmail.com>; amyandrea30@hotmail.com
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juliekennedy1414@gmail.com <juliekennedy1414@gmail.com>;
info@hoffmanforseattle.com <info@hoffmanforseattle.com>; Julie.Granahan@gmail.com
<Julie.Granahan@gmail.com>; julie.olsen02@me.com <julie.olsen02@me.com>;
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karoljones500@gmail.com <karoljones500@gmail.com>; kathwa@gmail.com
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kimzmail@tutanota.com <kimzmail@tutanota.com>; jkclarks@msn.com
<jkclarks@msn.com>; kbb7072@live.com <kbb7072@live.com>; kirbyapel@gmail.com
<kirbyapel@gmail.com>; kregkendall@msn.com <kregkendall@msn.com>;
kristen_magnuson@isomedia.com <kristen_magnuson@isomedia.com>;
kristenrieb@gmail.com <kristenrieb@gmail.com>; Kristinnelson7@protonmail.com

<Kristinnelson7@protonmail.com>; krmashkek@yahoo.com <krmashkek@yahoo.com>;
kristinevanbuskirk74@gmail.com <kristinevanbuskirk74@gmail.com>;
kristy213Lynn@gmail.com <kristy213Lynn@gmail.com>; laceylisbeth@hotmail.com
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laurytelt@gmail.com <laurytelt@gmail.com>; Ljpetc@protonmail.com
<Ljpetc@protonmail.com>; laurieenglund@earthlink.net <laurieenglund@earthlink.net>;
leahchill@gmail.com <leahchill@gmail.com>; ghettilia@yahoo.com
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<lindsayclan@outlook.com>; melissa_jenkins@outlook.com
<melissa_jenkins@outlook.com>; michelle.wilbur@gmail.com
<michelle.wilbur@gmail.com>; michellej@windermere.com
<michellej@windermere.com>; michelle.chattin@gmail.com
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mmutzel@gmail.com <mmutzel@gmail.com>; mindi@barrettfincial.com
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icarus@snappyreports.com <icarus@snappyreports.com>;
purrfectpetserviceswa@gmail.com <purrfectpetserviceswa@gmail.com>;
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venitabenitez@yahoo.com <venitabenitez@yahoo.com>; walgs@hotmail.com
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dryael101@gmail.com <dryael101@gmail.com>; chori84@gmail.com
<chori84@gmail.com>; Brooke.alles@icloud.com <Brooke.alles@icloud.com>;
jmcarthur86@hotmail.com <jmcarthur86@hotmail.com>; kellyrad@gmail.com
<kellyrad@gmail.com>; Brklyndavis@gmail.com <Brklyndavis@gmail.com>;

Shamralee@hotmail.com <Shamralee@hotmail.com>; brittneyahinojosa@gmail.com
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Karilynd@me.com <Karilynd@me.com>; Monica.legatt@gmail.com
<Monica.legatt@gmail.com>; Bowic999@Gmail.com <Bowic999@Gmail.com>;
newsdesk@973kiro.com <newsdesk@973kiro.com>
Subject: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and
King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans
adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting
at home watching that we have been played. We've been played by our State Schools
and Government.

We are no longer asking. We are demanding that immediately mask mandates be
rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Debra Wells

Sent: 2/10/2022 11:00:14 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Re: COVID 19 vaccines, school requirements

External Email

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells

<debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The one main change during the time period for the
article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C754b9243d76649c568a008d9ecc78f66%7C11d>>

All Cause Mortality in the United States During 2021

aier.org/article/all-cause-mortality-in-the-united-states-during-2021/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C754b9243d76649c568a008d9ecc78f66%7C11d

January 30, 2022

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk

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Gilbert G. Berdine, M.D
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C754b9243d76649c568a008d9ecc78f66%7C11d0e2

– January 30, 2022
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-search-results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C754b9243d7664
Reading Time: 5 minutes

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The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-age-people-up-40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C754b9243d76649c568a008d9ecc78f66%7C11d0e

that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the deaths were not attributed to Covid.

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Figure 1: US weekly deaths by age group. Data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F>
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F>
for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021 by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fus%2F>
in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This time period was the decline phase of the winter outbreak that peaked around January 18, 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot plausibly attribute the above average deaths for the 25-44 age group during this time period to Covid. What was responsible for these deaths?

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Figure 2: Weekly US mortality by Cause Group. Data is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C754b9243d76649c568a008d9ecc78f66%7C11d0e2>

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Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine,

M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Nancy Haley
Sent: 2/10/2022 2:51:54 PM
To: DOH WSBOH
Cc:
Subject: Covid shots in children

External Email

To Whom It May Concern. I listened to the initial meeting to determine criteria about Covid shots in children. I oppose any and all mandatory covid vaccine for any children. There is NOT enough evidence to support safety for this age group. Unfortunately, if this measure is proved, hundreds of parents will remove their children from public school. More and more families are leaving Washington state. Please vote No on covid vaccines for children and leave the decision up to families.

Nancy Haley

From: Kahler, Kelie (SBOH)
Sent: 2/11/2022 8:28:46 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccine

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

From: Heather Clerget <heatherc2828@gmail.com>
Sent: Thursday, February 10, 2022 9:28 PM
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: LYNN NELSON
Sent: 2/10/2022 4:35:00 PM
To: DOH WSBOH
Cc:
Subject: Public comment on potential covid vaccine mandate

External Email

Good evening. My name is Lynn Nelson. I am a graduate prepared pediatric RN, and a mom and grandma. I also am the Director of Health Services at a regional education office, where I provide RN staffing, consultation, and support for 45 school districts.

Today I was able to view the data presented to the TAG group, during the live public meeting. I have also been reflecting on what I hear from professional educators from the state superintendent level down to individual district leadership, as well as looking at the political posturing going on in our state, especially as it relates to withdrawing the in school mask mandate. The data are compelling. I want to go on record as saying I strongly support mandatory COVID vaccines for children to attend public school, with reasonable, limited exemption availability (requiring provider consultation, as per current law).

While I understand concerns about burden on school staff, including nurses, and fears about potential loss of students, I would encourage you not to give into the fear based decision making that is happening in response to what I believe is a vocal minority. Public health decisions should be based on public health data, not political agendas.

Thank you for considering my input.

From: Jamie Hammontree
Sent: 2/11/2022 5:38:37 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mary Menard
Sent: 2/11/2022 8:35:18 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

WSBOH members

It is my firm belief , after much research, that the possible negative effects of the vaccine for children far outweigh the benefits. Statistics show that the vaccine is not necessary and can be detrimental. I'm asking that you use the data to make this decision for school children. Thank you , Mary Menard
Sent from my iPhone

From: Testify Online Survey
Sent: 2/10/2022 2:52:04 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

consider to require COVID-19 vaccination for children to enter school

3.

Your Name:

Lesco Brandon

4.

Do you have a professional title?

1. Yes

We the people

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am the mother of my children. I make decisions for my kids.

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Considering adding an experimental medical treatment to school requirements is pure EVIL!!!! You are conducting a crime against humanity. Whoever voted yes is a criminal. We the people will go after you one by one!

From: Testify Online Survey
Sent: 2/11/2022 9:27:07 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/17/22

2.

Agenda Item or Issue:

vaccine mandates for school

3.

Your Name:

Emily Anderson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Kent WA

7.

Email:

epaigea@hotmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

DO NOT MANDATE this poison on our children! I will pull my child out of school the second after if you do. You will lost thousands of students and money. PARENTS decide what is best for their children, NOT YOU. And get these damn masks off our kids also!

11.

Are you Pro or Con on the proposal?

2. Con

stop vax mandates and masks!

From: Rebecca James
Sent: 2/14/2022 1:39:33 AM
To: DOH WSBOH
Cc:
Subject: I am voicing my concern of mandating covid 19 vaccines and the panel discussion's questions

External Email

I am writing to voice my concern over the COVID 19 vaccine and the panel discussion that is currently in progress.

I have many concerns over the process that is taking place to evaluate whether or not covid vaccinations should be added to the mandatory list of vaccines. I watched the zoom broadcast on Thursday January 10th and the discussions ultimately ended in a vote on 2 convoluted questions that someone could questionably vote yes on despite disagreeing with the statement based on other facts. This voting process doesn't provide a way to address all of the concerns that out-weigh any benefit. I fear that the adverse events data will be overlooked if the decision makers of these vaccine mandates only care about receiving yes or no votes to questions that are favorable to pushing the vaccine.

Also, please consider that the vaccines were formulated for the original COVID19 and we are now dealing with other more prevalent variants of COVID that the vaccine has not shown to be effective against, such as Omicron. It doesn't make sense to force an outdated vaccine on an ever changing virus. Plus, if new formulas are introduced each year, those also will not have had proper long term testing. Also natural immunity needs to be a bigger consideration in moving forward, and the side effects that are coming to light need to be taken into consideration. Even boosters don't prevent catching COVID as we can see with representative Alex Ocasio Cortez and W. Virginia Governor Jim Justice, and Canadian Prime Minister Justin Trudeau and Prince Charles who were all fully vaccinated and boosted.

To even consider mandating these vaccines to school children has several concerns, beyond its lack of effectiveness against new strains, but also that school aged children are less susceptible to adverse reactions from the virus. For many, it affects them with mild cold symptoms. It's impossible to know the long term effects that the vaccine will bring, even the presenters during the meeting pointed out that they have a lack of data, that there isn't a lot of studies yet that have been done on school aged children. I do not want my sons to be part of an experiment or part of this study. Also, there were only 2 side effects that were really touched on in the panel presentation, myocarditis and MIS-C (however, I missed the first 30 minutes of the broadcast so there may have been more).

With so many "breakthrough" cases and the reality that the vaccine's efficacy wears off quickly, mandating these vaccines does not make sense. There are known side effects, that make any benefit from the vaccine not worth the risk. Some of these side effects include myocarditis, blood clots, bleeding, aneurysms, neurological disorders, bell's palsy, Guillain-Barré syndrome, menstruation issues, and death. Further down I will provide links to adverse events data, websites, first hand accounts, and other helpful links to emphasize the concern over mandating these vaccines for all.

The slides presented by Eric Lofgren showed that there had been only 100 serious event reports in VAERS. This number seems extremely low considering other reports. Plus it should have been mentioned that VAERS represents only 1 - 10% of actual events according to the FDA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.accessdata.fda.gov%2Fscrip>
. (I cited the source with a link)

<https://www.bitchute.com/video/Y0VBA3nX9krs/>

This is an outstanding number of deaths among athletes in the prime of their life in a short time frame. In the recent Pfizer FOIA request document dump it was shown that "as of February 2021, when Pfizer's shot was being rolled out worldwide on an emergency basis, the drugmaker had compiled more than 42,000 case reports detailing nearly 160,000 adverse reactions to the jab. These reactions ranged from the mild to the severe, and 1,223 were fatal." <https://www.rt.com/usa/543001-pfizer-vaccine-side-effects/>

effects%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C1

extension://efaidnbmnnnibpcajpcgklclfindmkaj/viewer.html?pdfurl=https%3A%2F%2Fphmppt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&cflen=1007157&chunk=true <chrome-

experience.pdf&clen=1007157&chunk=true> . If you do a search for the word "fatal" you will find the number mentioned.

The two questions that were to be voted on were :

#6 Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Question 6 is worded badly to begin with. I'm not sure what this part of the question, "with transmission in a school or child care setting or activity being given the highest priority" has to do with the first part of the question. And this problem was voiced by several of the panelists.

I would not have known about this zoom meeting if I had not reached out to my senator to express my concern over the possible future vaccine mandates of school aged children. More effort needs to be given to promote awareness that these debates/panels are occurring.

The panel

I do not know how the panel was created. But from what I could see there were around 20 individuals who were on the zoom call who had the ability to ask questions and vote. The rest of us could only watch. I feel like every parent should be given a voice in this matter. Not making these discussions known to all parents and allowing them to voice their concerns or ask questions is troubling. I had no idea where to look or express my concerns. I started with contacting my state representatives. One of which let me know about these zoom meetings.

My experience with COVID

I have nieces who tested positive for COVID when their parents became sick with the virus. Neither had significant symptoms, and wouldn't have even known they had a cold or COVID if they hadn't been tested. I also have a friend who was fully vaccinated around October of last year. In January he caught COVID and had to go to the hospital to get help. The vaccine did not appear to help my fully vaccinated friend.

Also, it is now acknowledged that even if you are vaccinated you can get and transmit covid. We often hear about these cases in the news as "break-through" cases. It is also now known that those who are vaccinated and become sick with COVID carry a higher viral load than those who are unvaccinated. This creates a "super spreader" effect.

I am pro vaccine, but I don't want my children forced to take an experimental vaccine that has a lack of long term data and major safety concerns to attend school. Especially with seeing how many vaccine injuries and deaths have been attributed to them. Young men are especially susceptible to myocarditis. Heart conditions run in my family and I worry this would exasperate it. If the vaccines are mandated I don't expect the school would give my sons an exception based on heart conditions running in the family. My dad has a-fib, but it took 50 years for it to be caught while my dad was in a doctor's office while he was experiencing a case of it. Prior to that, he knew he had something wrong, but the episode of a-fib would pass before he could be seen by a doctor and for many people the option of rushing to an Emergency room to be diagnosed is not a reality as each visit would likely cost thousands of dollars. My point is, proving a heart condition isn't an easy task, so mandating a vaccine for all and assuming that a doctor would be willing to write a note to accommodate those with heart concerns is not a logical approach either. Mandating a vaccine that is known to cause heart troubles, blood clotting, and other health issues just seems abusive and irrational.

I've been watching/reading/studying all that I can about the vaccines and their benefits vs their risks. I'm seriously considering homeschooling if the covid vaccines become mandatory. I really don't want to have to homeschool, as a single mom working full time, that would be very hard. My kids are fully up to date with their vaccines, so please don't consider me an "anti-vaxxer", but these vaccines may not be safe for all and they do not appear to be created equally as certain batches are showing higher death rates than others. This website has compiled statistics on death rates per batch number

<https://www.howbadismybatch.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.howbadismybatch.com%2F8>

You will see at this site that certain batches have higher numbers of death associated with them than others. Why that is, is not known, but is a major cause for concern and investigation.

Vaccine Injuries and Deaths

It baffles me that the vaccines are still being pushed and even mandated when so many people have been injured or died from them, and why anyone that mentions injuries or death from the vaccines are just dismissed as if we are foolish for even thinking that people have been harmed by these vaccines. Even in the zoom broadcast a presenter mentioned that people possibly have not been educated on the vaccines...I would beg to differ and suggest that we are more educated on the vaccines and their risks, watching the FDA discussion videos, trying to hear both sides of the story and find the truth

despite a major cancellation culture of anyone who questions the safety and efficacy of the vaccines. This website <https://www.c19vaxreactions.com/real-video-stories.html> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.c19vaxreactions.com%2F&> contains videos of people (or their family if the person had died) telling of their vaccine injury or death of their loved one due to the vaccine.

People who have had vaccine injuries or died within a short time frame of having taken the shot are being dismissed as if there is no correlation. For me to feel that the vaccines are safe, that needs to be addressed, not hidden. Senator Ron Johnson tried to give some of the vaccine injured a voice in his meeting which can be watched here <https://www.youtube.com/watch?v=6mxqC9SiRh8>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F> where families tell of their adverse reactions to the vaccines. Senator Johnson, a couple weeks ago, met again with doctors to discuss covid, the vaccine and what they had seen occur to their patients. Here is a link to some highlights of that 5 hour meeting. <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fumble.com%2Fvtamrn-covid-19-a-second-opinion-shorter-highlight-video.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C1>

Emergency use is not the same thing as being fully tested, formulated so that side effects are minimal, major risks are removed, and accountability is in place. We don't know the long term effects of these vaccines, so how can they be considered safe and fully tested? For me to believe the vaccine is safe, it can't cause death and injury at such a high rate. Or at all for that matter. The short term effects and death rate are quite alarming already. And who would take the blame when students become injured from these vaccines? Does the school board compensate families because they mandate the vaccines?

There is something seriously wrong with forcing people to inject an experiment with so many unknowns. Especially when the manufacturer intended to hide the ingredients and testing for 75 years and not release a version that they can be held accountable for or sued for injury over. <https://www.reuters.com/legal/government/paramount-importance-judge-orders-fda-hasten-release-pfizer-vaccine-docs-2022-01-07/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Flegal%2Fgo> importance-judge-orders-fda-hasten-release-pfizer-vaccine-docs-2022-01-07%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0 Even now, Pfizer still uses their emergency use vaccine, preventing them from being sued for any vaccine injuries or deaths. The vaccine that was fully approved does not seem to be available in the USA. The drug makers immunity protection needs to be removed so that the vaccine injuries can be addressed and they have motivation to correct the problems causing the injuries. This should be done at minimum before any recommendation or mandate is permitted.

If the covid vaccines become mandatory it seems we have no way to opt out other than find an alternative to public school.

Natural immunity is shown to be more effective.

The mandates do not take into consideration natural immunity. Mandates don't take into consideration the harm that the vaccines can cause, which in turn can result in a lifetime of health problems, as is the case for Everest Romney

<https://www.c19vaxreactions.com/real-video-stories.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.c19vaxreactions.com%2Frea> video-

stories.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C who now has to deal with blood clots in his brain. People who become injured from the vaccine or die from it have no recourse. It doesn't make sense that everyone should be forced to take an experimental jab, essentially playing roulette with their health, in order to participate in society or play school sports--especially, when they have proven to not be effective, or safe.

The video at <https://rumble.com/vn12v1-attorney-thomas-renz-we-got-them.-fact-check-this-all-new-whistleblower-inf.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn12v1-attorney-thomas-renz-we-got-them.-fact-check-this-all-new-whistleblower-inf.html&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d> shows raw data from the medicare servers that a whistleblower provided documenting 48,465 deaths within 14 days of Covid vaccination among Medicare patients alone, according to attorney Thomas Renz. "This is raw data. There's no analysis, and these death numbers are from less than 20% of the U.S. population." The video is from October but these numbers should alarm anyone that the vaccine could cause so many deaths.

Here are a few links showing people who died from vaccine injury that you may have heard of, some within Washington State.

Jessica Berg, a Seattle area mom who was 37 and against the vaccine, but took it to comply with a school mandate so she could be a "room mom". She took the J&J shot Aug. 26, 2021. She died less than two weeks later on Sept. 7, 2021. <https://www.king5.com/article/news/health/coronavirus/vaccine/king-county-dies-rare-covid-vaccine-related-blood-clot-coronavirus-death-pandemic-johnson/281-1ad26cec-0519-45a4-abbd-aa48d7093ae4>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fcoronavirus%2Fvaccine%2Fking-county-dies-rare-covid-vaccine-related-blood-clot-coronavirus-death-pandemic-johnson%2F281-1ad26cec-0519-45a4-abbd-aa48d7093ae4&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d> This story claims that she was only the 4th to die from this rare blood clot, but if you look at other sources that number seems unrealistically low and a testament to how much is being hidden by main news sources.

Ernest Ramirez's 16 year old son, died after receiving his first dose of the Pfizer vaccine. <https://www.publishedreporter.com/2021/11/08/texas-father-my-government-lied-to-me-they-said-it-was-safe-now-i-go-home-to-an-empty-house/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.publishedreporter.com%2F2021%2F11%2F08%2Ftexas-father-my-government-lied-to-me-they-said-it-was-safe-now-i-go-home-to-an-empty-house%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d>

8th grader, Jacob Clynick, dies in his sleep three days after his second dose of the Pfizer vaccine <https://www.freep.com/story/news/2021/07/02/jacob-clynick-pfizer-covid-vaccine/5323095001/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.freep.com%2Fstory%2Fnews%2F2021%2F07%2F02%2Fjacob-clynick-pfizer-covid-vaccine%2F5323095001%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d>

Michael Granata vaccine injury showed up after a few days, died shortly after.

<https://www.habingfamilyfuneralhome.com/obituary/michael-mike-granata>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.habingfamilyfuneralhome.com%2Fobituary%2Fmichael-mike-granata%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d>

mike-

granata&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0

Documenting a few post Pfizer related deaths within Washington

<https://www.clarkcountytoday.com/news/report-two-more-deaths-from-heart-failure-following-pfizer-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clarkcountytoday.com%2Fnews%2Freport-two-more-deaths-from-heart-failure-following-pfizer-vaccine%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0>

Senator Ron Johsnon lays out some good reasoning and understanding about what is going on with the mandates and the vaccines:

<https://www.youtube.com/watch?v=b08Hi3kBpSs>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3Db08Hi3kBpSs%3F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0>

There is a lot more information out there, doctors speaking out, victims and their families speaking out, information from the FDA that showed 160,000 adverse reactions to the Pfizer vaccine in the initial months of the rollout (1,223 were fatal)

<https://www.rt.com/usa/543001-pfizer-vaccine-side-effects/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rt.com%2Fusa%2F543001-pfizer-vaccine-side-effects%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0>

Here is a list of 495 athletes who have either collapsed or died over the last year after having taken the covid vaccine. <https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2Fcovid%2Fathletes-suffer-cardiac-arrest-die-after-covid-shot%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0>

This is significant, because this many athletes dropping dead or collapsing is abnormal.

An 8 day vaccinated BYU basketball player, Richard Harward, experienced heart damage and had to be carried off the court. You can see the video here:

<https://citizenfreepress.com/column-1/vaccinated-byu-starting-center-i-will-miss-the-rest-of-season-due-to-heart-damage/>

More information on this can be found here:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcitizenfreepress.com%2Fcolumn-1%2Fvaccinated-byu-starting-center-i-will-miss-the-rest-of-season-due-to-heart-damage%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0>

<https://www.deseret.com/2021/12/14/22834713/byu-cougars-basketball-big-man-richard-harward-says-hell-miss-the-rest-of-the-season>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcitizenfreepress.com%2Fcolumn-1%2Fvaccinated-byu-starting-center-i-will-miss-the-rest-of-season-due-to-heart-damage%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C9b6d70d1d4e3497b4d5608d9ef9d71f2%7C11d0>

There are more examples out there that I can gather for you if you need more evidence that these experimental vaccines are not safe for everyone and should not be forced upon everyone.

--

Rebecca James

360-989-7983

rebeccajamesemail@gmail.com <<mailto:rebeccajamesemail@gmail.com>>

From: S P
Sent: 2/9/2022 4:57:39 PM
To: DOH WSBOH
Cc:
Subject: Mandated covid vac for children in public school

External Email

Dear Board of Health Members

Please do not mandate the emergency use covid vaccine for children to attend public school, daycare or for any reason whatsoever. No vaccine being used right now has been approved by the FDA. If children are harmed, are you willing to take responsibility? Dr. Robert Malone, who is not spreading "misinformation" but is a well respected immunologist, top researcher, virologist and is the inventor of the current mRNA vaccine technology being used is speaking out against giving these covid shots to our children. Here is an excerpt from his statement:

"Before you inject your child – a decision that is irreversible – I wanted to let you know the scientific facts about this genetic vaccine, which is based on the mRNA vaccine technology I created:

There are three issues parents need to understand:

- The first is that a viral gene will be injected into your children's cells. This gene forces your child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs, including

- ☐ Their brain and nervous system

- ☐ Their heart and blood vessels, including blood clots

- ☐ Their reproductive system

- ☐ And this vaccine can trigger fundamental changes to their immune system

- The most alarming point about this is that once these damages have occurred, they are irreparable

- ☐ You can't fix the lesions within their brain

- ☐ You can't repair heart tissue scarring

- ☐ You can't repair a genetically reset immune system, and

- ☐ This vaccine can cause reproductive damage that could affect future generations of your family

- The second thing you need to know about is the fact that this novel technology has not been adequately tested.

- ☐ We need at least 5 years of testing/research before we can really understand the risks

- ☐ Harms and risks from new medicines often become revealed many years later

- Ask yourself if you want your own child to be part of the most radical medical

experiment in human history

- One final point: the reason they're giving you to vaccinate your child is a lie.

- ☐ Your children represent no danger to their parents or grandparents

- ☐ It's actually the opposite. Their immunity, after getting COVID, is critical to save your family if not the world from this disease

In summary: there is no benefit for your children or your family to be vaccinating your children against the small risks of the virus, given the known health risks of the vaccine that as a parent, you and your children may have to live with for the rest of their lives.

The risk/benefit analysis isn't even close.

As a parent and grandparent, my recommendation to you is to resist and fight to protect your children."

Also over 16,000 medical scientists and physicians around the world have signed a declaration publicly declaring that healthy children should NOT BE VACCINATED for covid.

<https://doctorsandscientistsdeclaration.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/>

Thank you for your time, Kena Sohler

From: Jennifer Groeneweg
Sent: 2/10/2022 10:37:52 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccines PLEASE VOTE NO

External Email

Please, we are asking you to listen to terrified parents statewide. These vaccines are proving to be very dangerous. Children do NOT have risk from Covid-19 but have serious risk of injury and death from these emergency use products.

They do NOT have full approval. It is unethical to require children to take an unapproved medical product for a virus they have relatively zero risk from.

There is no longterm safety data. We do not know what damage will be done to healthy children in the longterm.

Currently, there is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. It would be unethical to make a health decision for children with zero data to support it. You cannot use data of adults to make a decision for children.

Please, we beg of you, vote NO!

Jennifer Groeneweg

(425) 236-1014

From: Ron Ware
Sent: 2/9/2022 2:08:47 PM
To: DOH WSBOH
Cc:
Subject: Our Children

External Email

☐WE NEED MORE DATA FROM PFIZER.

A moratorium needs to put on the vaccine distribution and administration immediately, until the public receives more data and information from Pfizer.

Pfizer has to be held accountable and must testify at the legislative committees, and we must be completely satisfied with their answers before we allow approval for further distribution, especially to our children, who are not at risk and cannot be subject to fast-tracked vaccination.

We do not know the long-term, let alone the short-term effects. We know that it's a leaky vaccine, and people are being injured or worse, dying, from taking the shots. This needs to stop immediately, and the FDA needs to do their part to protect the people as was the reason this institution was established in the first place."

Kindly,

Ron

From: Davis, Michelle (SBOH)
Sent: 2/14/2022 7:59:57 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website| Facebook |Twitter

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

From: Stephanie Bohnett <2xasnice051507@gmail.com>
Sent: Sunday, February 13, 2022 7:55 PM
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: Hoff, Christy Curwick (DOH)
Sent: 2/15/2022 7:06:51 AM
To: DOH WSBOH
Cc:
Subject: FW: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

From: Morna Gilbert <Morna11@comcast.net>
Sent: Monday, February 14, 2022 7:26 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Fwd: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

External Email

Pfizer withdraws application for FDA approval of vaccine for kids under 5

<https://www.msnbc.com/mtp-daily/watch/pfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-132963909604>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flink.vaxxchoice.com%2Fclick%2Fdaily%2Fwatch%2Fpfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-132963909604&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C28bb4df1ec0e49ff60e508d9f094cb519>>

From: Debra Wells

Sent: 2/10/2022 9:40:28 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Re:

External Email

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological

science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Beth Neibert
Sent: 2/10/2022 12:40:46 PM
To: DOH WSBOH
Cc:
Subject: VOTE NO on Childhood COVID Injections

External Email

Dear Board of Health and TAG members,

Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting

These are unapproved, emergency use authorization products which are being illegally forced on American Citizens.

Children (and the majority of all population) have relatively zero risk from Covid-19 but tremendous risk from emergency use products with no long-term safety data.

To proceed in this direction is shameful, child abuse and represents an evil action against humanity.

PLEASE VOTE NO on adding any of the COVID "vaccinations" to the "required" inoculation list for students.

Thank you for listening.

Sincerely,
Beth

--

Make a difference in your community; ask me how.

Beth Neibert
Precinct Committee Officer, Monroe 4
Legislative District #39, Snohomish County, Washington
Republican Party
Beth.LD39.PCO.Monroe4@gmail.com <<mailto:Beth.LD39.PCO.Monroe4@gmail.com>>

From: Kahler, Kelie (SBOH)
Sent: 2/14/2022 7:36:10 PM
To: DOH WSBOH
Cc:
Subject: FW: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

From: Morna Gilbert <Morna11@comcast.net>
Sent: Monday, February 14, 2022 7:26 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Fwd: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

External Email

Pfizer withdraws application for FDA approval of vaccine for kids under 5

<https://www.msnbc.com/mtp-daily/watch/pfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-132963909604>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flink.vaxxchoice.com%2Fclick%2Fdaily%2Fwatch%2Fpfizer-withdraws-application-for-fda-approval-of-vaccine-for-kids-under-5-132963909604&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2768e204c17a48c802e308d9f0344d7>>

From: Gina M.
Sent: 2/9/2022 10:00:38 AM
To: DOH WSBOH
Cc:
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Darryl Plagerman
Sent: 2/11/2022 5:25:52 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Glasoe, Stuart D (SBOH)
Sent: 2/11/2022 8:57:24 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid 19 vaccine

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Heather Clerget <heatherc2828@gmail.com>
Sent: Thursday, February 10, 2022 9:28 PM
Subject: Covid 19 vaccine

External Email

Please do not add the COVID-19 vaccine to the vaccine requirements for children to attend school. If we wanted our children to have this vaccine we would have already had them receive it. This requirement is not necessary seeing as though most children have already had COVID and have had no lasting affects or complications. Parents should have the freedom to choose what is put into their child's body and should not be forced Inject their children with an experimental vaccine in which we have no long-term data that shows that it's affective at protecting people from COVID-19. The data shows that people who are vaccinated currently are still getting COVID-19. So, there's no need to get the vaccine.

We have no long-term data that shows how the make up of the COVID-19 vaccine will impact our children's overall health, cancer rates, infertility rates, miscarriage and stillbirth rates, or how it will affect their heart. There are some major concerns with this vaccine and its long term impact. It is 100% experimental I do not wish to have my child be enrolled in this experiment. I believe that this will have a negative impact on the public school system as many people who choose not to vaccinate their children like myself will pull their children from public schools and will fight to have the funding for their child go with their child and not to the public school. The people have spoken and do not want this added to the vaccine requirements to attend public school.

Respectfully,
Heather Clerget

Sent from my iPhone

From: Rachel Alleman
Sent: 2/10/2022 10:14:34 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: URGENT: SAY NO on Vaccine Mandates for Kids!

External Email

Watching the live ZOOM session now.

We ask that you do NOT move forward with making these covid-19 shots required for our students. How do you explain all of the adverse effects caused by the vaccines that are significantly higher than the deaths of kids from covid-19? See the data in the 1,000 studies below? Also, in your own materials, you state that there currently is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school settings. Also, suicide is the 3rd leading cause of death for our teenagers ages 15-19, NOT Covid-19!!! These are our children and we are responsible for making their health decisions.

We need to look at all of the data. Again, PLEASE DO NOT MOVE FORWARD WITH MAKING THESE SHOTS MANDATED. PEOPLE WILL CONTINUE TO LEAVE THIS STATE!

Respectfully, Rachel Alleman

1000 Peer Reviewed Studies Questioning Covid-19 Vaccine Safety

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.informedchoiceaustralia.com/peer-reviewed-studies-questioning-covid-19-vaccine-safety&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C17f199aa6a5d4d8eec5c08d9ecc12f4b%7C11d0e21>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.informedchoiceaustralia.com/peer-reviewed-studies-questioning-covid-19-vaccine-safety&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C17f199aa6a5d4d8eec5c08d9ecc12f4b%7C11d0e21>>

1000 Peer Reviewed Studies Questioning Covid-19 Vaccine Safety

Peer Reviewed Medical Papers Submitted To Various Medical Journals, Evidencing A Multitude Of Adverse Events In ...

<<https://mcusercontent.com/9c9e1a142aa26fdc22e67ca35/images/5886933a-24ff-5b35-72f2-c7ffd470b630.png>>

From: Pskowski, Samantha L (SBOH)
Sent: 2/14/2022 8:49:52 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Stephanie Bohnett <2xasnice051507@gmail.com>
Sent: Sunday, February 13, 2022 7:55 PM
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 7:01:37 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Mandates

From: John Olson <heynewyeaow@gmail.com>
Sent: Friday, February 11, 2022 9:49 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Vaccine Mandates

External Email

To whom it may concern,

If vaccine Mandates are made in Washington you will see a mass Exodus of students from the public school system. If you think the Trucker brigade in Canada is big, just wait.

I promise that if you decide to inject something we know little about into our kids, my kids will be taken out of public schools.

Do not make this mistake. You will not win. Listen to science. Out body, or choice.

John Olson

From: Orene Woods
Sent: 2/10/2022 8:02:52 AM
To: DOH WSOH
Cc:
Subject: Student/Child Vaccination Determination Meeting

External Email

To whom It May Concern,

Prior to making any decisions on mandating vaccinations to our children or anyone I would suggest you watch The Links to Suits and Supporting Documents presented by Attorney Thomas Renz:

<https://renz-law.com/our-medical-freedom-fight/>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frenz-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frenz-law.com%2Four-medical-freedom-fight%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

[law.com%2Four-medical-freedom-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frenz-law.com%2Four-medical-freedom-fight%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

[fight%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frenz-law.com%2Four-medical-freedom-fight%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

BREAKING! DOD STAMPED DOCUMENT LEAKED WITH TRUTH ABOUT VACCINATED DATA!

They are LYING to us!

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

[breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

[.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

[breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

[.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvn712p-breaking-dod-stamped-document-leaked-with-truth-about-vaccinated-data-they-.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39c66f88e40d484cddff08d9ecae8ab7%7C11d0e217)

BREAKING! DOD STAMPED DOCUMENT LEAKED WITH TRUTH ABOUT VACCINATED DATA!

They are LYING to us!

Attorney Thomas Renz reveals the official DOD stamped document indicating what we've been touting for months: IT'S THE VACCINATED WHO ARE DYING, WHO ARE HOSPITALIZED, WHO ARE HARMED AT A HUGE RATE! ST

The people of the State of Washington and this country are done with these mandates and lies. We are following the money and the corruption. We DO NOT approve of any type of Unapproved toxic shot you want to mandate for our children or us. Our prayers for your sake and the people and children of this state you make the correct decisions.

Best Wishes,

Deanette Woods

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Danielle Ockerman

Sent: 2/10/2022 9:52:18 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: To whom it concerns

External Email

To whom it may concern,

I would like for it to be noted I will and have no problem pulling both of my children from public school and will chose to homeschool if the Covid 19 vaccine becomes a requirement. I will not stand behind mandating this experimental shot.

From a very angry and frustrated mother,,

Danielle Ockerman

From: Betsie Elliott
Sent: 2/10/2022 2:58:12 PM
To: DOH WSBOH
Cc:
Subject: Comments for immunization TAG

External Email

Thoughts after listening to Immunizations TAG meeting on 2/10/2022

- * Why have COVID rates increased dramatically AFTER vaccines were rolled out? Yes, they may reduce severity, but they're not stopping transmission from person to person. If they stopped transmission we wouldn't have had the huge peaks of Delta and Omicron.
- * In Ms. DeBolt's presentation she cited a study from China. This should not be considered in your determination because China does not utilize the MRNA vaccine technology.
- * The questions in Spanish needs to be interpreted for the community of listeners not just the TAG group. You are leaving the public out of the process.
- * There was NO evidence presented during their presented that indicates vaccines reduce the transmission of school and yet all but 4 said this vaccine met that criteria. No data even exists despite the best efforts to say otherwise. That's extremely disengenious and further discredits you all as a whole.
- * Maybe you all should move towards banning tampons, those cause toxic shock syndrome, which in return causes MISC.
- * You all talk about how these COVID deaths and MISC cases are peoples children, let's remember too when we talk about myocarditis. You say its mild. Tell that to the parent of a child who goes through it. Also many studies out there state doctors don't know long term consequences of having myo/pericarditis.
- * Key take away is you all have your decision made up and you're going through the motions just as the FDA does. This will be on the immunizations to attend school in fall 2022. I have absolutely no confidence that you all will do the right thing and evaluate this vaccine without any prejudice. Public Health is a joke.

From: Haag, Hannah R (SBOH)
Sent: 2/9/2022 10:08:22 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:05 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Leslie Dever
Sent: 2/10/2022 2:52:25 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please do some research outside of what has been presented to you.

<https://podcasts.apple.com/us/podcast/the-mccullough-report/id1562849542>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpodcasts.apple.com%2Fus%2Fpodcasts%2Fthe-mccullough-report%2Fid1562849542&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce91803fe95b4428ea7a308d9ec>>

Please listen to a real expert and save our children from a completely unnecessary vaccine.

Thank you
Leslie Dever
--

Leslie Dever
F/E Bellevue CC Director
lesliedeverycc@gmail.com <<mailto:lesliedeverycc@gmail.com>>

From: Beth Wade
Sent: 2/11/2022 12:36:08 PM
To: DOH WSBOH
Cc:
Subject: Public Comment on Covid vaccination schedule for children

External Email

You are putting our children's futures at risk. There is no scientific evidence or even anecdotal evidence at this point to PROVE that the vaccine stops transmission. You lied about Criteria 6 and there is science backing up your vote.

I beg you to please think about our children's future and stop putting our children at risk of potential safety risks for a disease that does NOT have significant morbidity or mortality.

A concerned parent that will absolutely take our money to a different state should this pass.

Beth Wade

Sent from my iPhone

From: Robert Holte
Sent: 2/12/2022 3:08:51 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Crawford, Bianca
Sent: 2/9/2022 12:36:01 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members



attachments\30B01B5549FD41DB_image001.jpg

External Email

Are board members required to take an oath when a position is taken? And is the board protected by a bond?

Thank you

Bianca Crawford

From: Carla Zepp
Sent: 2/9/2022 6:26:54 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for school age children

External Email

I do not support the the vaccine mandate for school age children.

The vaccine has not been proven effective against COVID and they can still get it.

Sent from my iPad

From: Mike Janes
Sent: 2/9/2022 3:58:35 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

We do not need to be forcing vaccine mandates in schools for younger children!

It's time to closely look at what we're doing to our children! Aside from our economy, our children have had to suffer the most during this pandemic. They've had to deal with isolation, loss of friends and community, and most importantly, education and development. Interestingly enough, they're suffering while the lower age brackets are shown to be at the least amount of risk.

Any thought of vaccine mandates needs to go. Forcing vaccines that are not proving to provide long-lasting immunity into our children is wrong. Where will the cycle end if we start down this path? mRNA vaccine technology is not 100%, and we know this. We know that people who have gotten the vaccine can still become ill, carry, and transmit the virus. Sure, the severe disease might be reduced by the vaccine in some cases in the short term, but children are already at the lowest risk of severe disease anyway. At this point in the pandemic, I'm sure most of us can name a handful of people who have become ill with COVID and recovered. I'm sure there have been many cases undetected or unrecorded in the school-age range as a result of these infections. We need to step back from our apprehensions and fears of becoming ill as adults. Science shows that very few children have severe disease from this virus and this should be left up to the individual parent and child to decide what is right for them. Obviously, if there is a risk due to underlying health issues, they may want to consider this more, but honestly, there is little to no risk for most of the children I know personally.

We're currently stuck in this cycle of thinking that everyone and everything needs to be vaccinated. Where's the rationality of this? As an adult, if you're vaccinated and boosted or have natural immunity from a previous infection, what does it matter if someone around you is or isn't vaccinated? If the vaccines are "so" effective, why are we pushing them so hard on everyone? Individuals who are vaccinated should feel comfortable with their vaccine and not worry about everyone else. Furthermore, why aren't we taking this approach with people in the community with lifelong diseases like HIV or AIDS or other communicable diseases? We're respecting certain people's privacy and personal rights but not others...why?

Let's maintain our freedoms and our right to individual choice!

Thank you,

MIke Janes

From: Emily L
Sent: 2/9/2022 11:28:46 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Members of WSBOH:

I am strongly against requiring Covid-19 vaccinations for children in WA state to attend childcare and schools. In your own materials prepared for the TAG meeting to discuss child vaccinations, a quote from John Stuart Mill is cited, stating

"The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

It has been demonstrated and documented in schools across the globe that children are not superspreaders of Covid, and therefore do not harm others in the community if they remain unvaccinated. If children contract Covid, the overwhelming number of cases are either asymptomatic or very mild infections with a low risk of harm. An influenza infection has a higher risk of severe illness and death in children than a Covid-19 infection, and we do not mandate or require flu vaccine for children to attend school in WA state. In contrast, the mRNA vaccines do have risks and may cause potentially significant harm in some individuals, particularly young males. Scientific studies and data from countries such as Israel and Great Britain have shown that males up to age 25, and in particular ages 12-17, are at risk for developing myocarditis from mRNA vaccinations for Covid-19. The risk of developing this complication is higher than the risks associated with a Covid-19 infection for this age group. Studies in Great Britain and Israel have also shown that 95% of the males in this age group that develop myocarditis are hospitalized due to this complication, with likely lifelong heart and health issues due to this vaccine side effect. Considering this documented information and the fact that unvaccinated children do not pose a high risk to other citizens or contribute to significant spread, "his own good, either physical or moral," as stated by Mill, IS a sufficient warrant.

Vaccinations for Covid-19 should not be mandated for all ages of Washingtonians. The risk of Covid-19 infection is not the same across all age groups, and the health of each individual need also be considered when weighing the risks and benefits of Covid-19 infection vs. vaccination.

Washingtonians have a right to Covid-19 vaccinations-to make an informed decision in relation to their own age and health status as to whether the vaccine is the right choice for them. But citizens in this state also have a right to choose not to receive the vaccine, particularly if the risks of vaccination outweigh the risks of contracting the Covid-19 virus itself. It is wrong to unilaterally decide to require Covid-19 vaccination for all Washingtonians regardless of age or health, and to apply the risks of infection for older citizens to healthy young children whose risk profile with Covid-19 is entirely different from older adults and the elderly.

I respectfully oppose requiring Covid-19 vaccinations for children to attend childcare and school in WA state.

Thank you,

Emily Ling

From: Stephanie Lofquist
Sent: 2/10/2022 10:13:16 AM
To: DOH WSBOH
Cc:
Subject: No mandatory CV-19 shot for school students

External Email

To the WA State Board of Health Directors:

As demonstrated in the WA State Health Standards there is currently no published literature on pediatric Covid-19 vaccine effectiveness in a K-12 school setting.

SARS-CoV-2 (aka COVID-19) is far down the list of causes of death for Washington children. Yet, suicide is the 3rd leading cause of death for our teenagers ages 15-19. And let's not forget the uptick in heart issues (i.e. myocarditis, cardiac arrests, etc.) in young people (specifically young people who have received the CV injection).

CV-19 injections should absolutely NOT be part of the required vaccines for school entry due to lack of data, research and actual FDA authorization, minimal risk from SARS-CV-2 infection and the life changing effects of the CV injection. Just recently, a young man I know, fell face down from a cardiac arrest episode. His face was smashed in because he fell on concrete and his heart will never be the same. He is a long-distance runner and will not be able to run anymore due to his current, irreversible heart condition.

It is appalling that CV-19 injection is even being considered to give to young people. This must stop immediately.

Best Regards,

Stephanie Lofquist - King County

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:22:29 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

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

From: Stephanie Bohnett <2xasnice051507@gmail.com>
Sent: Sunday, February 13, 2022 7:55 PM
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: leandra.p.watson@gmail.com
Sent: 2/10/2022 8:59:48 AM
To: DOH WSBOH
Cc:
Subject: TAG Meeting Covid 19 "Vaccine" k-12



attachments\88344E15ED154989_Attachment B - Nuremberg Code.pdf

External Email

To whom it may concern,

I am strongly in opposition of the requirement of the covid "vaccine" for children K-12.

Criteria 2 - "The vaccine containing this antigen is effective as measured by immunogenicity..." False: The COVID "vaccine" should not be considered a vaccine because it is not effective at PREVENTING transmission of the disease, so says the Director of the CDC.¹

Criteria 4 - "Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." False: The COVID "vaccines" have passed the one-million mark for adverse effects. For the negative effects on children, please see attached data spreadsheet "Attachment A - VAERS Report Children 5 - 11," (an excerpt from the VAERS data report for 2021)². The report is shocking and illuminating in that many "accidents" are reported as occurring as a result of the administration of the shot, thus making the jab by untrained personnel almost as dangerous as the "vaccine". Also in this report are the suicides; sixty-six children, ages 5-11, committed suicide in 2021, their deaths counted as COVID.

Why is TAG and BOH taking such unnecessary risks with our children when our children are not in danger of dying from the disease,³ or of experiencing much more than flu like symptoms?⁴ That's the million-dollar question: WHY ARE YOU DOING THIS TO OUR CHILDREN?

How many members of the Technical Advisory Group adopt science based, critical thinking in your decision making? Have any of you carried out any research into alternatives to the "vaccine"? (It is estimated that 500,000 people have died in the last eighteen months because they were denied (by Fauci) preventative

1 <https://www.msn.com/en-us/health/medical/cdc-director-covid-vaccines-cant-prevent-transmission-anymore/ar-AASDndg>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fhealth%2Fmedical%2Fcdc-director-covid-vaccines-cant-prevent-transmission-anymore%2Far-AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ac50b030e8643e715e308d9ecb693d7%7C11d0e>

AASDndg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ac50b030e8643e715e308d9ecb693d7%7C11d0e

2 <https://vaers.hhs.gov/data.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Fdata.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ac50b030e8643e715e308d9ecb693d7%7C11d0e>

3 <https://petition-central.com/new-data-covid-was-never-more-dangerous-to-young-adults-and-children-than-seasonal-flu/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpetition-central.com%2Fnew-data-covid-was-never-more-dangerous-to-young-adults-and-children-than-seasonal-flu%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ac50b030e8643e715e308d9ecb693d7%7C11d0e>

flu%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ac50b030e8643e715e308d9ecb693d7%7C11d0e

4 <https://www.newsweek.com/risk-kids-covid-miniscule-do-not-let-them-mandate-vaccines-opinion-1638576>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Frisk-kids-covid-miniscule-do-not-let-them-mandate-vaccines-opinion-1638576>

1638576&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C7ac50b030e8643e715e308d9ecb693d7%7C11d

treatments like Ivermectin and hydroxychloroquine.)

5 How many in this Group have conducted research into the corrupt and sociopathic practices of Anthony Fauci and Bill Gates, amongst others? (Gates, Fauci and other world leaders are currently being investigated in preparation to present before a Grand Jury, in an International Court for Crimes Against Humanity.^{6 7}

Fact, every doctor, nurse, health care worker, politician, educator, and others in positions of power that promotes the COVID "vaccine" as the ONLY effective treatment against COVID is guilty of Crimes Against Humanity under the Nuremberg Code. Mandating this "vaccine" breaks not one but every one of the ten "crimes" under the Nuremberg Code (Attachment B). Current scientific studies do not support you and your position in the Technical Advisory Group will not protect you if you approve this "vaccine" for children. On Thursday, February 10, 2022, you will be deciding the future of the children of the State of Washington— will 99.996% of them live if they get COVID or will some of them die unnecessarily from the "vaccines" adverse effects? That's not a question asked for dramatic impact. Your recommendation to Washington State Board of Health holds weight and children's lives are dependent upon you doing the right thing by them. And let's be clear, to say that parents can opt out of the "vaccine" is as hollow as proclaiming the rest of us have that luxury. Two years of draconian mandates have declared otherwise.

Your recommendation to BOH should be a resounding NO to the COVID "vaccine" K-12 mandate.

Thank you for your consideration,

Sincerely,

Leandra Watson

Sent from my iPhone

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

From: Sandra Gladstone
Sent: 2/9/2022 9:13:18 PM
To: DOH WSBOH
Cc:
Subject: No mandatory vaccines for our children

External Email

It is not the school's or government's right to tell parents they must insert a potentially lethal substance into our children especially when children are least susceptible to the "virus" and we do not know the long term effects of this new substance that has been created and the "virus" has a 99% survival rate. If this passes I'll encourage everyone I know to pull their children out of school and I will never vote for another school bond levy.

Sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/9/2022 12:52:50 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Against Vaccine Mandate

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Wednesday, February 9, 2022 10:28:22 AM
To: Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>
Subject: Against Vaccine Mandate

External Email

For the record Katie, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort. By the way, it is NOT a vaccine, it's a flu shot.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Julie Kissick Malloy

From: Virginia Hollenbeck
Sent: 2/10/2022 1:38:19 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Luke Short
Sent: 2/9/2022 5:16:02 PM
To: DOH WSBOH
Cc:
Subject: Public Comment vaccine mandate meeting

External Email

Vaccine mandate for school should in no way be a requirement. At a minimum we know that vaccinated people are still able to contract and spread covid. We also know that kids have a 99.99% survivability to the virus.

It does not have full FDA approval. There have been thousands of adverse effects submitted to VAERS. The vaccine does not prevent infection like Polio or other vaccines. On top of that the use of aborted fetal cells used to test the vaccine is against religious commands from God. Not to murder, especially not to murder our most vulnerable, children in the womb.

You will cause further divide and gaps in communities by requiring it. Let it be free choice of the parents and families. Thank you

Luke Short

From: Hollie Kaiser
Sent: 2/10/2022 4:43:05 PM
To: DOH WSBOH
Cc:
Subject: Against COVID injection mandates for school

External Email

I am writing to voice my concern for requiring Covid vaccination for our children. Too much is unknown about this injection. Also, children have very few risks with COVID. Why are we forcing this?

Those that want it can get it. Please allow for choice.

Hollie Kaiser

From: Catrina Kindahl - Ross
Sent: 2/11/2022 12:32:41 AM
To: DOH WSOB
Cc:
Subject: Vaccine mandate for children in schools

External Email

After reviewing your meeting today, And hearing you have added a couple more dates, I'd like to ask? Who do no
One from your organization respond to people's letters, phone calls or emails?
I expect to hear back from someone about our concerns.

Here is additional information you are not talking about.

here mentions a study done in UK which indicates that those who have taken the vaccine are more likely to have severe illness when getting covid than of those who are unvaccinated.

<https://rumble.com/vs3f1m-warning-vaccine-is-worse-than-we-feared-could-be-looking-at-hundreds-of-tho.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvs3f1m-warning-vaccine-is-worse-than-we-feared-could-be-looking-at-hundreds-of-tho.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C11d>

What IS in this vaccine?

The latest data from the U.S. government's Vaccine Adverse Events Reporting System shows a total of 1,088,560

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracTJJnbkM5Z-2b2SNhpqY-hQb64oSaW9LbPC7m7pAIL0EXQWrIjL_0d1uSTrp6seZ9rWkTbQl2pQmUEPmSG1WymSYNkwjJqmH61S9EseKEo8rmE8h_ygHccCF9vNikTBDavGZI2lxZGuGVT1IFH6BMJm1u4%3D&data=04%7C01%7Cwsboh%40sboh.w reports of adverse events from all age groups following COVID vaccines. This includes 23,149 deaths

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracTJJnbkM5Z-2b2SNhpqY-hQb64oSaW9LbPC7m7pAIL0EXQWrIjL_0d1uSTrp6seZ9rWkTbQl2pQmUEPmSG1WymSYNkwjJqmH61S9EseKEo8rmE8h_ygHccCF9vNikTBDavGZI2lxZGuGVT1IFH6BMJm1u4%3D&data=04%7C01%7Cwsboh%40sboh.w cKXBFpBJA7omYZBzPX8gTf683K001_p6gA82SIK8q-6cX5zfXIbwy4sQstliZI86L-vzHriNW3fskrOpDybUkqVVRty0ZQJR9ZSN7UMPGJUT2SDEbJKrT7Ymn3ApN6X1th6P6uee84tIm34Az1Hhd2iu and 183,311 serious injuries

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracTJJnbkM5Z-2b2SNhpqY-hQb64oSaW9LbPC7m7pAIL0EXQWrIjL_0d1uSTrp6seZ9rWkTbQl2pQmUEPmSG1WymSYNkwjJqmH61S9EseKEo8rmE8h_ygHccCF9vNikTBDavGZI2lxZGuGVT1IFH6BMJm1u4%3D&data=04%7C01%7Cwsboh%40sboh.w IzqvrhYf6zOMaCR7--

IpCfBFLGxQBTxF2Bbo1a1ITLTmXh4jToemrQjBWZjOg8ASK8vNe5kAM82mfbQhx9EJGKkcm0hKEBFOYO96KQmIiHJUTiz-i40Y4eCptHMecUrS3q6R40QraANAWM7bCEzdW-A%3D%3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C1

between Dec. 14, 2020, and Jan. 28, 2022. Vaccine makers including Pfizer cannot be held liable for injuries and deaths following vaccination with EUA vaccines. Who is going to be held responsible?

* A large study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTracTJJnbkM5Z-2b2SNhpqY-hQb64oSaW9LbPC7m7pAIL0EXQWrIjL_0d1uSTrp6seZ9rWkTbQl2pQmUEPmSG1WymSYNkwjJqmH61S9EseKEo8rmE8h_ygHccCF9vNikTBDavGZI2lxZGuGVT1IFH6BMJm1u4%3D&data=04%7C01%7Cwsboh%40sboh.w conducted in Germany showed zero deaths for children under 5 and a case fatality rate of three out of a million in children without comorbidities.

* A Johns Hopkins study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrackM3YrHC5LvXjxShV8aPB6o_hr5UdviWpiQt45FpIbrPooq8y01lxpgrtwitjxgJyShZILSukYKDZPTVip2qz2Ng0BGW
monitoring 48,000 children diagnosed with COVID showed a zero mortality rate in children under 18 without comorbidities.

* A study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrackm1inFj7MQNcNbXhQ9ghwabN74TWYbL6goPcsZNP9VDheXXzpkEmmxNEbZ1qgA%3D%3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C11d0>
in Nature demonstrated that children under 18 with no comorbidities have virtually no risk of death.

* Data from England and Wales

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrackuzjLMXXdWMviwlcDuZuaEc7WQUQC_V0x7I_b8-4Wu9MNqbwZ4rC5WNhLF-_mOCrECKMhkJUETeUnbdobG-5bYuoIe5IAFF3KdJbNgXL-K8Dpcm3I_mD_Juh1odz1RfzbeK-VeDt-H1Brrdh3r7tm2f2q-tA84xeOWM7BSHfS8xsi5TNs9KTTUfLEhcTMM%3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C11d0
, published by the UK Office of National Statistics on January 17, 2022, revealed that throughout 2020 and 2021, only one child under the age of 5, without comorbidities, died from COVID in the two countries, whose total population is 60 million.

* Another study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrack6wtA09a9JZDSNST1OehAu0qD2AaqZFrpoXbSIQI9Z-cEb6WBaJEf-mhUuv_7P2QUtgipswTKeyRVQhCCuDsoloZk3P7xqLk4Q%3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C11d0
in Nature from April, suggests children's bodies clear the virus more easily than adults.

* A study

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.globenewswire.com%2FTrack7pVuXd1dTABnneMJcql26yAJJ3p7JC_27XYcnW6uJGzVJbuaNJsX6f9kiyE1aw%3D%3D&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C11d0
published in December in Nature demonstrated how children efficiently mount effective, robust and sustained immune responses to COVID.

The Who shows over 2 million deaths caused by the vaccine.

<https://newsrescue.com/who-database-reports-over-2-million-potential-covid-jab-injuries-in-2021-vast-majority-in-women/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnewsrescue.com%2Fwho-database-reports-over-2-million-potential-covid-jab-injuries-in-2021-vast-majority-in-women%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C11d0>

Look up their data base:

Vigiaccess

Never in history have we kept a product on the market nor have health departments promoted them after millions of people having adverse events. We also have no data as to what the severity of long term damage after repeated shots.

Well except when Pfizer committed fraud when selling Bextra.

<https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.justice.gov%2Fopa%2Fpr%2Fjustice-department-announces-largest-health-care-fraud-settlement-its-history&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C20e01213726e4a02540808d9ed38d855%7C11d0>

Dont experiment on our children.

Catrina

From: Meagan Isaksen
Sent: 2/10/2022 3:44:39 AM
To: Hoff, Christy Curwick (DOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Thai, Nathaniel J (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSB OH
Cc:
Subject: Covid Vaccine, TAG mtg today

External Email

Good morning!

Please vote no today and choose informed medical choice instead.

Leave this vaccine in the hands of families, parents and doctors to make this decision instead of mandating it for kids to go to school.

We need long term safety data to evaluate and study, and we do not have that yet. What we are seeing though, is that children are developing myocarditis and pericarditis after receiving the covid vaccine. More so in boys. This is alarming!

There will be even more of a mass exodus from schools in WA, if this shot is made mandatory.

Vote no.

Thank you.

--

Meagan Isaksen 360|223|6412 megsisaksen@gmail.com
<mailto:megsisaksen@gmail.com>

From: Rachel Alleman
Sent: 2/10/2022 11:15:27 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Re: URGENT: SAY NO on Vaccine Mandates for Kids!

External Email

The definition of fully vaccinated...meaning two weeks AFTER being vaccinated. Has the question been asked whether the vaccine itself in this two week time period could have caused a weakening of the immune system which then causes the child to get covid more easily? While they are vaccinated..they are counted in your numbers as unvaccinated.

Thanks.

On Feb 10, 2022, at 10:14 AM, Rachel Alleman <rachelalleman@yahoo.com> wrote:

☐

Watching the live ZOOM session now.

We ask that you do NOT move forward with making these covid-19 shots required for our students. How do you explain all of the adverse effects caused by the vaccines that are significantly higher than the deaths of kids from covid-19? See the data in the 1,000 studies below? Also, in your own materials, you state that there currently is no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school settings. Also, suicide is the 3rd leading cause of death for our teenagers ages 15-19, NOT Covid-19!!! These are our children and we are responsible for making their health decisions.

We need to look at all of the data. Again, PLEASE DO NOT MOVE FORWARD WITH MAKING THESE SHOTS MANDATED. PEOPLE WILL CONTINUE TO LEAVE THIS STATE!

Respectfully, Rachel Alleman

1000 Peer Reviewed Studies Questioning Covid-19 Vaccine Safety
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.informedchoiceaustralia.com/peer-reviewed-studies-questioning-covid-19-vaccine-safety&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ceb5fafa8146d43ae048a08d9ecc9b0ef%7C11d0e21>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.informedchoiceaustralia.com/peer-reviewed-studies-questioning-covid-19-vaccine-safety&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ceb5fafa8146d43ae048a08d9ecc9b0ef%7C11d0e21>>

1000 Peer Reviewed Studies Questioning Covid-19 Vaccine Safety

Peer Reviewed Medical Papers Submitted To Various Medical Journals, Evidencing A
Multitude Of Adverse Events In ...

<<https://mcusercontent.com/9c9e1a142aa26fdc22e67ca35/images/5886933a-24ff-5b35-72f2-c7ffd470b630.png>>

From: Terry Anne Paquette
Sent: 2/10/2022 8:49:47 AM
To: DOH WSBOH
Cc:
Subject: Please protect children



attachments\B2D0FC9959FC422C_unnamed-1.png



attachments\7C5F39BBA2774560_unnamed-1.png



attachments\444727B5EE184498_unnamed.jpg



attachments\2555B21325C34D75_unnamed.png

External Email

From: Dana Sherstad
Sent: 2/10/2022 8:53:02 AM
To: DOH WSBOH
Cc:
Subject: Considering Inclusion of Covid-19 Shot for School Students

External Email

Dear Board Members,

Please do not add Covid-19 shots to a mandatory list for school students. These have not been fully studied for safety and no one knows the long term impact. For older people this is not as great a concern as it is for children. I listened to the FDA board debate and vote. The board members all noted that they did not know what the impact on the health of children would be. They decided they had to vaccinate to find out. I am not making that up. My jaw dropped as several doctors noted the lack of information or study for impact on children and yet voted for Emergency Use. Certainly this should not then be made mandatory.

In addition there is a newly released peer-reviewed study in Cell magazine that has found the mRNA from the vaccine is found in the lymph glands for as long as 60 days beyond vaccination. (It is not known for how long this mRNA lasts, the study was for 60 days--so it could be longer.) This means the body continues producing the bioactive spike protein for much longer than originally claimed. We were told the body breaks it down quite quickly. But now we know the synthetic mRNA is not broken down quickly and also is found in the lymph glands. The study also found that there is as much spike protein produced in the vaccinated as in people severely ill with Covid-19. This is a brand new finding and should cause a pause in the whole program, but at least in any consideration of mandating vaccines for children.

Link to Cell article: [https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9?rss=yes#relatedArticles](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9?rss=yes#relatedArticles)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9%3Frss%3Dyes%23relatedArticles&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660254ef9cfd467800](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9%3Frss%3Dyes%23relatedArticles&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C660254ef9cfd467800)

--

Dana Sherstad

From: Kahler, Kelie (SBOH)
Sent: 2/13/2022 6:00:37 PM
To: DOH WSBOH
Cc:
Subject: FW: Unconstitutional vaccine mandates

From: Amanda Smith <a.derschon18@gmail.com>
Sent: Sunday, February 13, 2022 11:37 AM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; wa@sboh.wa.gov
Subject: Unconstitutional vaccine mandates

External Email

To whom it may concern,

As a parent of a high school child, I am writing to inform you that if these unconstitutional vaccine mandates are passed, I will immediately removed my child from public school. I will then spend every moment of my free time reaching out to other parents to help inform them of way we can join together to avoid using the public school system and its agenda. The masks were already too far. This is absolutely despicable.

Amanda Derschon

541-993-1310

From: Ramsey Ramerman
Sent: 2/15/2022 8:27:08 AM
To: Tyler Litzenberger
Subject: Re: SuperBowl & The Big Game



attachments\0D90F6637E144B2A_image002.jpg

External Email

Greetings,

As the Kettle Falls example proves, school districts do not have to and should not be enforcing the mask mandates because they are useless and harmful to our children.

First, the District's mask mandate is purely for show – even the CDC has now acknowledged that cloth masks are effectively useless. The District's policy permits cloth masks and thus compliance is purely decorative – the policy does not provide any meaningful protections.

Second, the mask requirement stunts the students' educational development. For all of human history up until Spring 2020, there was universal recognition that facial cues provide a distinct and important aspect of human communication. Part of your mission is to help our children develop strong communication skills and you are stunting that learning by requiring them to hide their faces and those important communicative cues under these useless masks.

Third, the mask requirement is causing affirmative harm to students. Children are becoming dependent on masks and experience anxiety when confronted with large groups of maskless persons. When covid ends, our children will have to interact with the maskless. By causing our children to become dependent on masks, you are straddling them with anxieties that they will have to overcome to interact in the maskless world. School is supposed to help prepare our children to face the world, not make them afraid to face that world

If parents are concerned, they can protect their children by sending them to school in top-quality, properly fitted N-95 masks. But the time has come to allow parents to make that decision for their own children and stop mandating a flawed one-size-fits-all policy.

Especially when that one-size-fits-all policy is useless, debilitating, and harmful; a policy that only serves to make some people who do not keep up with the science feel better without providing any meaningful benefit to our children. Please follow Kettle Falls' lead and stop enforcement of the mask mandates.

Ramsey Ramerman, parent of a LWSD student

On Tue, Feb 15, 2022 at 7:50 AM Tyler Litzenberger <TLitz@vectorrecorp.com
<mailto:TLitz@vectorrecorp.com> > wrote:

We were told by a LWSD Board Member that the Board has no authority in decision making regarding masking. Apparently that's proven to be untrue. We've lost trust in our elected "leaders". This masking exercise has never been about Covid, it's entirely about control, and using children as pawns to force control is as bad as it gets from politicians. Kettle Falls showed Washingtonian parents leadership yesterday and we're very proud of them for doing so.

In the numerous parent teacher conferences my wife and I have had since Covid, we've learned teachers are over it. They're seeing the drop in educational value. They're frustrated at masking. They're frustrated at mandates and hearing complaints daily from parents, and many of them are turning on their Unions. Our parent groups are fully behind the teachers, support the teachers and encourage the teachers to turn against their unions. Withdraw from their unions, whatever it takes.

Masking needs to end immediately. And trading the clot shot for masking is a non-starter.

The evidence that children have a 99.98% survival rate against the November 2019 variant of Covid is a risk we're all willing to take as a society; considering we all know that Omicron is a) far less concerning and b) numbers of deaths are nearly zero across all age groups.

Where did Washington's share of the \$130B in Covid Relief Funds go? Those funds were explicitly sent to the States for air filtration in schools. What was completed in the LWSD, Bellevue and Issaquah districts? It's pretty embarrassing that after spending all that money on air filtration, you folks are still requiring children with a 100% survival rate to wear a cloth over their nose and mouth. Absolutely awful.

The real questions are, why should we listen to you about anything else going forward? Why should we trust you?

End the mandates immediately. They never should have been passed in the first place.

From: Dasegowda Lokesh Marenayakanapalya <lokesmd@me.com>
<mailto:lokesmd@me.com> >
Sent: Monday, February 14, 2022 10:17 PM
To: Tanya Goodman <goodman_tanya@outlook.com>
<mailto:goodman_tanya@outlook.com> >
Cc:

Issaquah, Bellevue, LakeWA School Districts, OSPI, WA State Education, WSBOH and King county commissioner.

If you still have some conscience left in you, after watching that Super Bowl, you will act upon and immediately remove the mask mandates from the schools. You might think you have helped the children by masking them but have no idea how badly it has affected the children and their health. Enough of big talks and researching on this topic, it's time to act and the best action is to remove mandates. If some parents still feel they need masks they can send their kids with masks on and no one will stop them. But parents like us who strongly believe in science and have enough research to prove that masks don't work demand you to end this mandates and now.

Thanks and Regards,

Lokesh Marenayakanapalya

Qualified enough to speak on behalf of my daughter and all the kids/parents that are suffering due to these mandates.

(For the records: ISD parent)

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education,
WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k
mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to
millions sitting at home watching that we have been played. We've been played by our
State Schools and Government.

We are no longer asking. We are demanding that immediately mask
mandates be rescinded from our schools and release our children from these harmful
practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Deanna Leslie
Sent: 2/10/2022 1:11:45 PM
To: DOH WSOB
Cc:
Subject: Criteria #7 Comments

External Email

Dear Washington State Board of Health,

Here are three points that I would like you to consider when deciding whether the covid-19 vaccines fulfill criteria #7 The vaccine containing this antigen is acceptable to the medical community and the public.

There has never been more opposition from the medical and scientific community or the public to any type of vaccine or vaccine policy than there is to the COVID-19 products and policies.

#1 Over 17,000 doctors & scientists have signed a declaration which states the following -

RESOLVED, THAT HEALTHY CHILDREN SHALL NOT BE SUBJECT TO FORCED VACCINATION (view supporting evidence <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/evidence%2F%23children&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C05c8f3a498604300527a08d9e0>>)

- * Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
- * Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
- * Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
- * Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether Covid vaccines assist herd immunity.

#2 Reviews of the Pfizer's six-month data reveals that Pfizer's COVID-19 inoculations cause more illness than they prevent. More than 500 scientists, medical doctors, health care and other professionals united as the Canadian Covid Care Alliance to present , "More Harm Than Good" video and PDF slides here: <https://www.canadiancovidcarealliance.org> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>>

#3 The currently available vaccines are "obsolete." This includes, AstraZeneca, Johnson & Johnson, Pfizer, and Moderna shots.

According to Dr Peter McCullough, "They do not cover the new variants; patients are

failing on these vaccines. They're being hospitalized and getting sick despite having had the vaccines," he said, adding, "the vaccines at this point in time have amounted to record mortality and injury and should be considered unsafe and unfit for human use."

I believe the covid-19 vaccines do not meet criteria #7 and I appreciate you taking the time to consider my reasons.

Sincerely,

Deanna Leslie

From: Kay Buccola
Sent: 2/10/2022 11:12:00 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I personally think all parents should remove their precious children from government schools. And many are doing just that. Have you noticed? However, for those who feel they must continue public education, it is tyrannical to demand that these precious children risk their bodies because of your edicts. Please let me know where you have published your bibliography of actual quality studies proving that these shots stop infection, transmission and cause NO HARM to anyone. You cannot do that, I'm sure. The astronomical number of adverse event reports is staggering. Has your committee read the FDA VAERS report?

Vaccine manufacturers and the US government have no liability for vaccine injuries. YOU will be liable.

I look forward to seeing all of you at the Feb 24 presentations by Dr Robert Malone and Dr Ryan Cole in Gig Harbor to which you all have been invited. The private sector has procured these world-renowned experts. It is incumbent upon you, as our public servants, to avail yourself of this opportunity.

Show yourselves to be true truth seekers.

Kay Buccola
Sent from my iPhone

From: Marie McFadden

Sent: 2/10/2022 11:30:09 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Haag, Hannah R (SBOH)

Cc:

Subject: Vote NO on child vaccines!

External Email

Attention public SERVANTS!

Vote NO on this proposed covid vaccine mandate for our school children. Data is showing people with the vaccine are still transmitting and catching the virus just as easily as those who have not been vaccinated. There is absolutely no justification for forced injections on free citizens, let alone our children who are not in serious danger of this virus. This outrageous government overreach needs to end NOW!! There are protests worldwide right now against these vaccinations and all of these unconstitutional mandates. Vote NO!!! Thousands of students will be removed from the public school system by their parents across the state if this ridiculous and outrageous overreach is implemented. You should all be ashamed of yourselves! It's time to start listening to the people you work for, WE THE PEOPLE. You have forgotten your place, you are employees, not our dictators. End this outrageous overreach, END THE MANDATES and VOTE NO on covid vaccines for school children!!!

M. McFadden

Tax Payer, Registered Voter and Parent

From: Davis, Michelle (SBOH)
Sent: 2/9/2022 11:52:40 AM
To: DOH WSBOH
Cc:
Subject: FW: Mama bear

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website| Facebook |Twitter

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

From: Becca Naro <narobecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:40 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Fwd: Mama bear

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:32 PM
Subject: Mama bear
To: <michelle.davis@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots. I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level). Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school.

Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store.

That makes sense.

There isn't a Covid pandemic. There are people with power pulling pandemic. Horrible people that do not respect the constitution.

As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: Alissa Miller
Sent: 2/9/2022 11:10:33 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Mike Tipton
Sent: 2/10/2022 12:46:57 PM
To: DOH WSBOH
Cc:
Subject: Vote to vaccinate children

External Email

Vote No on vaccines for children!! There is absolutely no scientific or logical reason to do this! We the people are fed up with your lies and control. These children are NOT yours you have NO right to dictate what happens to them. Only thier parents and their informed decisions are legitimate. Vote no or more and more people who realize that vaccines and masks are a sham will Vote you and like-minded so-called leaders OUT.

From: Derek Czerniak
Sent: 2/10/2022 6:18:36 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: project20v@rainierconnect.com
Sent: 2/9/2022 10:14:33 AM
To: DOH WSBOH
Cc:
Subject: Meeting Feb. 10, 2022

External Email

I am writing to let you know as a parent I STRONGLY OPPOSE adding the Covid shot to required vaccines required to attend public schools. I have already pulled my children from the public school for this 2021-2022 school year but would love to have them attend next year. If this "shot" becomes a requirement I will NOT put them back into public schools. There is no proof that the shot helps children but there is proof that it can harm them....myocarditis to be specific. The risk is too great and I will not put an unknown, trial based, human study in the works shot into my children....PERIOD!!! You need to start listening to the parents and we DO NOT WANT THIS FOR OUR CHILDREN!!!

From: Clifford Knopik
Sent: 2/14/2022 3:10:26 PM
To: DOH WSBOH
Cc:
Subject: Feb 17, 2022 TAG COVID-19 Meeting - Feedback from Dr. Clifford

External Email

Hi,

I am emailing to encourage you to vote NO for requiring COVID-19 vaccination and on Criteria 1, 2, and 4 for the following reasons:

- 1) The COVID-19 vaccines are BROKEN. They do not work as advertised. According to King County Covid Data - the majority of Covid cases are Fully Vaccinated people, the majority of deaths are Fully Vaccinated people and half the hospitalizations are Fully Vaccinated people.
- 2) The COVID-19 vaccines carry risk of myocarditis, blood clots and over 100 other adverse side effects
- 3) They do not prevent people from getting COVID and they do not prevent people from spreading COVID.
- 4) THEY DO NOT WORK.

Requiring children to risk adverse side effects by being required to take a broken product, or be denied their constitutional right to an education is wrong.

I am still available to testify on how screwed up WA DOH COVID data is if you would like. There is no reliable data to make public policy from - per my public records requests.

Respectfully,

Dr. Clifford Knopik

Dr. Clifford Knopik has a Doctorate in Computer Science from Colorado Technical University. He also has a Masters in Information Systems from Penn State, a Masters in Homeland Security from Penn State, a Masters in Information Assurance from Dakota State University, a Bachelors in Social Studies from Washington State University, an Associate in Emergency Management from Clackamas Community College, and an Associate in Computer Programming from Pierce College. He was honored to serve for five years in the Washington State Guard where he received emergency management training through FEMA and the Washington Emergency Management Department.

From: Haag, Hannah R (SBOH)
Sent: 2/10/2022 8:01:19 AM
To: DOH WSBOH
Cc:
Subject: FW: Against mandates

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Wednesday, February 9, 2022 12:51 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Against mandates

External Email

For the record Hannah. I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort. By the way, it is NOT a vaccine, it's a flu shot.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

We will continue to flood your office with phone calls, emails and oppose any mandate on social media.

We will not give up or back off.

Julie Kissick Malloy

From: Sue Wiersma

Sent: 2/11/2022 12:09:19 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: Concerned parent

External Email

I am astounded that you have been asked to consider mandating an unapproved injection for schoolchildren in Washington state. If you have not educated yourselves about the adverse effects from these Covid injections and blindly follow the government mantra that children are at risk from Covid if not injected, you will sadly carry that the rest of your lives. Most people know someone personally now who has suffered from the unapproved injections, that means people understand what you are doing by contemplating this. Please open your eyes and follow the money and reject the expectation that we continue to feed big pharma at the expense of our health, and now our children's health. Please protect our children, do not infringe on the rights of families to make medical decisions. Do not coerce compliance by holding back the right to a public education that we as taxpayers have funded.

Sue Wiersma

From: Angie Cooper
Sent: 2/10/2022 3:17:57 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 vaccination in k-12 schools

External Email

I vote No. There is not enough published literature on pediatric COVID-19 vaccine effectiveness in K-12 setting.

I will pull my child from school if this becomes mandatory. We will go to another state that does not require it.

It is criminal to mandate this shot when it hasn't been FDA approved. The data on vaccine injured is skewed. Myocarditis should be enough to say NO to this.

I also have a concern about the board members. You have one from UW and Wa state.

We know that those two colleges have mandated the shot in order for kids to go to school there so how is their vote not biased? Cherry picking data that suits them and their view. Of course they are for mandating in schools. This angers many and I promise that if this gets put on the vaccine schedule, you will see a mass exodus in Washington schools.

We are watching. 99.99% survival rate for our youth!

Angie Cooper

From: Testify Online Survey
Sent: 2/11/2022 11:28:42 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/10/2022

2.

Agenda Item or Issue:

Mandatory Vaccine for children

3.

Your Name:

Kalysta Becker

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

865 Peterson Rd Burlington WA 98233

7.

Email:

kalysssta@outlook.com

8.

Phone Number (Include Area Code):

3608262863

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Mandatory vaccine for children attending school

11.

Are you Pro or Con on the proposal?

2. Con

A mandatory vaccine for a vaccine that hasn't been properly tested or had a long enough trial period is outrageous to me. This is against peoples religions, the safety of our children, and our privacy. The outcome of this vaccine has been less effective than the unvaccinated. It has caused death, deathly side effects, and changes peoples physical bodies/lives negatively.

From: Pskowski, Samantha L (SBOH)
Sent: 2/9/2022 10:10:15 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:02 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Schreiber, Tracy N (SBOH)
Sent: 2/14/2022 7:47:59 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

Tracy Schreiber (she/her/hers)
tracy.schreiber@sboh.wa.gov
360-463-9069

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

From: Stephanie Bohnett <2xasnice051507@gmail.com>
Sent: Sunday, February 13, 2022 7:55 PM
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: Dennis Astell
Sent: 2/12/2022 4:08:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Michael Stewart
Sent: 2/14/2022 5:48:09 PM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

70,000 fans... for 4 hours straight.... NO ONE WEARING MASKS!!!

Washington State children..... 20 other kids and friends institutionalized... emotional connections diminished severely from non-existent facial expressions terminated by worthless masks which to this day has no "peer reviewed" studies or ANY scientific evidence that they protect from ANY virus!!

Does this make any sense???

Mandates are NOT laws...

Guidance is NOT science...

MASKS DO NOT WORK TO PROTECT ANY OF US FROM COVID!!!

Prove me WRONG!!!!!!!!!!!!!!!!!!!!!! I'm waiting.....

Stewart

On Mon, Feb 14, 2022 at 4:52 PM Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH,
and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Jessica Elliott
Sent: 2/11/2022 10:20:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My body my choice goes for minors as well!! If something like this becomes mandatory my kids will be pulled from all public schooling. Wake up people!

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Testify Online Survey
Sent: 2/14/2022 4:25:14 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Unknown

2.

Agenda Item or Issue:

ADDING COVID-19 TO CHILDRENS LIST

3.

Your Name:

William Primiano

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Bremerton, WA

7.

Email:

wm_p_02@hotmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

My children have had COVID, My in-laws have had covid, My wife has had covid, and I have covid twice now, not vaccinated and never went to a hospital. Worst symptom was I lost taste/smell the first time and a slight sore throat the second time.

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

My family and I have had covid, including my in-laws, no one was hospitalized, and no one is vaccinated.

From: Zana Carver
Sent: 2/4/2022 11:44:14 AM
To: DOH WSBOH
Cc:
Subject: Technical Advisory Group: Risk Benefit Analysis



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attachments\5E741D4039C247F9_760A8FF0EE2C4D5FB4A4DC16C922F30D.jpg

External Email

A proper risk benefit analysis has not been conducted for the consideration of adding the COVID-19 vaccinations to the childhood vaccination schedule or requiring them for school or day care. Please TAG ethically do you job!

https://trialsitenews.com/group-of-doctors-health-professionals-file-petition-with-european-parliament-to-reconsider-covid-19-mass-vaccination-program-of-children/?utm_source=Contextly&utm_medium=ChannelEmail&utm_campaign=COVID-19&utm_content=Notification

Group of Doctors & Health Professionals File Petition with European Parliament to Reconsider COVID-19 Mass Vaccination Program of Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fmembers%2Fgroup-of-doctors-health-professionals-file-petition-with-european-parliament-to-reconsider-covid-19-mass-vaccination-program-of-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C676b976893b34d06819308d9e8166f39%7C>>

TrialSite Staff

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fmembers%2Fgroup-of-doctors-health-professionals-file-petition-with-european-parliament-to-reconsider-covid-19-mass-vaccination-program-of-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C676b976893b34d06819308d9e8166f39%7C>>
February 4, 2022

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fgroup-of-doctors-health-professionals-file-petition-with-european-parliament-to-reconsider-covid-19-mass-vaccination-program-of-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C676b976893b34d06819308d9e8166f39%7C>>

1 Comment

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftrialsitenews.com%2Fgroup-of-doctors-health-professionals-file-petition-with-european-parliament-to-reconsider-covid-19-mass-vaccination-program-of-children%2F%23comments&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C676b976893b34d06819308d9e8166f39%7C>>

A group of scientists and researchers critical of the current mass COVID-19 vaccine campaign recently submitted an appeal to the European Parliament (@Europarl_EN) /

Twitter

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FEuroparl_EN&data
to reconsider their COVID-19 policies regarding children. PANDA About – PANDA

(pandata.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pandata.org%2Fabout%2F&>

(Pandemics Data & Analytics) positions itself as a group of multi-disciplinary professions organized in response to what they consider overreach by national governments during the COVID-19 pandemic. Concerns in particular center on lockdowns, and now, the PANDA group expresses concerns about universal COVID vaccination involving young people.

A public health professional and one of the organization's leaders, Abir Ballan, recently reported that the group filed the petition with the European Parliament to reconsider COVID-19 policies regarding Children. The petition was filed by Professor Martin Zizi

<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fmartinz_uncut&da

on behalf of approximately 200 physicians and scientists from Europe and other parts of the world.

What's their argument?

In a nutshell, PANDA positions that an accurate risk-benefit analysis would lead to a very different outcome than the universal vaccination mandate now underway in Europe. In the petition, they raise several legal bases such as Article 24 of the Charter of Fundamental Rights of the European Union regarding the protection of children and “in particular the provision whereby in all actions relating to the children, whether taken by public authorities or private institutions, the child’s best interests must be a primary consideration.”

The group references other legal provisions from the World Health Organization (WHO) Constitution, to UNRC, the Lisbon Treaty, and the organization's own Declaration for the Protection of Children and Young People from the Covid-19 Response. Declaration for the Protection of Children and Young People from the COVID-19 Response – PANDA

(pandata.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pandata.org%2Fchildren->

and-young-people-
declaration%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C676b976893b34d06819308d9e8166f39%

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)

for Windows

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:24:00 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid requirements

From: David Lemke <lemkedm72@gmail.com>
Sent: Friday, February 11, 2022 10:36 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid requirements

External Email

Please vote no on any measures requiring masks and the covid shot to attend school, public or private.

Thank you,

Informed Father

From: Testify Online Survey
Sent: 2/14/2022 11:47:38 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/17/2022

2.

Agenda Item or Issue:

COVID Vaccine Requirement for Students

3.

Your Name:

Danielle Kessler

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

2522 N Proctor St, Tacoma, 98407

7.

Email:

dani_kessler@hotmail.com

8.

Phone Number (Include Area Code):

253-459-2499

9.

Do you have any special expertise relevant to this topic?

1. Yes

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

11.

Are you Pro or Con on the proposal?

2. Con

The COVID Vaccine does not prevent the illness. This is commonly accepted, thus it would not qualify under the WAC as a "vaccine-preventable disease." Children are disproportionately NOT impacted by COVID, and the illness is mutating so quickly that not a single one of the injections available actually has an impact on the (current) dominant variant of Omicron. Additionally - there are concerning side effects with the injection for young people, especially boys. The minimal risk from the infection does not justify the risk of side-effects from the injection that LARGELY is ineffective and doesn't actually prevent disease. This is no complicated! Personally - our 3 students have homeschooled since COVID. We had intended to return them all to education outside of the home next year, but we will not do so if this is added to the vaccine schedule. I personally am helping prepare a number of relatives and family friends with the steps for selecting homeschool curriculum in preparation for their withdrawal should this be added to the vaccine schedule.

From: Rick Moulton
Sent: 2/9/2022 7:34:01 PM
To: DOH WSBOH
Cc:
Subject: Regarding TAG agenda item for Thursday, February 10th

External Email

I understand the Technical Advisory Group (TAG) will meet to consider requiring Covid-19 shots for public school students on Thursday, February 10th. Considering the ample evidence that children are not at any severe risk for Covid hospitalization/death, and that the vaccines do not stop the spread, and that there are numerous proven Covid treatment protocols, and that there is plentiful proof of adverse reactions to Covid vaccine - I urge you to do the right thing and do NOT add any requirement for Covid shots for public school students. Let us stop this madness now.

Regards,
Rick Moulton

From: P D
Sent: 2/10/2022 9:35:12 AM
To: DOH WSBOH
Cc:
Subject: Zoom

External Email

The chat is conveniently disabled during this zoom.

The vaccine should NOT be required for schools. It should NOT be required for anybody. This vaccine does NOT prevent anybody from contracting or spreading covid. The fact that you all are trying to push this vaccine on our youth is disgusting and a show of control.

A vaccine should PREVENT. The covid vaccine does NOT prevent. It is less effective than the flu vaccine...and the flu shot is not required.

Stop with the control. Stop with the unnecessary force. This vaccine should NOT be required for anybody.

From: Shari Arnold
Sent: 2/9/2022 7:36:57 PM
To: DOH WSBOH
Cc:
Subject: 2B82DDEF-B028-46E3-89D4-1EE6DC16265B

External Email

I do not believe that the Covid vaccine should be a requirement for children to go to school. It has been proven to be ineffective and dangerous. Many people have had heart attacks, blood clotting, strokes and even death after being injected with this experimental vaccine. Please don't force this on the innocent children. How will you feel when the children start having adverse effects? How will you feel when children start having heart attacks? The Covid vaccine doesn't work so why bother? Think and pray about this horrible requirement.

From: Herendeen, Lindsay (SBOH)
Sent: 2/11/2022 2:48:15 PM
To: DOH WSBOH
Cc:
Subject: Fwd: Covid-19 vaccine for children

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 2:10:28 PM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Covid-19 vaccine for children

External Email

Good day,
I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis? Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by

choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I recommend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=)

9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cdded834c69d24d6f0a3308d9edb0963b%7C11d0e21

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in it's entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,
Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Barbara Gallier-Bange
Sent: 2/14/2022 7:45:41 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov
Cc:
Subject: Vaccines!

External Email

To All of You Involved:

The first of these 3 meetings to discuss two criteria was COMPLETELY ONE SIDED!! There was no in-depth discussions or presentations of the many studies showing the harm these vaccines are causing! You presented one sided information that only supported your agenda.

These so called "vaccines" should NEVER have been unleashed on our children! This is a money driven, politically driven scam and our children will be the ones that suffer from it.

There is NO WAY to prove the long term effects these shots will have on our children for a virus that is NOT killing children! Our children ARE the trials and the outcome of this experiment should weigh heavy on your consciences.

We've been told we're conspiracy theorists if we listen to any other medical doctors who are providing different information that is being labeled as "misinformation". We're only "allowed" to listen to government chosen medical "experts" who have BEEN WRONG ABOUT SO MANY THINGS!

The parents need to make the choice that is best for their children and government and bureaucrats need to back off!! The FDA, the CDC, the federal and local governments are more concerned with money and power than they are with the health of our children!!! This Technical Advisory Group needs to look into ALL OF THE INFORMATION available on these MRNA shots and not just the info that supports your narrative.

Shame on all of you for not having different point of views during this process. Parents already know you're going to give the recommendation to the BOH to move forward with this atrocity. This is all a just a show.

Sincerely,
A very angry parent, Barbara
Sent from my iPhone

From: bbu84@aol.com

Sent: 2/11/2022 10:14:07 AM

To: Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:

Subject: Please do not authorize the COVID-19 "vaccines" for children or authorize them as a requirement for education. Here is why...

External Email

Dear State Officials,

Please do not authorize the experimental mRNA "vaccines" for children or mandate them for education. We now know that COVID-19 hardly affects children and that these so-called COVID-19 vaccines do not work and are causing serious health problems and death. Furthermore, we now know that COVID-19-which has a recovery rate of 99.5% for most people-can be safely and effectively treated with Ivermectin and Hydroxychloroquine.

Here are 1000 peer-reviewed scientific papers that show that these COVID-19 drugs injections are not safe:

<https://www.informedchoiceaustralia.com/post/1000-peer-reviewed-studies-questioning-covid-19-vaccine-safety>

Here are some of those scientific studies:

1. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series:

<https://www.sciencedirect.com/science/article/pii/S2666602221000409>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

2. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in "23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days after receipt of the vaccine":

<https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2>

3. Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: <https://pubmed.ncbi.nlm.nih.gov/34374740/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F343>

4. Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination:

<https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2F>

052478&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d0e

5. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers:

<https://www.sciencedirect.com/science/article/pii/S0828282X21006243>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

6. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination:

<https://www.sciencedirect.com/science/article/pii/S1443950621011562>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

7. Myocarditis with COVID-19 mRNA vaccines:

<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2Fp>

8. Myocarditis and pericarditis after COVID-19 vaccination:

<https://jamanetwork.com/journals/jama/fullarticle/2782900>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2>

9. Myocarditis temporally associated with COVID-19 vaccination:

<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.055891>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2Fp>

10. COVID-19 Vaccination Associated with Myocarditis in Adolescents:

[https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-](https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-053427.full.pdf)

053427.full.pdf

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2F>

053427.full.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C

11. Acute myocarditis after administration of BNT162b2 vaccine against COVID-19:

<https://pubmed.ncbi.nlm.nih.gov/33994339/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F339>

12. Temporal association between COVID-19 vaccine Ad26.COV2.S and acute myocarditis: case report and review of the literature:

<https://www.sciencedirect.com/science/article/pii/S1553838921005789>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

13. COVID-19 vaccine-induced myocarditis: a case report with review of the

literature: <https://www.sciencedirect.com/science/article/pii/S1871402121002253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

14. Potential association between COVID-19 vaccine and myocarditis: clinical and CMR

findings: <https://www.sciencedirect.com/science/article/pii/S1936878X2100485X>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

15. Recurrence of acute myocarditis temporally associated with receipt of coronavirus

mRNA disease vaccine 2019 (COVID-19) in a male adolescent:

<https://www.sciencedirect.com/science/article/pii/S002234762100617X>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

16. Fulminant myocarditis and systemic hyper inflammation temporally associated with BNT162b2 COVID-19 mRNA vaccination in two patients:

<https://www.sciencedirect.com/science/article/pii/S0167527321012286>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

17. Acute myocarditis after administration of BNT162b2 vaccine:

<https://www.sciencedirect.com/science/article/pii/S2214250921001530>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

18. Lymphohistocytic myocarditis after vaccination with COVID-19 Ad26.COV2.S viral vector: <https://www.sciencedirect.com/science/article/pii/S2352906721001573>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

19. Myocarditis following vaccination with BNT162b2 in a healthy male:

<https://www.sciencedirect.com/science/article/pii/S0735675721005362>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

20. Acute myocarditis after Comirnaty (Pfizer) vaccination in a healthy male with previous SARS-CoV-2 infection:

<https://www.sciencedirect.com/science/article/pii/S1930043321005549>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

21. Acute myocarditis after vaccination with SARS-CoV-2 mRNA-1273 mRNA:

<https://www.sciencedirect.com/science/article/pii/S2589790X21001931>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

22. Acute myocarditis after SARS-CoV-2 vaccination in a 24-year-old man:

<https://www.sciencedirect.com/science/article/pii/S0870255121003243>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

23. A series of patients with myocarditis after vaccination against SARS-CoV-2 with mRNA-1279 and BNT162b2:

<https://www.sciencedirect.com/science/article/pii/S1936878X21004861>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>

24. COVID-19 mRNA vaccination and myocarditis:

<https://pubmed.ncbi.nlm.nih.gov/34268277/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F342>

25. COVID-19 vaccine and myocarditis: <https://pubmed.ncbi.nlm.nih.gov/34399967/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F343>

26. Epidemiology and clinical features of myocarditis/pericarditis before the

introduction of COVID-19 mRNA vaccine in Korean children: a multicenter study
<https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-1360706>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsearch.bvsalud.org%2Fglobal-literature-on-novel-coronavirus-2019-ncov%2Fresource%252520e%2Fen%2F%2Fcovidwho-1360706&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d0e>>
.

27. COVID-19 vaccines and myocarditis: <https://pubmed.ncbi.nlm.nih.gov/34246566/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34246566/>>

28. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines <https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cureus.com%2Farticles%2F61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d0e>>

29. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines <https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cureus.com%2Farticles%2F61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d0e>>

30. Myocarditis, pericarditis, and cardiomyopathy after COVID-19 vaccination: <https://pubmed.ncbi.nlm.nih.gov/34340927/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34340927/>>

31. Myocarditis with covid-19 mRNA vaccines:

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056135>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161%2FCIRCULATIONAHA.121.056135>>

32. Association of myocarditis with COVID-19 mRNA vaccine in children:

<https://media.jamanetwork.com/news-item/association-of-myocarditis-with-mrna-covid-19-vaccine-in-children/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedia.jamanetwork.com%2Fnews-item%2Fassociation-of-myocarditis-with-mrna-covid-19-vaccine-in-children%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d0e>>

33. Association of myocarditis with COVID-19 messenger RNA vaccine BNT162b2 in a case series of children:

<https://jamanetwork.com/journals/jamacardiology/fullarticle/2783052>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjamacardiology%2Ffullarticle%2F2783052>>

34. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the U.S. military: <https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601%5C>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjamacardiology%2Ffullarticle%2F2781601%5C>>

35. Myocarditis occurring after immunization with COVID-19 mRNA-based COVID-19 vaccines: <https://jamanetwork.com/journals/jamacardiology/fullarticle/2781600>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>
36. Myocarditis following immunization with Covid-19 mRNA: <https://www.nejm.org/doi/full/10.1056/NEJMc2109975>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F>
37. Patients with acute myocarditis after vaccination with COVID-19 mRNA: <https://jamanetwork.com/journals/jamacardiology/fullarticle/2781602>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F>
38. Myocarditis associated with vaccination with COVID-19 mRNA: <https://pubs.rsna.org/doi/10.1148/radiol.2021211430>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubs.rsna.org%2Fdoi%2F10.1148>
39. Symptomatic Acute Myocarditis in 7 Adolescents after Pfizer-BioNTech COVID-19 Vaccination: <https://pediatrics.aappublications.org/content/148/3/e2021052478>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpediatrics.aappublications.org%2F>
40. Cardiovascular magnetic resonance imaging findings in young adult patients with acute myocarditis after COVID-19 mRNA vaccination: a case series: <https://jcmr-online.biomedcentral.com/articles/10.1186/s12968-021-00795-4>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjcmr-online.biomedcentral.com%2Farticles%2F10.1186%2Fs12968-021-00795-4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d0e21726>
41. Clinical Guidance for Young People with Myocarditis and Pericarditis after Vaccination with COVID-19 mRNA: <https://www.cps.ca/en/documents/position/clinical-guidance-for-youth-with-myocarditis-and-pericarditis>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cps.ca%2Fen%2Fdocuments%2Fposition%2Fclinical-guidance-for-youth-with-myocarditis-and-pericarditis&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d0e21726>
42. Cardiac imaging of acute myocarditis after vaccination with COVID-19 mRNA: <https://pubmed.ncbi.nlm.nih.gov/34402228/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34402228/>
43. Case report: acute myocarditis after second dose of mRNA-1273 SARS-CoV-2 mRNA vaccine: <https://academic.oup.com/ehjcr/article/5/8/ytb319/6339567>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Fehjcr%2Farticle/5/8/ytb319/6339567>
44. Myocarditis / pericarditis associated with COVID-19 vaccine: https://science.gc.ca/eic/site/063.nsf/eng/h_98291.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fscience.gc.ca%2Feic%2Fsite%2F063.nsf/eng/h_98291.html
45. The new COVID-19 mRNA vaccine platform and myocarditis: clues to the possible

underlying mechanism: <https://pubmed.ncbi.nlm.nih.gov/34312010/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34312010/>

46. Myocarditis associated with COVID-19 vaccination: echocardiographic, cardiac tomography, and magnetic resonance imaging findings:

<https://www.ahajournals.org/doi/10.1161/CIRCIMAGING.121.013236>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161%2FCIRCIMAGING.121.013236>

47. In-depth evaluation of a case of presumed myocarditis after the second dose of COVID-19 mRNA vaccine:

<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056038>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ahajournals.org%2Fdoi%2F10.1161%2FCIRCULATIONAHA.121.056038>

48. Occurrence of acute infarct-like myocarditis after COVID-19 vaccination: just an accidental coincidence or rather a vaccination-associated autoimmune myocarditis?:

<https://pubmed.ncbi.nlm.nih.gov/34333695/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34333695/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34333695/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34333695/>

Here is commentary I posted to the FDA recently. It is a request that they do not authorize the injection of children with the experimental mRNA COVID-19 drugs:

I oppose authorizing the experimental mRNA COVID drugs for children. All our research indicates that these experimental drugs are more dangerous for children than COVID-19, which has a recovery rate of 99.5% for most people. The COVID-19 recovery rate comes from the CDC. That is a recovery rate that is similar to the common flu, and the recovery rate for children is even higher--children are virtually unaffected by COVID-19.

These experimental mRNA drugs are not vaccines as they do not provide immunity. They use a novel mRNA process that we do not know the long-term effects of. We DO KNOW, however, that they are maiming and killing literally millions of people. These numbers come from the European and American vaccine adverse event reporting systems. The reports from the VAERS reporting system can be accessed here: <https://openvaers.com/> According to the VAERS reporting system and the European Medicines Agency, there are over 50,000 deaths linked to these experimental drugs. There are 22,000 reports of deaths in the VAERS system and over 30,000 in the European tracking system: <https://www.thegatewaypundit.com/2021/11/european-medicines-agency-data-shows-1163356-adverse-drug-reactions-30551-fatalities-covid-19-vaccinations/>

It appears that these experimental drugs were hastily developed, hastily approved, they are still under Emergency Use Authorization (despite claims to the contrary). After a year of injections we now have a great deal of scientific evidence for

how and why these experimental mRNA drugs are maiming and killing so many people. For example, here is a collection of 1000 peer-reviewed scientific reports detailing the serious adverse health effects of these mRNA drugs:

<https://www.informedchoiceaustralia.com/post/1000-peer-reviewed-studies-questioning-covid-19-vaccine-safety>

These adverse effects include blood clots, heart inflammation, heart attacks, stroke, gangrene, disabling neurological damage, etc. Tens of thousands and perhaps hundreds of thousands of people have been disabled for life by these experimental drugs, which leads to the following questions: Why are these drugs still being injecting into people-why are they not being pulled from use immediately? Why are the governments of the world, the Media and the pharmaceutical companies entirely silent on the massive carnage being inflicted on the population by these drugs? As noted earlier, COVID-19 is about as dangerous as the common flu and as such it does not warrant the use of these dangerous and deadly experimental drugs.

Injecting children with these experimental mRNA drugs to protect them from a bad flu is completely irrational

What makes this idea even more irrational is that it appears that whatever effectiveness these experimental drugs may have in stopping COVID-19, their effectiveness quickly wanes, and they end up giving NEGATIVE efficacy. That is, the injection of these experimental drugs makes it MORE LIKELY that people will get infected with and get sick with COVID-19. We can see this effect in the massive spike of COVID-19 hospitalizations of the "vaccinated" in countries which have the highest COVID-19 "vaccination" rates. It is abundantly clear that these so-called "vaccines" do not work (long term) and are actually making things worse:

<https://newsrescue.com/australia-israel-report-95-99-hospitalized-fully-vaccinated/>

EXCERPT: Reports coming out of Israel claim hospitals are being filled with vaccinated people, 95 percent of whom are suffering serious illness being fully vaccinated.

"I understand that most of the patients are vaccinated, even 'severe' patients. Exactly. Naturally occurring. Old people, most of them are vaccinated," Israeli Dr. Kobi Haviv told News Israel 13 Thursday.

A nurse whistle-blower says that most of the patients said to have COVID are actually people who were vaccinated and are having adverse effects:

<https://www.theburningplatform.com/2021/09/10/patients-filling-the-hospitals-are-vaccinated-period/>

The Vaccinated Are Getting Sick at High Rates as Scientists Are Clueless As to Why

<https://peckford42.wordpress.com/2021/08/24/the-vaccinated-are-getting-sick-at-high-rates-as-scientists-are-clueless-as-to-why/>

Covid: 54% of hospital patients with virus are fully vaccinated

Rising proportion of vaccinated people in hospital reflects greater numbers in population getting vaccines:

<https://www.irishtimes.com/news/health/covid-54-of-hospital-patients-with-virus-are-fully-vaccinated-1.4670229>

CDC study shows 74% of people infected in Massachusetts Covid outbreak were fully vaccinated

<https://www.cnbc.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html>

60% of people admitted to UK hospitals with COVID-19 are double-jabbed

<https://www.vanguardngr.com/2021/07/60-of-people-admitted-to-uk-hospitals-with-covid-19-are-double-jabbed/>

Science Shows that there is a Pandemic of the Vaccinated

<https://freedomfirstnetwork.com/2021/11/science-shows-that-there-is-a-pandemic-of-the-vaccinated>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffreedomfirstnetwork.com%2F2021/11/science-shows-that-there-is-a-pandemic-of-the-vaccinated&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C2554afa1f4b54cb8493d08d9ed8a00f2%7C11d>

Lastly, we now know that COVID-19 can be safely and effectively treated with the off-the-shelf drugs Ivermectin and hydroxychloroquine--if these drugs are administered early on. The FDA and related agencies should be promoting these treatments rather than these experimental mRNA drugs, which clearly do not work, are now known to be dangerous and deadly, and actually appear to make those who have been injected with them MORE LIKELY to get infected with COVID-19, get sick with COVID-19, and die. The FDA should not even be considering the authorization of these experimental mRNA drugs for children.

-End of FDA comment-

Here are the searchable VAERS reports of injuries and deaths associated with injections of the COVID-19 "vaccines":

<https://openvaers.com/openvaers>

Something else I would like to note is that the PCR tests which have been used to determine who does and who does not have COVID-19 are notoriously faulty, and are now known to give almost all false positives. So a positive PCR test in the absence of symptoms DO NOT show that a person actually has COVID-19. Using COVID-19 "case" counts to determine policy is wrong and leads to bad policies.

I would be happy to provide more information on this matter if you desire it.
Thank you for your time and consideration.

Respectfully,

Brooks Trubee
253-753-8871

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F343>

From: Pam Soliday
Sent: 2/10/2022 6:10:51 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Schreiber, Tracy N (SBOH)
Sent: 2/11/2022 1:27:17 PM
To: DOH WSB OH
Cc:
Subject: FW: Covid requirements

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: David Lemke <lemkedm72@gmail.com>
Sent: Friday, February 11, 2022 10:36 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid requirements

External Email

Please vote no on any measures requiring masks and the covid shot to attend school, public or private.

Thank you,

Informed Father

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:22:42 AM
To: DOH WSB OH
Cc:
Subject: FW: Unconstitutional vaccine mandates

From: Amanda Smith <a.derschon18@gmail.com>
Sent: Sunday, February 13, 2022 11:37 AM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; wa@sboh.wa.gov
Subject: Unconstitutional vaccine mandates

External Email

To whom it may concern,

As a parent of a high school child, I am writing to inform you that if these unconstitutional vaccine mandates are passed, I will immediately removed my child from public school. I will then spend every moment of my free time reaching out to other parents to help inform them of way we can join together to avoid using the public school system and its agenda. The masks were already too far. This is absolutely despicable.

Amanda Derschon

541-993-1310

From: Michelle Katsel
Sent: 2/10/2022 8:26:01 PM
To: DOH WSBOH
Cc:
Subject: Against COVID-19 vaccine requirement for school

External Email

Dear WSBOH members,

I am disappointed and, quite frankly, frightened when I read your criteria and the corresponding agreeance and non-agreeance counts regarding COVID-19 vaccination as a requirement for attending public schools.

I am frightened that public health is being decided by individuals that are completely blinded to obvious facts, science, and data. COVID-19 is shifting to an endemic and should be managed accordingly. Stop treating this virus like it is a major threat, especially to school age children because it is not! The potential side effects of the vaccine are far greater than the virus itself. It would be a gross and reckless misstep on your part to require this vaccine based on the potential side effects alone.

This virus has a high survival rate without the vaccine, and robust natural immunity after contracting it. Why would you make this a vaccination requirement when, for most, this simply presents like a cold/flu? Our human immune systems are quite capable of fighting off this virus without a vaccine! As health "officials", you believe in the power and science of the human body, right?

How do you reconcile the high number of COVID cases in fully vaccinated individuals with the consideration of making this a requirement? It just doesn't make sense. Fully vaccinated people are contracting COVID like crazy! I personally know way more fully vaccinated people that have contracted COVID than non-vaccinated people. Have you seen the data coming out of Israel? Your consideration to make this a vaccination requirement for school aged kids is not logical!

Basic virology shows that viruses continue to weaken over time. We have already seen this happening with the COVID-19 virus. And, because it continues to change, the COVID-19 vaccine is showing it's inefficiency in controlling it, hence the need for booster after booster. When will it stop? The answer is, it won't. Learning to live with the COVID-19 virus is the answer. Vaccines and boosters and vaccine requirements are not the answer.

What does make sense is letting people and parents choose for themselves and their kids...like getting the flu shot, for example. Lots of people opt to get a flu shot for themselves and their kids. Conversely, lots of people opt not to get the flu shot for themselves and their kids. Every year, both groups of people, with and without the flu shot contract the flu and survive. This happens year after year and it's not a public health emergency, or crisis, or a vaccine requirement. COVID-19 should be treated the same.

Let's look at a couple of your "criteria".

Criteria 5: The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

17 yes

0 No

First, the sub-set in question here is school age children. There is NOT significant morbidity and/or mortality among children, nor has there ever been! Second, I am shocked at the number of yeses because it suggests that you are unaware or blatantly choosing not to acknowledge that school age children fare just fine in fighting this virus!

Next...

Criteria 6: Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

12 yes

1 no

4 undecided

I applaud the 1 person who disagrees with this as they are aware of what is actually happening; what reality is! As I stated earlier, vaccinated people are contracting and spreading COVID-19 like crazy! It is well known that the COVID-19 vaccine does NOT prevent anyone from contracting or spreading the virus! I will circle back to my earlier comment where I said I am frightened that public health is in the hands of individuals that are unaware or blatantly choose not to acknowledge this fact! This virus spreads and presents no worse than the common cold or the flu, especially in school age children and should be treated as those viruses are.

Making this a vaccine requirement for school age kids, simply does not make sense and I am completely against it. Why are you continuing to consider it? Be done. Take this issue off the table for once and for all. Do what is right and let parents decide what is best for their children regarding COVID-19 and the COVID-19 vaccine. There is no public health emergency or threat for school age kids!

NO COVID-19 VACCINATION REQUIREMENT FOR SCHOOLS!!!

Respectfully,

Michelle Katsel

From: Testify Online Survey
Sent: 2/11/2022 11:48:52 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/10/2022

2.

Agenda Item or Issue:

Covid-19 mandate

3.

Your Name:

Austin Barnhart

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

5249 wellspring road Mount Vernon, Washington 98273

7.

Email:

Barnhart95@outlook.com

8.

Phone Number (Include Area Code):

3607089921

9.

Do you have any special expertise relevant to this topic?

1. Yes

Independent fact checker

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Forceful vaccination of children and teachers.

11.

Are you Pro or Con on the proposal?

2. Con

I do not believe that children and teacher do not need to be vaccinated if they do not wish to. A child's immune system is very resilient. I'm not against children or teachers being vaccinated, but I am against forcing families to be vaccinated when there is scientific evidence that goes against the vaccine as well. So if their child or that teacher chooses to not take it we will fire or take them out of school? That is unjust and disgusting display of ones position of power. Covid 19 has already had a substantial negative impact on the youth in America. Further forcing parents and children(old enough to make their own choice) to vaccinate or be subject to dropping out is only going to set them back even further. The children in our household have been exposed many times throughout the pandemic to each variant and have yet to get sick. If our children want the vaccine we will provide it to them, if they don't we will not. It is their choice, not ours, and certainly not anyone's choice whom is outside the household. This is an outlandish subject that is an overreach. My child who attends Jefferson elementary was in the nurses office and was about to be sent home due to a headache and tummy ache, since the school neglected her and wouldn't allow her to drink water without her own bottle and says "nothing we can do" this has turned into complete ignorance of the staff. The duty's of the schools and board is to educate and teach children to help develop the future and make the world better. Not force their opinions and standpoints on children and kids. It's the choice of the parents and non of yours.

From: Diane De Yager
Sent: 2/10/2022 1:37:18 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I do NOT WANT THE KIDS OR BABIES TO BE VACCINATED!!! They do not need it. The numbers are very very low in deaths. There were more deaths from the flu the Covid. There has been over 800,000 deaths with adults with the vaccine and over that amount in adverse reactions. I know of 10 and 12 year olds that got the vaccine and have heart problems. They were totally healthy. A 20'year old got afib . No heart problems before. These kids will have heart damage the rest of their life. Do you want to be responsible for all the adverse affects. If that was your child, grandchildren etc, how would you feel. You made a choice to damage their life. Listen to all the drs that you sensor from telling the truth and the lies you are telling the American people so you can have power, more money. The vaccine companies need to be held accountable for all the deaths and adverse reactions. The American people need the truth. Stop lying.

Sent from my iPhone

From: Violet Poole
Sent: 2/11/2022 6:25:23 PM
To: DOH WSBOH
Cc:
Subject: In Regard to requiring the COVID vaccine

External Email

Hello,

I saw that the Board of Health was requesting public input about this topic, and I wanted to add my thoughts as a concerned citizen of Washington state.

I do not think requiring this immunization to attend school is a good idea.
I am not an anti-science quack, like some of the people who object.
I have devoted my life and career to science. Real scientific questioning should still be allowed even if there is a lot of disinformation flowing.

This vaccine is based on a relatively new mRNA technology. Most vaccines undergo 10+ years of long term safety testing, which I know is not really practical in this situation. But that is one of the many reasons COVID vaccination should be a suggestion and a choice. There are known and possibly unknown risks to this vaccination. While the risk of myocarditis is slight, it is still there. There are 1 million or more kids in the WA state school system. Are you ok with forcing 106 or more children to get myocarditis? I am not. I am worried about my son's chances of being one of those 106.

I believe in body autonomy for all. In regards to women's right, human rights, and medical rights.

The important point I think it should be up to the individuals to decide if the slight risk of myocarditis is better than their individual chances of complications for the virus. This comes down to the basic rights of body autonomy. Don't you have a choice about what happens to your body?

Violet Poole, PhD

From: Morna Gilbert
Sent: 2/10/2022 10:08:25 AM
To: DOH WSBOH
Cc:
Subject: ??? for TAG

External Email

!. VAERS is KNOWN to only have 1% of the actual incidents reported - therefore 100 reported adverse effects of vax is really closer to 1000

2. Are you willing to be held liable for those poor children who end up paralyzed permanently from the vax???

3. Masks are KNOWN to reduce the immune system's ability to fight off communicable disease - Could 6-8 hours of mask wearing reduce the children's immune system - therefore causing sickness?

M Gilbert

From: DOH WSBOH Immunizations
Sent: 2/9/2022 1:55:41 PM
To: DOH WSBOH
Cc:
Subject: FW:

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Sent: Wednesday, February 9, 2022 12:51 PM
To: DOH WSBOH Immunizations <Immunizations@sboh.wa.gov>
Subject: FW:

From: Lenzi Malloy <lenziannamalloy@gmail.com <mailto:lenziannamalloy@gmail.com>
>
Sent: Wednesday, February 9, 2022 12:17 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov
<mailto:Caitlin.Lang@sboh.wa.gov> >
Subject:

External Email

For the record, I am strongly against the COVID vaccine mandate for children in public schools in Washington. In fact. I am again any sort of mandate that supports showing a vaccination card to get into a restaurant, event or public place of any sort.

Parents are the only ones who have the right to decide what, if any, vaccines a parent gives their child.

Lenzi Malloy

From: Emily DeHart
Sent: 2/12/2022 1:57:36 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Kelley Littlefield
Sent: 2/11/2022 12:12:22 PM
To: DOH WSBOH
Cc:
Subject: comments for immunization tag

External Email

JUST STOP ALREADY!!!

Stop imposing restrictions/limitations on children that make zero sense and that science has proven to be ineffective!

We, parents/citizens/human beings, are plain fed up with all of it. We are tired of your mandates that have not been fully vetted, we are tired of your pandering to whatever narrative is being pushed by the media, the administration and/or whoever's deep pockets are encouraging your rush to judgment.

There has been no evidence of criteria # 6(the vaxx reduces transmission in school settings) exists, that was discussed at length and yet 12/17 people voted this vaxx met that criteria. In fact, there has only been evidence to suggest the EXACT opposite.

There have been ZERO studies to test the efficacy and long term side effects associated with ANY of these vaccines, HOW DARE YOU suggest otherwise.

And without ANY of these studies, NO ONE can safely make an informed decision. I will not subject my kids to any vaccine that has not been fully vetted on the above mentioned criteria.

Let the parents make their own decision in this matter, do not play God and force this on any child in order for them to receive an education.

Sincerely,

Kelley Littlefield

From: April Levien
Sent: 2/9/2022 12:22:26 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

I just felt the need to urge you not to make this experimental and ineffective vaccine mandatory for school children. You will be doing the TRUE most vulnerable section of our society a shameful disservice both in body and mind.

Thank you and sincerely,
April Levien

From: Bridget Weaver
Sent: 2/10/2022 9:53:16 AM
To: DOH WSBOH
Cc:
Subject: CV 19 mandated shots for kids

External Email

Dear Board Members:

Please do not approve mandated Covid 19 shots for school children.

1.

Safety studies have not been completed yet. Pfizer's own statement: The study was too small to assess myocarditis. Data will be collected over the next 5 years.

2. Children's risk of Covid death are very low. Do you know the risks of adverse events from these vaccines?

3. Why are pharmaceutical companies exempt from liability if the vaccines are so safe?

4. CV 19 vaccines do not prevent transmission nor contraction of CV 19. How can a mandate be justified?

Bridget Weaver

From: Chandra Nicolich
Sent: 2/13/2022 4:50:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Debra Wells

Sent: 2/10/2022 10:09:15 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Re: COVID 19 vaccines, school requirements

External Email

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5898f40ac5424e60befe08d9ecc070bf%7C11d0>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5898f40ac5424e60befe08d9ecc070bf%7C11d0>

January 30, 2022

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk
Gilbert G. Berdine, M.D
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5898f40ac5424e60befe08d9ecc070bf%7C11d0e21>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-search-results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5898f40ac5424e
Reading Time: 5 minutes

The CEO of the OneAmerica insurance company recently disclosed <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-age-people-up-40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5898f40ac5424e60befe08d9ecc070bf%7C11d0e2> that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the deaths were not attributed to Covid.

Figure 1: US weekly deaths by age group. Data
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2Fdeaths%2Fweekly-deaths-by-age-group>
 is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2Fmortality%2Fweekly%2Ffigures%2Ffigure_1.html> for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021 by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for

2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fus/> in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This time period was the decline phase of the winter outbreak that peaked around January 18, 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot plausibly attribute the above average deaths for the 25-44 age group during this time period to Covid. What was responsible for these deaths?

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Figure 2: Weekly US mortality by Cause Group. Data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2Fdata%2Fweekly%2Fmortality%2Fus/> is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of

lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5898f40ac5424e60befe08d9ecc070bf%7C11d0e21>

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine, M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not

be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

18.

Please vote NO on requiring Covid vaccines for children under

Debra Wells

From: Dena Gregory
Sent: 2/12/2022 12:15:05 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To WSBOH, we are sadly disappointed in the TAG recommendation to the board to consider COVID 19 shots for inclusion in chapter 246-105 WAC. There is not enough known about the long term effects of the shot. It has not been studied sufficiently. In fact, just this week the FDA postponed their meeting on COVID shots for kids under 5 after Pfizer says not enough data is available as to efficacy & safety. Pfizer also said 2 shots were not effective on this group - so now they are testing 3 shot efficacy! This is outrageous. Children under 18 have the lowest risk for serious COVID of all age groups.

Please consider the facts as they've developed over the past year. Please review the CDC's own VAERs report. Consider the warnings that Pfizer was forced to add to their insert of the increased risk of myocarditis, especially in young males.

It's been proven that pfizer shots are NOT vaccines in the same definition & protection provided by all other childhood vaccines. Ask why the CDC changed the definition of vaccine last month, due to the recognition that the COVID shot does not stop transmission.

Johns Hopkins just completed a study on natural immunity from infection. That study and others out of UK & Israel found natural immunity more effective than the vaccines against transmission & protection against future virus variants. The Johns Hopkins study was published in the WALL Street Journal last week. Many kids have natural immunity & could be harmed by the COVID shot.

You are tasked with a very important decision that will affect the health & well being of current & future children. It is your responsibility to know the facts, not just what the narrative might be from the CDC / FDA & media in general. You must know that our health agencies, charged with protecting us, are actually massively funded by the very drug companies that they are supposed to be regulating. This creates a dangerous conflict of interest that cannot be denied. Please - take the time to read & research for yourselves the full story & adverse side effects being reported & ignored by too many with the power to control the health & well being of our children. Thank you,

Dena Gregory

From: Diana Wilbanks
Sent: 2/11/2022 9:42:10 AM
To: DOH WSBOH
Cc:
Subject: Shots for 6 months to 5 years

External Email

DO NOT give these poison to our children. They are not at risk for covid and giving these shots puts the babies in harm's way!

Diana Wilbanks
465 Sightly Road
Toutle, WA 98649

Sent from my iPhone

From: Herendeen, Lindsay (SBOH)
Sent: 2/11/2022 11:27:37 AM
To: DOH WSBOH
Cc:
Subject: Fwd: NO VACCINE MANDATE!

Lindsay Herendeen
lindsay.herendeen@sboh.wa.gov
360-628-6823

From: Mariah Neighbors <mjneighbors@gmail.com>
Sent: Thursday, February 10, 2022 7:43:25 PM
To: Mariah Neighbors <neighml@puyallup.k12.wa.us>; Jeremie <milkmanj@gmail.com>

Subject: NO VACCINE MANDATE!

External Email

State Board of Health Representatives,

We do not support vaccine mandates of any kind within our state- vaccine passports, and vaccine requirements for school attendance and employment. Anything one puts into their body must remain personal choice, and even more so when the vaccine in question is still in early stages of use, without a vetted history of safety, and is showing much higher rates of vaccine injury and death than any other vaccine since the data has been tracked by VAERS.

If you choose to vote for vaccine mandates in our state it will not be well received by our citizens. I implore you to be mindful of the people's desires in this matter.

Mariah and Jeremie Neighbors

Sent from my iPhone

From: Curtis Giles
Sent: 2/9/2022 11:50:49 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom this may concern,

Government and bureaucrats have no business requiring anything regarding ones health. Health is a personal issue for each to decide. When in regards to children until the child is old enough to decide this is a parents obligation not Government not bureaucrats. The vaers data doesn't support the force you all have been using. Your emergency powers do not subside my right constitutionally or morally. I have a question are you going to require the shot to pay taxes? Of course not because the government is taxpayer funded. The lord gave mankind an immune system and free will. I as a citizen suggest that you do not "mandate" this for our youth.

From: jaimie lou
Sent: 2/9/2022 9:18:01 PM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

How can you force experimental vaccines on children do you care at all for these children
I'm glad my kids aren't in school anymore if you do this you are the worst kind of people
I'm sure you're making money from the deaths of our children you are the worst kind of
people I am sure you are making money you greedy terrible people you are the worst
kind of people how dare you

Sent from my iPhone

From: melanie beatty
Sent: 2/11/2022 3:23:04 PM
To: DOH WSBOH
Cc:
Subject: Covid vaccine for k - 12

External Email

Why is Dr. Malone not invited to your meetings about these vaccines for children if he is the inventor of the mRNA vaccine? Also why did you not have any doctors on there talking about immunity and how children have antibodies after they get Covid why did you not have any parents in the community from Washington state in this group .Out children are going to Forced to take his vaccine and you had no parents on the tag board that is so biased we as taxpayers should have an opinion.

Sent from my iPhone

From: Boonee W
Sent: 2/10/2022 8:55:01 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine for children

External Email

Please do your research and see why most other countries are not giving the covid vaccine to children, and many not to anyone under 31. It is absolutely shameful that our Board of Health thinks that they can support the vaccine manufacturers and completely ignore the statistics that children are virtually unaffected by Covid. It shows that essentially anyone pushing this vaccine on children is a vaccine industry shill, you know it, and we all know it. Just be honest for once, without long term data, this is a crime against children.

Boonee Williamson

From: David and Kelly Loop
Sent: 2/11/2022 9:45:19 AM
To: DOH WSBOH
Cc:
Subject: Stop this ridiculous bs

External Email

Please oh please TRY to use your God given common sense and stop these absurd mask mandates. Our school children are being ruined. Absolutely and completely ruined. This is a crisis not from a stupid virus with a 99.8% chance of SURVIVAL but rather a crisis of children being FORCED TO WEAR A COMPLIANCE CLOTH ON THEIR FACES. Tyranny. Sickening. World gone mad. ☐☐
Kelly Loop

Sent from my iPhone

From: Scott-Shawna VanderLeest
Sent: 2/9/2022 12:06:59 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern, please stop the mandates for masking and immunizations for school age children! As a family we choose to get vaccinated but had the mandates been in place, I don't think we would have gone that route. These mandates are divisive and causing more damage to our communities, state, and children! I don't think they are working. People have been given the opportunity to get vaccinated and for that I am so thankful! The roll out & administration of the vaccines has been great. It's time for people to stop feeling angry with the overreach and make wise decisions for themselves and their family.

Thank you for your consideration!

Shawna VanderLeest
Former Board Member of Lynden Christian School & mother of 5
Sent from my iPhone

From: Hannah McConnell
Sent: 2/9/2022 1:31:10 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

Please do NOT mandate the Covid 19 vaccine on kids. This is a new technology that needs years and years of research before most parents are comfortable giving it to their children. Please consider the overall health of our kids. The risk does not outweigh the benefit in my opinion.

Thank you,
Hannah McConnell

Sent from my iPhone

From: Toni W
Sent: 2/9/2022 11:18:27 PM
To: DOH WSBOH
Cc:
Subject: Inclusion of COVID-19 shot in 246-105 WAC

External Email

Hello,

Please protect your kids, grandkids, and great grandkids. They are children that we are supposed to protect. There are too many unknowns about these vaccines and the long term affects on adults let alone children.

We know that the vaccines cause myocarditis in children. We know that it also affects the menstrual cycle in women and has even caused menopausal women to start their menstrual cycle again.

Many more tests need to be done to ensure them safe for our children. Young children have literally less than a 1 percent chance of being hurt by COVID, why would you require a vaccine that is more likely to hurt them?

If you think it is going to protect their older relatives, that isn't good enough. Our children deserve better. Older people have already lived their lives and it would be extremely selfish and wrong to sacrifice the children for us.

This virus is not going away and nearly everyone will get it and build up antibodies. Since Omicron spreads more readily than the others, the majority will get that strain which kills way less. That is a good thing.

We know that girls are born with all of the eggs their bodies will ever have in their life. What affect do you think this vaccine is doing to them knowing that it goes and rests within the ovaries. It is doing something that's for sure. We may not know what and that's why more tests and studies are needed.

It doesn't make sense that this is even being discussed. Why? The good most certainly does not outway the bad. This is a no brainer yet here we are.

Please do the right thing and do not let the COVID-19 vax be added.

Thank you for listening,

Toni Wessar
(360) 840-7035
Sent from my Verizon, Samsung Galaxy smartphone

From: Kristin.
Sent: 2/10/2022 2:45:44 PM
To: DOH WSBOH
Cc:
Subject: Oppose Covid 19 shot for kids

External Email

WA state board of health I oppose the covid vaccine for school kids~

1. OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!
2. SUPPORT Informed Choice Washington's Petition for Rulemaking (see below) — our petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Kristin Nelson

Sent from ProtonMail for iOS

From: Greg Smith
Sent: 2/9/2022 10:40:16 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Please DO NOT mandate vaccination for our kids to go to school. They are at almost NO RISK.

Thank you for your time.

Greg Smith | Regional Sales Manager | OMAX Corporation | 21409 72nd Ave. S, Kent,
WA 98032 | C: 206-786-2427 www.oxmax.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.oxmax.com%2F&data=04%7C>>

From: Vonda Becker
Sent: 2/9/2022 12:24:10 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Regarding vaccine shots for kids,
These COVID-19 shots are not vetted over years of testing to be forced upon or given to children without long term data reviewed. Leading causes of death in children are accidents, murder, suicide, cancer, heart disease. These top causes should be dealt with upmost priority! The suicide rate has doubled since the lockdown and mandates have been implemented. Children are not at risk for death of Covid but are indeed risk for vaccine injury. The cost/ benefit is not in favor. Regarding mask mandates. The N95 masks are for viruses grater than 0.3 microns. The SARS-CoV viruses are 0.06-0.14 microns. In other words, the virus is smaller and can go through even the N95 masks. These masks are face decor at best! We must be able to let our children see each other and their teachers for optimal learning to take place. We are one of just a few states with mandates that have been proven not to work. John's Hopkins study has found 0.2% benefits to lockdown and it's mandates. John's Hopkins study also proves of natural immunity robust for now 22 months and going. We must change course from the current failing course we've been on for the past two years.

Sent from my AT&T Wireless iPhone
Vonda J. Becker

From: Nora Berry
Sent: 2/9/2022 9:05:22 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: NO Vaccine mandates

External Email

Dear Washington State Board of Health,

I am 100% against these vaccine mandates for our kids and echo all the information listed below!

Re: WSBOH Public Meeting agenda on 9-Feb to discuss "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC"

To the Washington State Board of Health,

I wish to formally state my objections to the forthcoming proposal on mandating the experimental Covid-19 vaccinations for childcare and school entry. It is well documented through government sanctioned resources, such as the CDC's VAERS and the World Health Organization, as well as numerous international government bodies, that have reported on the efficacy of this experimental mRNA gene therapy, currently authorized for emergency use only, as being unsuccessful in reducing the spread and severity of the virus, including all variants. This is further evident in the continued increase in recorded breakthrough positive cases amongst the fully vaccinated throughout the state.

It is the role of this board and institution to thoroughly evaluate the risks vs. the benefits of these experimental vaccinees and protect our children from harmful medical intervention. It is beyond clear that these experimental vaccines have not been properly tested and peer-reviewed for safety, as required to ensure the protection of our children, and therefore presents an unacceptable risk to their wellbeing. I would further call to your attention the high risk to our children of adverse reactions from the experimental vaccines as reported by the CDC's VAERS systems which has documented hundreds of thousands of adverse reactions to the vaccines and over 20,000+ deaths (US data <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2F&data=04%7C>, Dec 2020).

Furthermore, in September 2021, the CDC changed the definition of the terms "vaccine"

and "vaccination" to accommodate for the experimental mRNA gene therapy (see reference below). These new definitions...

- * No longer cite that a vaccine produces immunity, rather, cites they now stimulate an immune response.
- * No longer cite that vaccination produces immunity, rather, cites they will now produce protection.

As a result of the new CDC definitions, the experimental Covid-19 vaccinations are not in compliance with RCW 70.290.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault> which states the following:

"Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective and recommended by the advisory committee on immunization practices of the centers for disease control and prevention for administration to children under the age of nineteen years.

Effective immediately, the WSBOH shall be put on notice that by making the experimental Covid-19 vaccinations compulsory for childcare and school entry, you will be in violation of the Washington State Constitution (RCW 70.290.010).

Finally, this mandate will have a detrimental effect on Washington State citizens, families and children, most notably:

- * Washington State parents pulling their children from both public and private institutions at an even more alarming rate than experienced to date (4.5% lower, or over 50,334 reported in Nov 2021, <http://www.cfc.wa.gov/Documents/ForecastNarratives.pdf> <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cfc.wa.gov%2FDocuments%2F>).
- * Decrease in federal funding for Washington State public education system.
- * Increase in parental hardships securing new education system(s) and/or institutions for their children.
- * Increase in mental and physical health issues for families.

It is of the utmost importance our children's safety is the top priority of this board.

Regards,

Nora Berry

In God We Trust

REFERENCES

1. Reference: "Vaccine" Definitions

CDC DEFINITIONS – MAY 2018 thru SEPT 2021

CDC DEFINITIONS – REVISED SEPT 2021

RCW 70.290.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>
DEFINITIONS

Vaccine: A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce immunity to a specific disease.

Vaccine: A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

"Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective and recommended by the advisory committee on immunization practices of the centers for disease control and prevention for administration to children under the age of nineteen years.

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F%3Fid%3D31339733&data=29|Media|url=ftps%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F%3Fid%3D31339733&from=6465957&isredir=1)
for Windows

From: Leslie Pittman
Sent: 2/12/2022 7:46:15 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am a parent of a 16 year old daughter. I STRONGLY object to making the covid 19 vaccine a requirement for the next school year. The side effects are not safe for children and not fully studied. It is not a deadly virus that we need to require young children to be taking. It is also not your responsibility to decide what is best for my daughter. It is my responsibility to act in her best interest.

Please do not require this for next year.

From: Jeff Beauvoir
Sent: 2/10/2022 5:13:16 PM
To: DOH WSBOH
Cc:
Subject: No mandates

External Email

With all respect to your authority: a decent society does not force experimental injections on its citizens against their will, and certainly not on children. No mandates. Consider your place in history. We look back in outrage on our past of forced interments and medical interventions without consent. We wonder how it could have happened. Please look in the mirror and ask, how will our grandchildren look back at us?

Thank you,
Jeff Beauvoir
Seattle

From: Klatik Marcie
Sent: 2/12/2022 8:28:35 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Hoff, Christy Curwick (DOH)
Sent: 2/9/2022 10:46:07 AM
To: Becca Naro,DOH WSBOH
Cc:
Subject: RE: Not today Satan

Becca,
I am forwarding this email (as I did your previous email) to the State Board of Health mailbox: wsboh@sboh.wa.gov

I no longer work for the State Board of Health.

Christy

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

From: Becca Naro <narobecca@gmail.com>
Sent: Wednesday, February 9, 2022 10:42 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: Fwd: Not today Satan

External Email

Am I and my concerns not important enough for you? I emailed over a month ago fighting for my children and their rights. And this is how you treat concerned parents? By ignoring them?

----- Forwarded message -----

From: Becca Naro <narobecca@gmail.com>
Date: Thu, Jan 6, 2022 at 8:34 PM
Subject: Not today Satan
To: <christy.hoff@sboh.wa.gov>

I am here to voice my concerns taking place in this State in regard to COVID 19 shots. I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breastfeed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level). Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven effective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since there will hardly be any children in school. Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense. There isn't a Covid pandemic. There are people with power pulling pandemic. Horrible people that do not respect the constitution. As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: talmadge hickman
Sent: 2/11/2022 5:42:00 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I do NOT agree with mandatory vaccinations for children. This should be a parents choice. Thank you .

warmest regards,

TALMADGE HICKMAN

owner | senior artist | SALON BELLA
p : 360=321=6030
Love your Hair....Live Your Style

From: Pam Auerbach
Sent: 2/9/2022 3:29:52 PM
To: DOH WSBOH
Subject: Comments for the Immunizations Technical Advisory Group



attachments\D87ABCDB70F34DC0_image001.png

External Email

Hi,

We are a small private school in Bellevue and would like to add our comments regarding mandating Covid-19 vaccines in schools:

* Vaccines are THE way to prevent deaths from Covid, particularly as other measures loosen, more variants emerge and more people contract the virus, just like with Omicron. These are not just deaths of children, who often suffer few consequences that we know of, but also deaths of older family members, infants and the immunocompromised (who may not know it yet). We vaccinate to protect others as well as ourselves.

* The goal is to keep as many children as possible in school, and to keep sick children home. Vaccines limit the number of sick children, and the number who stay home because of immunocompromised family members.

* When we had a measles outbreak in southern Washington, the measles vaccine was mandated without personal exemption. That was a localized outbreak, and became a mandate. Covid is much more widespread, so it is even more important to mandate the vaccine.

* Varicella is required for schools, and varicella is not typically dangerous to children, and shingles is not anywhere near as deadly as Covid to an adult. But numerous children missed school for a week and there were consequences both to themselves and family members, as well as to those with Shingles when they were older, so Varicella became a required vaccine. Illness and death from Varicella pale in comparison to illness and death from Covid.

* This is our best, most timely opportunity to mandate the vaccine, while it is still uppermost in the minds of so many families.

* Many parents only go through the effort of having their children vaccinated because vaccines are required for school attendance. Schools are the "drivers" of all community vaccination.

Additionally, if vaccines are not mandated, we are likely to have to restart this cycle of illness, missed school, testing, school closures, and teachers retiring early or quitting for the next several years at least, because this virus isn't going away, and vaccines are the only real way to control the spread. If we do not do this now, our children will continue to suffer from lost education and socialization, and the related depression. All vaccines raised objections when they were new. So did seatbelts. When the hoopla dies down, it will be another case of "remember when..." Please make the right decision for our children.

Thank you!

Pam Auerbach
The Jewish Day School
15749 NE Fourth Street
Bellevue, WA 98008
Frontoffice@jds.org <mailto:Frontoffice@jds.org>
www.jds.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.jds.org%2F&data=04%7C019>>

From: Jan Kelly
Sent: 2/9/2022 10:13:39 AM
To: DOH WSBOH
Cc:
Subject: Please DO NOT Require Covid Vaccinations for Our School Children!

External Email

I am very disheartened to learn that the Board is still considering the Covid vaccination for our children. Covid is not a significant threat to children, and science now shows that having the vaccine neither prevents one from acquiring the virus or from transmitting it to others. It should be a personal choice of the parents!

The Covid vaccine is still under emergency use authorization only, as long-term effects are unknown. Please do not mandate the vaccine for schools.

--

Jan Kelly, JD/MBA
Attorney at Law

JK Law
PO Box 1964
Poulsbo, WA 98370
Direct Line (702) 338-6733

Licensed in Nevada and Washington.

<<https://static.wealthcounsel.com/static/15185383862255917797.jpg>>

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From: Mindy Leffler
Sent: 2/10/2022 12:38:53 PM
To: DOH WSBOH
Cc:
Subject: covid vaccine mandate

External Email

Hello,

I would like to comment on the potential covid vaccine mandate for schools.

If Washington implements a covid vaccine mandate for schools, it should include the ability to submit proof of infection and recovery, as it does for other diseases. Failure to include this aspect given the current state of research about the protection of previous infection indicates a decision-making process solely focused on politics rather than data. An insistence on two doses of vaccine on top of infection rather than only one will only underscore this fact.

Protection and waning of natural and hybrid COVID-19 immunity | medRxiv
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

Sincerely,

Mindy Leffler

Sent from Mail
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F>
for Windows

From: Elizabeth Gibson
Sent: 2/9/2022 4:00:38 PM
To: DOH WSBOH
Cc:
Subject: Vaccine addition

External Email

Please do not require the vaccines for school and childcare until long term effects can be studied. The at risk populations have vaccines available to them.

Sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:22:53 AM
To: DOH WSB0H
Cc:
Subject: FW: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'



attachments\AA613C930E0A40F5_IMG_5200.jpeg

From: Morna Gilbert <morna11@comcast.net>
Sent: Saturday, February 12, 2022 12:40 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

External Email

THANK YOU TO ALL OF YOU FOR YOUR PARTICIPATION ON THE TAG TEAM -

I listened to the 2/10 meeting and appreciated the need for more evidence to be presented. This decision to vx our children is extremely important because they are our future.

Please look at these two resources -

Here is a very insightful interview with data from DOD - a very accurate reporting system. https://x22report.com/aiovg_videos/thomas-renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-fauci
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fx22report.com%2Faiovg_videos%2Fthomas-renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-fauci&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C5493d9d35fd541f4009308d9efef64ad%7C11d0e>

Also, here is a graph disproving the misinformation that deaths are due to c19 when in reality deaths are due to vaccines:

From: Maria Johnson
Sent: 2/10/2022 10:42:02 AM
To: DOH WSBOH
Cc:
Subject: Why vaccinate young children?

External Email

Why not look at how harmful the children that keep getting vaccines in such a short time? Do we know the effects of so many shots for these children?

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Glasoe, Stuart D (SBOH)
Sent: 2/11/2022 1:41:32 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid requirements

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: David Lemke <lemkedm72@gmail.com>
Sent: Friday, February 11, 2022 10:36 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Covid requirements

External Email

Please vote no on any measures requiring masks and the covid shot to attend school, public or private.

Thank you,

Informed Father

From: Herendeen, Lindsay (SBOH)
Sent: 2/14/2022 9:24:56 AM
To: DOH WSBOH
Cc:
Subject: FW: Please Hear Me Out

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
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, Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>>

From: Stephanie Cordes <cordessj@plu.edu>
Sent: Friday, February 11, 2022 3:13 PM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this

experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful, ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,

A Concerned Mama Bear

From: Megan Gustafsson
Sent: 2/9/2022 9:37:15 AM
To: DOH WSBOH
Cc:
Subject: No on Mandatory Covid 19 Shots for Schoolchildren

External Email

□Washington State Board of Health,

I know that tomorrow February 10th the Technical Advisory Group is meeting to consider a Covid 19 vaccine requirement for school aged children in the state of Washington. As a citizen and a parent I am vehemently opposed to any such requirement.

This is not at all comparable to any other school required vaccines, which have spent years not only to be produced and tested, but have taken years to be required for children. The speed at which this vaccine has been rolled out has not allowed for adequate testing for side effects. Some are already documented, such as heart problems like myocarditis and time will tell how many others will develop.

This is also a vaccine for a respiratory virus akin to the the flu shot. It has already been proven that it does not stop transmission which was the entire basis for the massive vaccine mandates in the general population. These coronavirus strains have already proven to cause little to no symptoms in children. Every other childhood vaccine required for school aged children prevents transmission of said disease and protects the person who has received the vaccine. There has also always been an option for medical or religious exemptions from previous established vaccines for children.

I urge you to please use facts in any decisions the board makes. Public health hysteria has in the past produced disturbing and horrific outcomes that are always in danger of being repeated.

Do not make this Covid 19 shot mandatory for Washington state school children.

Megan Gustafsson

From: patti
Sent: 2/9/2022 2:52:51 PM
To: DOH WSBOH
Cc:
Subject: WA State Board of Health meeting Feb 10th

External Email

Do NOT cave to the Teacher Union's draconian request to make it mandatory for all children to get the Covid-19 vaccination to attend school!

This is not based on science. The vaccines have only been around for a little more than a year and no one knows the effects of the vaccine long term. The vaccine has been proven to do more harm than good for children and others.

Children are not at risk for getting or spreading the Covid-19 virus.

Parents should and must be the ones who decide if their child gets vaccinated ~ NOT the government!

The vaccines do not stop a person from getting or spreading Covid-19. So, mandating it would only be a power play on your part.

A mandate to get vaccinated would tell me that you think you know more than my doctor and me what should be injected into my child's body.

From: Adam Niehenke
Sent: 2/11/2022 11:04:07 PM
To: DOH WSOBH
Cc:
Subject: Public Comment

External Email

I wish to submit a comment on vaccinating kids attending school for covid. The question I have is where has this board been when more kids have and continue to die of flu minus these last 2 years of years. Yet we never required the flu shots or mandated masking. But covid which still has taken less children in a year than a regular flu season needs vaccination? Little boys have a higher risk of microdisis from a covid vaccine than from catching covid and developing it. Life has never been risk free. I am a parent of 3 boys ages 13 to 8. It's my choice what risks they take, not yours. Your board lacks diversity of any thought when you vote 12 to 4 on a vaccine reducing transmission. Observable data and the cdc have rendered this false. I may be saying this too strongly but the reduction in transmission is so little they require vaccinated to mask the exact same as non vaccinated. In the age of increase autoimmune disorders, allergies, and autism (one of my kids has this) the last thing we should be doing is putting more things into kids bodies. Especially when you consider the fact that the rate of significant impact from Covid on a child's health is a fraction of this kids impacted by autism. Criteria 5 is not backed by any data when you look at kids. They do not today nor through this whole pandemic had significant risk of mortality from covid. This board is the choir preaching to itself. You need to ask yourself how do you change and reflect the diversity of thought that is in your communities on this board. There are serious issues for kids and their health, but covid is not One.

Adam Niehenke
Moses lake wa

Sent from my Verizon, Samsung Galaxy smartphone

From: Kerry Smith
Sent: 2/10/2022 9:45:55 PM
To: DOH WSBOH
Cc:
Subject: Mandatory COVID vac for public schools

External Email

Please do not require mandatory COVID vaccines for our children.
I will have to pull my children from public school. The benefits do not out weight the risks for most relatively healthy children.
I will not risk my children's health and future; Public school is not worth trading that for.
My children have nature immunity now, as well as most of thier classmates.
COVID is no longer deadly for relatively healthy people, the emergency is over.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Allegra C
Sent: 2/11/2022 2:47:38 AM
To: DOH WSOB
Cc:
Subject: Child vaccine requirement

External Email

To whom it may concern,

It concerns us all, as children truly are our future.

As restrictions on masks and covid related restrictions lift in countries, providence, counties.... and states... watching hospitalizations and infection numbers drop... What is the benefit of requiring healthy children with low risk of death and severe illness due to covid a right choice?

I see none for most situations... but that is me. It should be on each families choice to calculate their own child's health risk and decide with their doctor whether or not a covid vaccine is right for them. There is no talk for all the families and children that have already tested positive and recovered.

That should be a healthy talking point of discussion to whether or not you even need a vaccine!

This should not be a decision other than personal choice. Vaccines do not stop infection or spread of the virus.

There is not enough evidence to back mandating this especially since children have been back in school 6 months and everyone is functioning well, despite some shortages and closures due to quarantine precautions...even in a shortage of teachers and substitutes its still working.

Mandating this is an unjust move because there is not clear unbiased studies that show the benefits for or against mandatory covid vaccinations in children.

I will not support this move as I see the world easing restrictions because they see the falling of COVID-19 cases and hospitalizations.

Thank you and I am waiting for the day for Washington to be able to see each other face to face. For the day we can see each others sides and agree on freedom of choice. Whether it's who you want to marry, who you vote for, what you believe in, what sex you identify as and what your COVID-19 vax status is.

We are ALL people seeking to pursue our ☐☐

How can we do that when our jobs are threatened, when our kids are forced to hide under a mask, vaccinated or not? When recommended we can't see friends and family without isolation and negative covid tests?

Please look out for the children and consider the ramifications of masking and mandatory covid vaccinations.

Socially and emotionally not being able to see friends and teachers faces, non native English speakers learning language And children in general learning language and reading. The fear that comes with "wearing a mask" to be safe... this is showing them their air isn't safe, their friends, teachers, family, community isn't safe.

And by in large it is. Covid doesn't kill everyone or half or 90% of the population.... in Washington I believe Covid death rate is .8%...

Why is this even a discussion at such a low rate?

Sincerely Allegra Colebank

From: Alissa Miller

Sent: 2/10/2022 10:35:28 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: No to mandatory Covid vaccines for schoolkids

External Email

Please vote no to mandatory Covid vaccines for children to attend school. My 3 children and countless others will be immediately unenrolled if Covid vaccination becomes mandatory for school. The public outcry will be large and immediate. Lawsuits will be filed and no doubt escalated to the Supreme Court. Save everyone the time, money, and headache, and let parents decide what's best for their kids!

-Alissa Miller

Sent from my iPhone

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:22:59 AM
To: DOH WSOH
Cc:
Subject: FW: NO to mandatory CoViD vaccine for public schools!

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

From: Val R <valerieraschko@gmail.com>
Sent: Saturday, February 12, 2022 11:21 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; samantha.pskowski@snoh.wa.gov; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: NO to mandatory CoViD vaccine for public schools!

External Email

To whom it may concern,

Please do not make the CoViD vaccine a requirement for public schools in Washington state. A choice for that shot needs to be up to the parents. Further, there is not enough science to back up this requirement. It does not stop one from acquiring the virus. It does not stop one from spreading the virus. There are ZERO long term safety studies.

It would actually be more effective as a board of health to recommend vitamin D, proper nutrition, exercise & rest.

If you vote this CoViD vaccine through as a requirement, you will see a massive uprising & thousands of children will be pulled from the public school system to homeschool. Mark my words.

Thank you,
Valerie Raschko

Sent from my iPhone

From: Ashley Dunn
Sent: 2/11/2022 1:00:41 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Thanks for the opportunity to share my thoughts on this issue.

We're a cooperative elementary school with a very high level of interaction between adults and students so we decided, prior to the State vaccine mandate for education staff & volunteers, that we were going to require vaccination of all adults who interacted with our students. We felt this was prudent given that students in our community were not yet eligible for vaccination. Until the State mandated this same requirement, we got pushback from families. However, once the State made the mandate, it made it easier for us as an institution to enforce it.

When the State or OSPI makes a decision on behalf of all schools, it simplifies enforcement and takes the burden off of the institutions themselves.

I recognize that ultimately as a private school we have more flexibility and freedom to choose how we run things, however, again, having State support made it easier for us this year, and I feel it would do the same if a student vaccine mandate is put in place.

Thanks for all the work you're doing to support our staff & kiddos.

--

Ashley Dunn
Director (she/her)
The Bridge School
(206) 922-1202 - www.bridgeschoolcoop.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.bridgeschoolcoop.org%2F&da>>

C: (425) 985-6634

The Bridge School is a cooperative multi-age progressive elementary school program that fosters authentic learning through whole child development.

From: Glasoe, Stuart D (SBOH)
Sent: 2/14/2022 9:57:03 AM
To: DOH WSBOH
Cc:
Subject: FW: Unconstitutional vaccine mandates

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Amanda Smith <a.derschon18@gmail.com>
Sent: Sunday, February 13, 2022 11:37 AM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; wa@sboh.wa.gov
Subject: Unconstitutional vaccine mandates

External Email

To whom it may concern,

As a parent of a high school child, I am writing to inform you that if these unconstitutional vaccine mandates are passed, I will immediately removed my child from public school. I will then spend every moment of my free time reaching out to other parents to help inform them of way we can join together to avoid using the public school system and its agenda. The masks were already too far. This is absolutely despicable.

Amanda Derschon

541-993-1310

From: Jim Christensen
Sent: 2/10/2022 2:51:35 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members, opposed to vaccine mandates for students

External Email

As we know, the Omicron variant is much lower risk for children than the previous variants, which were also statistically not a high risk for children, requiring a vaccination that was designed for the previous variants, for a group that is very low risk doesn't make any sense.

Further, as we now know from CDC data released in January of 2022, immunity from natural infection is better than protection from the available vaccines. My children, and all of their friends and classmates that we know of, have either been vaccinated or have had covid (often both). To require a vaccine for those with natural immunity is nonsensical: should we require adults who have had Chickenpox or Mumps to also now get a vaccine for those?

Also, per Dr Vinay Prasad (a highly respected hematologist and professor and author), and a recent study from Kaiser Permanente in Oregon, the risk of myocarditis is much higher for young males from the mRNA vaccines than from a Covid infection, - especially the less severe Omicron variant. To require a young male who has already had covid and recovered to take a series of vaccines, which would unnecessarily increase the risk of myocarditis is unscientific.

I do support vaccination for all individuals with significant risk factors (per consultation with their doctors, on an individual basis), but to require it for children, most of whom have by now had covid is nonsense. And by the time the mandate would go into effect, the wave will be over, and all schoolchildren will have been most certainly been exposed.

thank you.

James Christensen
Tacoma resident and father of 2 school age children.

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 7:02:40 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 Inoculation requirement for children

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 7:01 AM
To: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Subject: Covid-19 Inoculation requirement for children

External Email

I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported?

What are the long term adverse reactions? What is considered long term? Myocarditis? Sterilization of fertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children and as parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are being critical thinkers before choosing to be inoculated because we know you can not UNDO an inoculation.

The following link is virology data on the injections under discussion. I reccomend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C5255f8f553d84a54263a08d9efcb0b3d%7C11d0e211](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C5255f8f553d84a54263a08d9efcb0b3d%7C11d0e211)>

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: Trish Huddleston

Sent: 2/10/2022 7:28:10 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: Your vote today

External Email

I'm disgusted you all ignored the fact the covid shot doesn't prevent transmission either way, and all the reports to VAERS. All your feedback from the public has been AGAINST experimenting on our kids, yet you still all voted yes. Unbelievable!

How do you sleep at night? There has been no long term studies, no animal trials, and hundreds of thousands of reported, confirmed deaths after taking the shots. And now you want to mandate it on our children?

You are sick, wicked people who will burn in hell for this!

From: Marilyn Reid
Sent: 2/11/2022 9:22:32 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Magen Ervin
Sent: 2/10/2022 8:50:42 AM
To: DOH WSOH
Cc:
Subject: Public comment TAG meeting 2/10/21

External Email

----- Forwarded message -----

From: Magen Ervin <megemca6@gmail.com <mailto:megemca6@gmail.com> >
Date: Wed, Jan 12, 2022, 10:56 AM
Subject: Public comment
To: <wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> >

Please allow for me to speak. Thank you

Our children shape our future. The pandemic quarantines and mask mandates have already shown very vividly how they have affected our children. Although necessary in the beginning, it is telling how much the government does not consider or care at this point in the process!

I believe the entire mandate agenda caused an insurmountable amount of confusion, chaos and a steady ripple effect that has employees still retiring even after they have received full vaccination. The mental anguish and systemic coercion.

It is unconstitutional. Based on Judge Dave Larson letter to fellow Chief Justice Gonzalez, there is no place in our government for our leaders, to create laws into effect, emergency or not. They can waive them or suspend them. That is all! The Supreme Court has no legislative or executive authority to pass vaccine mandates. Likewise, my choice to follow a very effective naturopathic lifestyle creates the need for me to never have a prescription from the money driven pharmaceuticals that have been married to government since the Flexnor report. On the contrary, I seek what Asian (Qi), Indian (Ayurveda), and First Nation (Wisdom keepers) people have perfected over centuries of time. Let's go back in time and have a history lesson. In 1910, Rockefeller paid a host of people to produce this book. But mainly, he so divisively used Andrew Carnegie's popular influence to market. It shut down many apothecaries, indigenous clinics, which resulted in many proprietary formulas and plant medicines to be entirely forgotten about. These were very tried and true practices and modalities, deeply rooted in the sacred tribes. All in the name of petro-chemicals. Which, moreover, was the cause of the first plastic, which we are now back pedaling to remove out of society.

For me, personally, and the legacy that I will leave, there is absolutely no reason to bring home steroids, statins, antibiotics, chemotherapy, what not. They are all going against our natural biorhythm and should only be used in a hospital level need. There is a time and place for synthetic chemicals. But not in prevention and optimum maintenance of health.

PLEASE STAND UP FOR THE CARE TAKERS OF THIS WORLD. KEEP IT SACRED AND TEACH OUR CHILDREN THIS AWARENESS FOR THEIR BRIGHT FUTURE.

References:

https://dta0yqvfnusi.cloudfront.net/allnaturalhealingsrq/2019/04/How-Rockefeller-Founded-Big-Pharma-and-Waged-War-on-Natural-Cures-5cb3d7374f337.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdta0yqvfnusi.cloudfront.net%2FHow-Rockefeller-Founded-Big-Pharma-and-Waged-War-on-Natural-Cures-5cb3d7374f337.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caf6cd2b8be74ef88cd108d9ecb53ad7

<https://www.hindawi.com/journals/ecam/2012/647896/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hindawi.com%2Fjournals%2F>

https://www.youtube.com/watch?v=qnSQIPD3IB4
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=qnSQIPD3IB4

<https://www.youtube.com/watch?v=2LeIUHLI-xM>
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D2LeIUHLI-xM&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cafc6cd2b8be74ef88cd108d9ecb53ad7%7C11d0e21721c0-0%7C%7C>

From: mirelgu@gmail.com
Sent: 2/10/2022 2:24:05 PM
To: DOH WSBOH
Cc:
Subject: Please vote NO

External Email

It is no longer useful to compare vaccinated versus unvaccinated children, but what seems to matter most is WHEN was the vaccine (or natural immunity) administered. Since both the vaccine and natural immunity seem to wane over time. Example: children who have been vaccinated in November/December 2021, might have less protection/immunity against Covid come the Fall of 2022 versus an unvaccinated child who acquired natural immunity through infection a month before school began.

Thanks,

Mirel.

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

From: Herendeen, Lindsay (SBOH)
Sent: 2/15/2022 10:14:12 AM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\AA75CB7CA0A849F6_masks.pdf

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

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Website

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH8>>
, Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>>

From: Dani Kessler <dani_kessler@hotmail.com>
Sent: Tuesday, February 15, 2022 8:42 AM
Subject: St. Patrick Catholic School - Parent Feedback

External Email

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the Baltimore Archdiocese is doing

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.baltimoresun.com%2Feducation/md-school-masking-20220211-20220211-w62eycynu5fybgztpujemsuwga-story.html%3Ffbclid%3DIwAR1xe8ncPOmITYxyAOfAkx7IDyI7ycxmek4TocY5sUR2ia9XBBVvkKTY8u4&data=>>

!

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I’m not a “COVID denier” that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the “crazy people” doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shutdown. And who doesn’t remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we’ve learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That’s also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student’s surgical and cloth masks as you welcome them to school.

Even the CDC’s own study, and associated infographic, “proving” masking efficacy has an asterisk noting the protection offered by cloth masks was “not statistically significant.” Only N95s prove any amount of statistically significant results. CDC - Mask Effectiveness Indoors

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolu>

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” CDC – Masks vs. Respirators

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fniosh%2Fnpptl%508.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C51f6abfc4b004f33de2a08d9f0aee780%7C11d>

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks correctly, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? COVID-19 Worker Safety - Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.acgih.org%2F covid-19-fact-sheet-worker-resp%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C51f6abfc4b004f33de2a08d9f0aee780%7C11>

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for "surgical masks" and right in the description it says are non-medical. Amazon Surgical Mask

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsmile.amazon.com%2FHDFK-Disposable-Protective-Breathable-Non-Woven%2Fdp%2FB088YJCQ7Z%2Fref%3Dsr_1_2_sspa%3Fcrd%3DX903K75VJ277%26keywords%3Dsurg 2-spons%26psc%3D1%26spLa%3DZW5jcnlwdGVkUXVhbGlmaWVyPUEyUUFFNTVISFRGQVBGJmVuY3J5cHRIZ

) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals - when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I'm sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! Stephen Petty - On PPE and Aerosols

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful. 150+ Comparative Studies and Articles on Masks

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fmore-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C51f6abfc4b004f33de2a08d9f0aee780%7C11>

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn't exist.

Here's where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state's elderly and high-risk population safe and we simply cannot do without it, how is it there isn't overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn't mask students?

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nationalreview.com%2F2022%2F02%2Feducational-consequences-of-masking-children%2F%3Ffbclid%3DIwAR0E9-jL4yoUssHhJesfGpD1rYOWYams2Pfs93XuEoBE-HrZrKWpfyVjWS0&data=04%7C01%7CWsBOH%40sBOH.WA.GOV%7C51f6abfc4b004f33de2a08d9f0aee78>

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks? The data says they are. JAMA Pediatrics – Mental Health & Wellbeing

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fa-public-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C51f6abfc4b004f33de2a08d9f0aee780%7C11d0e2

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMp3yJRFUQyreoce8AXfbqTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&d>

Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without

smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile.
The Strength of Weak Ties

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cse.wustl.edu%2F~m.neuma>

The residents of this state, and specifically the parents of school age students, have been understanding of restrictions, and, more recently, patient in waiting for policies to be adjusted in response to the data. But as the data continues to build against mask mandates with no changes to policy, we are asking you to push back on behalf of the health and education of our children.

We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above. It's worth all 26 minutes.

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the [Baltimore Archdiocese is doing!](#)

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. [CDC - Mask Effectiveness Indoors](#)

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” [CDC – Masks vs. Respirators](#)

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks *correctly*, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? [COVID-19 Worker Safety - Masks](#)

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for “surgical masks” and right in the description it says are non-medical. [Amazon Surgical Mask](#)) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals – when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I’m sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! [Stephen Petty - On PPE and Aerosols](#)

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful. [150+ Comparative Studies and Articles on Masks](#)

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn’t exist.

Here’s where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state’s elderly and high-risk population safe and we simply cannot do without it, how is it there isn’t overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn’t mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and *the subsequent enforcement of masking* is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. [The Educational Consequences of Masking Children](#)

However, I don’t think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher’s mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child’s frown and respond with kindness. Or how they see another child’s smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word

they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks? The data says they are. [JAMA Pediatrics – Mental Health & Wellbeing](#)

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

[I'm a Public School Teacher. The Kids Aren't Alright.](#)

[Masked Schoolchildren](#)

Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile. [The Strength of Weak Ties](#)

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From: Michelle Andres
Sent: 2/14/2022 6:17:35 PM
To: DOH WSBOH
Subject: WASHINGTON STATE BOARD OF HEALTH TAG MEETING FEBRUARY 10, 2022
REVIEW OF VACCINES FOR COVID

External Email

Washington State Board of Health and TAG Group -

Upon review of the material and TVW broadcast provided, I find information considerably incomplete. When reviewing the studies no mention referenced on the deaths for children as to whether co-morbidities existed in the numbers provided or not. You also failed to cite the fact that 98% of cases of the virus also live - THEY LIVE in Washington State. You only focus on deaths and death numbers - both figures of deaths and covid survivors are a part of the 100% and that information should be included. Not to be insensitive to those who have died or gone through the illness but the number of people who now have natural immunity and lived is crucial to any review calling for an expensive and invasive vaccine. That's the most important number - since hospitals carry so much liability and the Covid funds provide for hospitalization - not even the number of hospitalizations is the true way to view vaccinations but rather whether we are in an Epidemic Emergency Situation any more at all. We are not.

Furthermore, no differentiation for natural immunity which follows the course of initial virus into more contagious yet less lethal variants was reviewed either - all was credited to vaccinations when both are happening at the same time and you provided only vaccinations patterns concluding vaccinations as the only factor - this is not a comprehensive review of science. Immunity also occurs in the cycles from variant to variant. Crediting the vaccinations is also misleading - they are not VACCINATED since they are still getting Covid which continues to build cases too into the data and not properly broken out. This Coronavirus is in the same family of virus as the common cold vs Polio and others that are only transmissible human-to-human only and yet your review did not cite or refer to comparison of viruses and the difference of classes nor the fact Covid is part of this common cold family we will need to live with now - don't you think it is of worthy mention - it is relevant and germane to any recommendation you are considering. We the people do. We don't want JUST choice, we want all the information to be reviewed and verified before ANY policy is made.

You also gave NO REVIEW of Early treatments - policy cannot be made with regard to vaccinations of ANY kind adult or children to be complete until all considerations are covered. Period. Furthermore, the review by the actual practicing physicians is what PEER REVIEW means for any drug, vaccine or treatment - below please see several links to congressional testimony by Dr. Ryan Cole, Mayo Clinic Physician, Dr. Kory, Dr. Fareed, Dr. McCullough, and Dr. Risch who are frontrunners both by Ivy League Education (such as Harvard and Yale) and their expertise including virology, years of practice even with off label uses of approved medications, published findings (which out published the only Health Official Physician that was paid by grants to do studies of which he had done none on early treatment - EMBARRASSING for him!) but have much to add to this presentation for consideration. These very Physicians forecast the run of the virus we just went through from last November - that apparently many including Washington State - ground zero for the virus - ignored and many have suffered because of no options for early, out-patient treatment - that means you have incurred a liability against the people of this state - this is where it started and all considerations should have been and still should. be allowed, especially by battled-tested physicians who save lives daily.

Dr. Cole - <https://www.youtube.com/watch?v=9K73ZnbOeQI&authuser=0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Dr. Kory - <https://www.c-span.org/video/?c4930160/user-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.c-span.org%2Fvideo%2F%3Fc4930160%2Fuser-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C991639fa5f154f7a5e1508d9f02902ca%7C11d0e21726>

Dr. Fareed, Risch, & McCullough - <https://www.c-span.org/video/?c4930160/user-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.c-span.org%2Fvideo%2F%3Fc4930160%2Fuser-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C991639fa5f154f7a5e1508d9f02902ca%7C11d0e21726>

Also - please review JAMA information highlighted in recent news clips as follows but also missing from your TAG Review that released a study on adults with natural immunity lasts at least 20 months - children have even better immune systems and you also provided no study for that - here are several news articles in case you missed them plus the JAMA article itself:

<https://video.foxnews.com/v/6295325197001#sp=show-clips>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvideo.foxnews.com%2Fv%2F6295325197001#sp=show-clips&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C991639fa5f154f7a5e1508d9f02902ca%7C11d0e21726>

<https://video.foxnews.com/v/6173848311001#sp=show-clips>

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And Finally an extensive article citing a multitude of studies on masks and why they should be taken off of our children immediately including the impact on the environment

- <https://brownstone.org/articles/why-mask-mandates-should-be-immediately-banned/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fwhy-mask-mandates-should-be-immediately-banned%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C991639fa5f154f7a5e1508d9f02902ca%7C11d0e21726>

Here's what Washingtonians State Board of Health should be doing instead of moving forward on unnecessary vaccines for our kids or anyone any further - many countries have stopped vaccinating and many more are looking at early treatments such as Prades, India leading the way, not to mention, states in America who are recovered, mask free, jab optional and early treatments including monoclonal treatments are and always will be more effective with this class of viruses. This group and the State Board of

Health has not only let Washingtonians down - they have done more harm than good according to the data from around the world and the U.S. and citizens know it.

Here is what Douglas County, COLORADO put out and EXACTLY what you should be doing: <https://www.douglas.co.us/health-department/covid-19/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.douglas.co.us%2Fhealth-department%2Fcovid-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C991639fa5f154f7a5e1508d9f02902ca%7C11d0e2>
- not exactly a conservative state which is telling.

There has been a prolonged reign of fear cast over Washington State that has damaged our health, economy and literally no aspect of this state has gone unaffected. Simple graphs such as was produced with an oversimplified focus on vaccinated vs unvaccinated does not paint the whole picture -we deserve only the WHOLE TRUTH, and NOTHING BUT THE TRUTH.

Please review and follow-up on the information provided - and call for hearings and studies on Early Treatment - Health Officials are not the physicians referred to as PEER Review Physicians from the field and should listen to the Physicians that are as a part of the information regarding our - OUR HEALTH. We object to any forcible government edict to vaccinate when other options are available and battle tested by the very best physicians this country has put out.

Kindly but pointedly,

--

Michelle M. Andres

From: Jacob Caldwell
Sent: 2/10/2022 7:50:40 PM
To: DOH WSBOH
Cc:
Subject: No! Covid -9 on the vax schedule

External Email

It is illegal, no liability, and does not work. Homeschooling forever , I don't trust my kid with you!

Jacob Caldwell, LMT
31329 NE 161st st
Duvall, WA 98019

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.duvallmassage.com%2F&>

Office Hours:
Monday 10-5p
Tuesday 10-5p
Wednesday 3-5p
Thursday 10-1:30p
Friday 3-6:30p

Author of "Walk Away Aches & Pains" , Now on Amazon

Massage Therapist
Medical Intuitive
Detoxing Foot Bath

!

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A little about me – no – I’m not a “COVID denier” that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the “crazy people” doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shutdown. And who doesn’t remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we’ve learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

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It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That’s also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student’s surgical and cloth masks as you welcome them to school.

Even the CDC’s own study, and associated infographic, “proving” masking efficacy has an asterisk noting the protection offered by cloth masks was “not statistically significant.” Only N95s prove any amount of statistically significant results. CDC - Mask Effectiveness Indoors

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2FJAMA%2Farticle%2F937274%2F%3Ffbclid%3DIwAR0E9-jL4yoUssHhJesfGpD1rYOWYams2Pfs93XuEoBE-HrzrKWpfyVjWS0&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C0798d9dca0d748c8176308d9f0a81a72%7C11d0e1a1-4401-4130-9000-000000000000>>

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

I'm a Public School Teacher. The Kids Aren't Alright.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbariweiss.substack.com%2Fp%2Fpublic-school-teacher-the-kids&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C0798d9dca0d748c8176308d9f0a81a72%7C11d0e1a1-4401-4130-9000-000000000000>>

Masked Schoolchildren

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fmasked-schoolchildren%3Ffbclid%3DIwAR00OBNXMP3yJRFUQyreoce8AXfbgTOiJU8tU3qheAUGJSAoSKNP8iJ4sW8&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C0798d9dca0d748c8176308d9f0a81a72%7C11d0e1a1-4401-4130-9000-000000000000>>

Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without

smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile.
The Strength of Weak Ties

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cse.wustl.edu%2F~m.neuma>

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We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above. It's worth all 26 minutes.

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the [Baltimore Archdiocese is doing!](#)

It is our understanding that the current mask requirements were adopted by the Seattle Archdiocese last fall at the suggestion of the Washington State Board of Health. Since that time, innumerable studies have been published across the world on all aspects COVID-19, from the inherent risk factors & most impacted age cohorts, the efficacy and side-effects of pharmaceutical preventions, early treatment protocols and non-medicinal mitigation strategies such as masking and school shutdowns. Yet with new scientific evidence, there has been no update to the masking protocols and mitigation strategies in schools across our state.

A little about me – no – I'm not a "COVID denier" that many believe those asking for choice in masking are! In fact, our family began watching very closely what was happening in China in December of 2019, when it was just a conspiracy and nothing to worry about. By late-January, I was one of the "crazy people" doing my grocery shopping in an N95 mask and gloves. At that time our 3 children all attended public school, and we made the decision to stop sending the kids to school 2-weeks prior to the official shut-down. And who doesn't remember wiping down groceries and mail with sanitizing wipes, or simply leaving things outside for days before allowing them into our houses! We chuckle about all of that now, but it important to reflect on. Why did we do all of that?

Simply put, in March of 2020, there was quite literally nothing known about this new illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

Even the CDC's own study, and associated infographic, "proving" masking efficacy has an asterisk noting the protection offered by cloth masks was "not statistically significant." Only N95s prove any amount of statistically significant results. [CDC - Mask Effectiveness Indoors](#)

Another CDC resource clearly states that the filtration of masks “Does NOT provided the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection.” [CDC – Masks vs. Respirators](#)

The ACGIH, a non-profit of occupational and environmental health and sciences experts, has compiled the results of much of their research regarding how to protect workers during the COVID pandemic into an infographic for employers. Even when both parties are wearing cloth or surgical masks *correctly*, the amount of protection offered is only 27 minutes and 60 minutes, respectively. How does that very limited amount of protection justify the mental and emotional consequences of masking students? [COVID-19 Worker Safety - Masks](#)

It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for “surgical masks” and right in the description it says are non-medical. [Amazon Surgical Mask](#)) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals – when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I’m sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! [Stephen Petty - On PPE and Aerosols](#)

Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful. [150+ Comparative Studies and Articles on Masks](#)

Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn’t exist.

Here’s where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state’s elderly and high-risk population safe and we simply cannot do without it, how is it there isn’t overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn’t mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and *the subsequent enforcement of masking* is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. [The Educational Consequences of Masking Children](#)

However, I don’t think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher’s mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child’s frown and respond with kindness. Or how they see another child’s smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word

they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks? The data says they are. [JAMA Pediatrics – Mental Health & Wellbeing](#)

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[I'm a Public School Teacher. The Kids Aren't Alright.](#)

[Masked Schoolchildren](#)

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Thank you for your time and thoughtful consideration,
Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above. It's worth all 26 minutes.

From: Herendeen, Lindsay (SBOH)
Sent: 2/14/2022 9:20:57 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine

Lindsay Herendeen, MPH, MCRP (she/her)
Health Policy Analyst
Washington State Board of Health
lindsay.herendeen@sboh.wa.gov
360-628-6823
Website, Facebook, Twitter

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

From: Stephanie Bohnett <2xasnice051507@gmail.com>
Sent: Sunday, February 13, 2022 7:55 PM
Subject: Covid-19 vaccine

External Email

I vehemently oppose adding the COVID-19 experimental vaccine to the school vaccine schedule. Put politics and money aside and do what's right for our children!!!!

Sent from my iPhone

From: Testify Online Survey
Sent: 2/13/2022 6:46:36 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb 17th

2.

Agenda Item or Issue:

Mandatory shots for children

3.

Your Name:

Adam ritting

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1620 s. 25th st. Tacoma wa 98405

7.

Email:

Skyghost@earthlink.net

8.

Phone Number (Include Area Code):

2533760059

9.

Do you have any special expertise relevant to this topic?

1. Yes

Common sense.

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

The introduction of these "vaccines" as they are so named, are not by definition a "vaccine." As you are probably aware, the definition of "vaccine" as is referenced just a short time ago is now being changed. Why? Because the process used to validate through proper time frames any detrimental long term effects are not being used. The process and formulations are not like anything in structure to what a "vaccine" is or includes processes formally accepted as scientific method. To test this on developing human beings is an abomination and a travesty for which I and an increasing number of other parents are vehemently against.

11.

Are you Pro or Con on the proposal?

2. Con

Read statement above.

From: Melissa Jenkins
Sent: 2/15/2022 7:29:39 AM
To: Reykdal, Chris
(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org,
Micheala,Plaja,
Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us,
Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)
Cc:
Subject: RE: SuperBowl & The Big Game

External Email

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

You're behind the (global) ball with your cherry-picked science and Covid-19 decision making, namely around mask mandates. In recent news...

- * Kettle Falls School District (Washington State) moves to make masks optional effective immediately.
- * Washington State and Hawaii remain the only states requiring mask mandates for school aged children. In more recent news, D.C., Oregon, California, New Mexico, Illinois, Connecticut and New Jersey have drawn a line in the sand to protect our children.
- * Entire countries have revoked all Covid-19 restrictions including Sweden, Norway, Denmark, Switzerland – to name a few.

Single handedly you've lost the confidence of parents across Washington State in standing up for the health and safety of our children. We understand now, more than ever, your motivation to play into political theatre than truly following the science. We understand our children's health and safety is not your top priority when, again, using cherry-picked science to make critical decision.

Rest assured, what you have done is created mama and papa bear WARRIORS! We've never been more involved in our school districts, in our education system(s), our board of health and more. We're well-educated leaders, we're organized and we will see this change in Washington State – just like in Kettle Falls. What's more is we're teaching our children. They're going to be the next generation of patriots with a keen understanding of our God-given rights, Common Law, the U.S. Constitution and our Washington State Constitution.

Please, stand with us and remove mask mandates effective today.

Peacefully and respectfully,

Melissa

LWSD parent of 2, currently visiting another state where their BOH is on the right side of history

From: Tanya Goodman <goodman_tanya@outlook.com>

Sent: Monday, February 14, 2022 5:53 PM

Subject: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: na4hotx
Sent: 2/11/2022 5:29:50 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The vaccine does NOT prevent transmission. What is the point if it does not prevent transmission? There is no point. Recent study out of Japan shows that c19 can easily be treated by over the counter means. Beside children are not at All at risk of C19. To impose a vaccine causes little to no danger to children would be outrageous and Criminal.

The vaccines posses a greater threat to childrens well being. From myocarditis to cancer fertility issue to death. Leaked department of defence Medical finding show an increase in of heart attack, cancer by 300% HIV 500% neurological issues 1000% among the Vaccinated. All this can be found on defence attorney's web site renz-law.com. it's time to end this madness.

Thank you for doing what's right.

Nicholas Arieff

Sent from my T-Mobile 4G LTE Device

From: Kahler, Kelie (SBOH)
Sent: 2/10/2022 9:07:50 AM
To: DOH WSOH
Cc:
Subject: FW: wsboh@sboh.wa.gov

From: Rachel Berry <rberry0308@gmail.com>
Sent: Thursday, February 10, 2022 8:59 AM
To: DOH-PIO (DOH) <doh-pio.imt@doh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: wsboh@sboh.wa.gov

External Email

I OPPOSE the use of illegal force to detain ANY family OR children. This is insane!! Have we not learned about the holocaust and internment camps? What you are trying to pass is illegal and unconstitutional! There are thousands of us trying to leave comments on this matter and we will continue. I will be on every zoom or meeting you have throughout this charade! I will comment every time because this is against Washington Constitution!!

There are studies that show this type of agenda does not reduce transmission whatsoever. I would love to hear your thoughts on the vaccinated still being able to get Covid and spread it. According to even more studies this plandemic didn't get out of hand until the experimental shots were starting to be administered.

Forced mandates opposes our rights as free Americans- it also disrupts an active healthy immune response. Many studies now conclude that the highest vaccinated areas are highest for deaths and risky health concerns. Freedom of choice should never be infringed upon.

THE PEOPLE HAVE SPOKEN AND WE THE PEOPLE SAY NO!

WE THE PEOPLE SAY NO!

Just in case you forgot, WE the PEOPLE saw the WAC 246-100-040 on the agenda you tried to hide.

R Berry

From: Vanessa Erwin
Sent: 2/10/2022 5:54:54 AM
To: DOH WSOH
Subject: Medical Exemption Censorship / Medical Coercion in Washington State

External Email

Doctors and medical providers in Washington State are not providing medical exemptions due to the fear that they will lose their professional licenses; this is leading to medical coercion in Washington State.

In the past year, my children have been forced to wear a mask despite their having developed speech impediments; they would be required to wear a mask even while in Speech Therapy, as would their Speech Therapist with the only option being to do mask-free therapy over Zoom, which is less effective. I cannot get a medical provider to make an exemption to the mask rule for this, although if my child and a Speech Therapist were at a restaurant, they could eat across from each other or side by side at a table mask-free. Because of the fear of medical license suspension, my children have to receive a medical intervention with a mask on, which negates the benefit from this intervention. The barrier for a signed medical exemption from a medical provider is too high, since professional licensing boards may exert pressure on their members not to provide exemptions.

In addition, my son was born with a social/ emotional delay. During his therapy, he was taught to look at faces and make correlations to emotions. This was not an innate skill for him, he had to be taught by a therapist through ages 2-5. At age 9, even though he is no longer in therapy, our family and his school are still working to teach him social/ emotional skills. Despite the clear benefit to him seeing faces, our family's recovery from Covid-19, and the community wide immunity that our state has developed from Covid-19 over the past few years (which has not been clearly documented because King County has refused to collect data on antibody tests), my son, his public-school teacher and his public-school classmates are all forced to wear masks in Washington State.

My daughter also has serious asthma and allergy (anaphylaxis). Wearing a mask poses a risk to her: during the early stages of her anaphylaxis, the only visible sign is flushed cheeks, slight drooling, runny nose and slight swelling of the lips and tongue. If allergy is caught at this stage, it can be well treated by Cetirizine (Zyrtec) or Diphenhydramine HCL (Benadryl). If her allergy is allowed to progress, the anaphylaxis does not turn into a rash: the anaphylaxis progresses to extreme swelling (airway closure), extreme low blood pressure/ hypoxia, or extreme asthma-like symptoms. Without a clear ability to view my daughter's face, her allergic reaction could be missed at the early stage and/ or misdiagnosed and treated with her Albuterol Inhaler rather than an antihistamine. In spite of this medical risk, medical providers are unwilling to provide a mask exemption due to the pressure they are facing from their licensing boards.

It has become clear that medicine has become politicized; medical providers are not at liberty to freely dispense medical exemptions without the threat to their professional licenses.

I am asking the Washington State Board of Health to remove the requirement that medical exemptions for masks and vaccination be signed off by a medical provider / holder of professional license.

As we have witness during the past 2 years in Washington state, medical providers are being censored and coerced into denying medical exemptions, and this is leading to harms to Washington State children.

Sincerely,

Vanessa Erwin
425-949-8722 (home)
360-941-4744 (cell)

From: Marie McFadden

Sent: 2/9/2022 10:13:12 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Haag, Hannah R (SBOH)

Cc:

Subject: NO! NO! NO!

External Email

Attention public SERVANTS!

Vote NO on this proposed covid vaccine mandate for our school children. Data is showing people with the vaccine are catching the virus just as easily as those who have not been vaccinated. There is absolutely no justification for forced injections on free citizens, let alone our children who are not in serious danger of this virus. This outrageous government overreach needs to end NOW!! There are protests worldwide right now against these vaccinations and all of these unconstitutional mandates. Vote NO!!!

Thousands of students will be removed from the public school system by their parents acrossed the state if this ridiculous and outrageous overreach is implemented. You should all be ashamed of yourselves! It's time to start listening to the people you work for, WE THE PEOPLE. You have forgotten your place, you are employees, not our dictators. End this outrageous overreach, END THE MANDATES and VOTE NO on covid vaccines for school children!!!

M. McFadden

Tax Payer, Registered Voter and Parent

From: Ron Ware
Sent: 2/9/2022 1:55:26 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email



Good Afternoon TAG,

Our children cannot be subject to an experimental vaccine that is still under the EAU. Furthermore, the FDA approved Comirnaty and Spikevax are not even available at this time in the US for any person. It typically takes 15 years for a vaccine to be approved. We don't know the long term effects of this vaccine, let alone the short term. Our kids are not getting sick from covid, let alone dying from it. People who have had it are inoculated, just like any other virus, such as chicken pox. What makes Covid any different other than a catalyst for a means to control and undermine people.

CHILDREN ARE NOT AT RISK! IT'S AN EXPERIMENTAL THERAPEUTIC THAT DOES NOT EVEN CREATE

ThankYou for reading and considering

From: Susan Sutton
Sent: 2/9/2022 2:22:50 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Hello, I am a mom of 2 girls. And I will NEVER give my girls any Covid vaccine ever. The vaccine is NOT safe and effective. There is 0 percent benefit for my girls if they get these vaccine. Also if the Covid vaccine is mandated for school I will pull my girls out of school and we as a family will move out of the state. I have already decided this last year. We have already had many friends move out of this state because of all the mandates. The masks also have 0 percent benefit for my kids. Masking anyone, mandating vaccine is NOT follow science.
Have a good day.

Sent from my iPad

From: WHITNEY MASON
Sent: 2/9/2022 6:10:45 PM
To: DOH WSBOH
Cc:
Subject: Significant concerns re Covid-19 shots for WA school students

External Email

I think it is extremely premature to require Covid-19 shots for WA school students. With Covid barely impacting children on any serious level, why would the State require a shot that is currently an unknown? We don't know what the future impact will be on children with these shots - and to expect parents to comply or pull their children out of public schools over a shot that you have very little data on for a virus that is less of a threat to children than the flu - simply makes no sense.

And whatever accountability the BOH would have if these shots prove to be a risk to children's health, it will be too late for those children/families negatively impacted. Please put a pause on this and review the data over the next couple of years before making what could be a very serious/tragic decision.

Thank you,

Whitney Mason
Seattle, WA

From: Victoria Lee
Sent: 2/11/2022 9:34:00 PM
To: DOH WSBOH
Cc:
Subject: Child vaccine

External Email

Vote no on the children's covid vaccine law. You need to vote according to science. Not the government scumbags who have no medical training.

From: Sheila Gifford
Sent: 2/9/2022 12:50:40 PM
To: DOH WSBOH
Cc:
Subject: No on vaccine mandate

External Email

It's time that Americans are given their God given right to FREEDOM! Parents have the right to decide what if good for them and their children!

When did America become a socialist country?

Our representatives were not elected to turn their back on citizens and interject their own agenda. Remember you represent the people!

Vaccines have not been proven to stop Covid. Shame on you for putting our children at risk. This will be remembered in history as one of the greatest harm to humanity. This will be on your hands if you pass this horrendous bill forcing parents to vaccinate their children.

I feel you will see a huge decline in public school enrollment as parents will seek alternative education for their children.

What a disgrace!

Sent from my iPhone

From: Google Alerts
Sent: 2/9/2022 11:02:41 AM
To: DOH WSOH
Cc:
Subject: Google Alert - washington state board of health

External Email

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washington state board of health
Daily update ☐February 9, 2022

NEWS

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Latest Washington state coronavirus, COVID-19 cases, deaths | Tacoma News
Tribune

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Tacoma News Tribune

The Washington state Department of Health reported 3300 new COVID-19 cases Monday.
State totals: 1382782 cases and 11099 deaths.

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19%2Bcases%2C%2Bdeaths%2B%257C%2BTacoma%2BNews%2BTribune%26cd%3DKhQxNjQwMTY4NzU

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19%2Bcases%2C%2Bdeaths%2B%257C%2BTacoma%2BNews%2BTribune%26cd%3DKhQxNjQwMTY4NzU

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Fired Washington state health official files lawsuit claiming state violated her free-
speech rights

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washington-state-health-official-files-lawsuit-claiming-state-violated-her-free-speech-
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IpBfk8xpk660uzlcanVLd2Bfg&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d

InvestigateWest

Erika Henry, formerly the assistant secretary for emergency preparedness and response
for the state health department, was fired last year over an ...

you%2F%26ct%3Dga%26cd%3DCAEYAyoUMTY0MDE2ODc1NzIzMDM1MDIyOTAYGjQwN2MyOWEyNTJlZmJmCf_q-
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KXLY

OLYMPIA, Wash.– The Washington State Department of Health re-opened its online portal for ordering free COVID-19 tests.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
in-washington-heres-how-to-get-a-free-covid-test-sent-to-
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%2BKXLY%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaND3YzI5YTI1MmVmYmY5ZDpjb206ZW46V

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in-washington-heres-how-to-get-a-free-covid-test-sent-to-
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p0P59Q&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d9ebfebe07%7C11d0e

Live: Coronavirus daily news updates, February 8: What to know today about
COVID-19 in ...

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about-covid-19-in-the-seattle-area-washington-state-and-the-world-
2%2F%26ss%3Dga%26cd%3DCAEYBCoUMTY0MDE2ODc1NzIzMDM1MDIyOTAYGjQwN2MyOWEyNTJlZmJmCf_q-
p0P59Q&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d9ebfebe07%7C11d0e

The Seattle Times

State Department of Health reopens its free COVID test website for the third time. The
Washington state Department of Health has again reopened its ...

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news%2Fhealth%2Fcoronavirus-daily-news-updates-february-8-what-to-know-today-
about-covid-19-in-the-seattle-area-washington-state-and-the-world-
2%2F%26ss%3Dfb%26rt%3DLive%3A%2BCoronavirus%2Bdaily%2Bnews%2Bupdates%2C%2BFebruary%
19%2Bin%2B...%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaND3YzI5YTI1MmVmYmY5ZDpjb206ZW46V
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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
news%2Fhealth%2Fcoronavirus-daily-news-updates-february-8-what-to-know-today-
about-covid-19-in-the-seattle-area-washington-state-and-the-world-
2%2F%26ss%3Dtw%26rt%3DLive%3A%2BCoronavirus%2Bdaily%2Bnews%2Bupdates%2C%2BFebruary%
19%2Bin%2B...%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaND3YzI5YTI1MmVmYmY5ZDpjb206ZW46V
f7cMyyQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d9ebfebe07%7C11d0e

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news%2Fhealth%2Fcoronavirus-daily-news-updates-february-8-what-to-know-today-
about-covid-19-in-the-seattle-area-washington-state-and-the-world-
2%2F%26ss%3Dtw%26rt%3DLive%3A%2BCoronavirus%2Bdaily%2Bnews%2Bupdates%2C%2BFebruary%
19%2Bin%2B...%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaND3YzI5YTI1MmVmYmY5ZDpjb206ZW46V
f7cMyyQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d9ebfebe07%7C11d0e

about-covid-19-in-the-seattle-area-washington-state-and-the-world-

2%2F%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTY0MDE2ODc1NzIzMMD1MDIy

COVID-19 Hospitalizations Falling From 'Incredible Peak': WSHA - Yahoo News

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231409715.html%26ct%3Dga%26cd%3DCAEYBSouMTY0MDE2ODc1NzIzMMD1MDIyOTAYGjQwN2MyOWEY

Yahoo News

OLYMPIA, WA — After several "quite terrible" COVID-19 updates over the past month, local health ... (Image: Washington State Department of Health).

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19-hospitalizations-falling-incredible-231409715.html%26ss%3Dfb%26rt%3DCOVID-19%2BHospitalizations%2BFalling%2BFrom%2B%2527Incredible%2BPeak%2527%3A%2BWSHA%2B-%2BYahoo%2BNews%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaNDY3YzI5YTI1MmVmYmY5ZDpj

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh%26hl%3Den%26gl%3DUS%26msgid%3DMTY0MDE2ODc1NzIzMMD1MDIyOTAYGjQwN2MyOWEY

19-hospitalizations-falling-incredible-231409715.html%26ss%3Dtw%26rt%3DCOVID-19%2BHospitalizations%2BFalling%2BFrom%2B%2527Incredible%2BPeak%2527%3A%2BWSHA%2B-%2BYahoo%2BNews%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaNDY3YzI5YTI1MmVmYmY5ZDpj

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19-hospitalizations-falling-incredible-231409715.html%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTY0MDE2ODc1NzIzMMD1MDIyOTAYGjQwN2MyOWEY

Childhood Immunizations - Kittitas County

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Kittitas County

... To stop the spread of disease to the most vulnerable populations. Information adapted from the Washington State Department of Health ...

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%2BKittitas%2BCounty%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaNDY3YzI5YTI1MmVmYmY5ZDpj

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh%26hl%3Den%26gl%3DUS%26msgid%3DMTY0MDE2ODc1NzIzMMD1MDIyOTAYGjQwN2MyOWEY

%2BKittitas%2BCounty%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaNDY3YzI5YTI1MmVmYmY5ZDpj

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Seattle Covid updates: Increased diabetes rates among kids who recover from

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frcft%3Aupdates-for-seattle-tuesday-february-8-2022%26ct%3Dga%26cd%3DCAEYByoUMTY0MDE2ODc1NzIzMDEyOTAYGjQwN2MyOWEyNTJlZmJmOw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d9ebfebe07%7C11d0e21726

The Washington State Department of Health has reopened its at-home Covid test ordering system. Residents can order up to five free tests per ...

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffe
updates-for-seattle-tuesday-february-8-
2022%26source%3Dalertsmail%26hl%3Den%26gl%3DUS%26msgid%3DMTY0MDE2ODc1NzIzMMDM1MDIyC

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%
licensing-agency-investigates-suspected-breach-a-
18471%26ct%3Dga%26cd%3DCAEYCCoUMTY0MDE2ODc1NzIzMMD1MDIyOTAYGjQwN2MyOWEyNTJlZmJm
TmBSKxMMAeOGPtE9-
4A&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d9ebfebe07%7C11d0e2172

The Washington State Department of Licensing announced it has shut down operations of its online licensing system, the Professional Online ...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh
licensing-agency-investigates-suspected-breach-a-
18471%26ss%3Dtw%26rt%3DWashington%2BLicensing%2BAgency%2BInvestigates%2BSuspected%2BB
%2BGovInfoSecurity%26cd%3DKhQxNjQwMTY4NzU3MjMwMzUwMjI5MDIaNDA3YzI5YTI1MmVmYmY5ZDpj
7psEMrQw-

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Ffe>

licensing-agency-investigates-suspected-breach-a-
18471%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTY0MDE2ODc1NzIzMDE1MDIy

Proposed Washington State Ballot Initiative Would Decriminalize Drug Possession

And ...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Furl%3Frct%3D1&washington-state-ballot-initiative-would-decriminalize-drug-possession-and-expand-recovery-services%2F%26ct%3Dga%26cd%3DCAEYCSouMTY0MDE2ODc1NzIzMDEyOTAYGjQwN2MyOWEyNTJlA2X6xd1RVA72MHIL-zto23Nw&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C3434251dbf844e9388af08d9ebfebe07%7C11d0e

Marijuana Moment

At least \$10 million per year, meanwhile, would go to the state Health Department to establish and maintain a harm reduction public education ...

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Falerts%2Fsh-washington-state-ballot-initiative-would-decriminalize-drug-possession-and-expand-recovery-services%2F%26ss%3Dtw%26rt%3DProposed%2BWashington%2BState%2BBallot%2BInitiative%2BWould>

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washington-state-ballot-initiative-would-decriminalize-drug-possession-and-expand-
recovery-
services%2F%26source%3Dalerts%26hl%3Den%26gl%3DUS%26msgid%3DMTY0MDE2ODc1NzIzMDM

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Send Feedback

From: Karissa Luff
Sent: 2/9/2022 10:08:57 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

This shot in no way should be required for children to be in school. It does not meet the requirements to be considered. It does not prevent the spread of the virus and it does not prevent people from spreading it. There is a 99.9 survival rate and children are even less affected from it. My children have already tested positive. My son had a mild sore throat and my daughter had a headache for two days. They have fully recovered and now have natural immunity which is better than any "vaccine". They have been exposed to the entire virus not just a genetically made spike protein. Those who want their children to have this shot have already gotten it for their children. Those who haven't aren't going to get it for their children. Those who have gotten the shot most of them have still gotten Covid, some multiple times. Requiring this shot is only going to result in exemptions or parents withdrawing their kids from public schools. Should this become a requirement I will be pulling my kids. Please do not add this shot to the vaccine requirements for children to be in school and while discussing requirements for children in school consider dropping all mask mandates as they are also not preventing anything and are causing more harm than good.

From: Cody Kenney
Sent: 2/9/2022 6:48:17 PM
To: DOH WSBOH
Cc:
Subject: A0CDE84D-31FE-4696-8660-2D366A2B73DD

External Email

Stop the mandates now. No jabs for our children. God is watching!

From: Ray
Sent: 2/9/2022 1:12:28 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Sir or Madam:

Below is the Open Letter I sent to the Washington State Board of Health on January 11 regarding the matter of vaccinating school age children. You will note that there is no approved vaccine available for the 5-15 age group. Passing a law which will force an unproven, unauthorized vaccine upon children, could result in serious legal repercussions at a later date. I sincerely suggest you do not include these experimental vaccines in the group of required vaccines for school age children.

Sincerely,

Raymond C. Andrews, M.D.

Open Letter to the Washington State Board of Health

Dear Sirs:

My name is Raymond Andrews. I retired after 40 years as a physician in the practice of medicine in the US and Italy where I was a founding father of their 911 emergency response system.

After having read the agenda of the Washington State Board of Health public meeting to be held on 12 January, I felt it necessary to comment on the proposed vaccination of school age children with the COVID-19 vaccines.

According to the Immunization Criteria Board Process step 1, the "Advisory Committee on Immunization Practice recommends a fully FDA approved immunization against a specific antigen for the school aged population."

Contrary to what is touted in the main stream media, on August 23, 2021 the COVID-19 vaccines were not approved by the FDA, they were reissued an emergency use authorization (EUA). What the FDA did approve was Comirnaty, the Pfizer-BioNTech COVID-19 vaccine marketed in Europe. This is not available in the US. In a footnote to its decision, it states "Although Comirnaty...is approved to prevent COVID-19 in individuals 16 years of age and older, there is not sufficient approved vaccine available for distribution to this population in its entirety at the time of the reissuance of this EUA. Additionally there are no Covid-19 vaccines that are approved to provide COVID-19 vaccination in individuals 5 through 15 years of age...."

Pfizer et al received their EUAs for the vaccines available in this country after convincing the FDA that no medications were available to treat COVID-19. This, of course, is false.

In addition, approval means they would be financially and legally responsible for any injuries or deaths their vaccines cause, which is not the case if they are issued EUAs.

The WSBOH specifies it will be receiving a briefing on progress from a technical advisory group (TAG), which is convened to consider COVID-19 for inclusion under Chapter 246-105. Since the FDA specifically stated "there are no COVID-19 vaccines that are approved to provide COVID-19 vaccination in individuals 5 through 15 years of age," any input regarding these vaccines for use in school aged children by the TAG is moot.

In addition, the FDA established as a "condition of authorization" that its "Fact Sheet for Recipients and Caregivers" be made available to vaccine recipients. Pfizer's Fact Sheet states: "It is your choice to receive or not receive the Pfizer-BioNTech COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care."

Historical Precedent:

The Doctors' Trial is the unofficial name for the particular Nuremberg Trial held before a U.S. military court for 20 Nazi medical doctors and 3 officials accused of criminal human experimentation and mass murder. The trial began on December 9, 1946, and concluded on August 20, 1947. Seven defendants were acquitted, seven received death sentences, and the remainder served prison sentences from 10 years to life. The Trial led to the Nuremberg Code, a set of ethical standards for research with human subjects, which played a pivotal role in the development of other ethical codes for researchers.

Since the COVID-19 vaccines are experimental and unapproved in the U.S., before making them obligatory, we must carefully and completely understand two of the Nuremberg Code's ten principles:

1. The voluntary consent of the human subject is absolutely essential.

The subject should have legal capacity to give consent; should be able to exercise free choice without the element of force, fraud, deceit, duress, over-reaching or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension to enable him to make an understanding and enlightened decision. He must know all inconveniences and hazards reasonably to be expected. The responsibility for ascertaining the quality of the consent rests upon the individual who initiates, directs or engages in the experiment. It may not be delegated to another with impunity.

To my knowledge, informed consent is lacking in the present experimental vaccination scheme, which is itself ineffective since it will not prevent us from getting COVID-19 or from transmitting it to others. This is the antithesis of a true vaccine. We are not vaccinated against Polio so that we can catch the disease and pass it on to others. We are vaccinated to prevent us from catching it. Unfortunately data now shows that the majority of people hospitalized and dying from COVID-19 is far greater among the vaccinated than the unvaccinated.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except where the experimental physicians also serve as subjects.

These vaccines cause death or disabling injury. According to the Vaccine Adverse Event Reporting System (VAERS), between 9/20 and 9/21 there were 21,002 deaths directly attributed to these vaccines, and 1,000,229 serious and permanent side-effects. These figures are known to represent only 1-10% of the total deaths and injuries. This means that the total deaths directly attributed to the vaccines is between 200,000 and 2,000,000, and the total number of adverse effects is 10 to 100 million people.

The Players in this Orwellian Drama:

Anthony Fauci. Robert F. Kennedy has detailed his role in this and other misadventures, and I cannot add to his fine work, *The Real Anthony Fauci*, other than to say I don't share Dr. Fauci's exalted opinion of himself.

Bill Gates. A businessman who uncannily predicted when the virus would appear, and decided how often you should take his vaccines. Since he is not a member of the medical profession, he should not be offering opinions on TV about how long this pandemic will last and how many of his boosters we'll need to survive it and the next, but Fauci has allowed this.

Albert Bourla. CEO of Pfizer which was fined \$2.3 billion in 2009 for fraudulent marketing, for causing false claims to be submitted to health care programs, and to resolve allegations that it paid kickbacks to health care providers to induce them to prescribe its drugs.

Although these people presently control the narrative, it is not going well for them across the world:

A filing to the International Criminal Court in The Hague on December 6, accused Anthony Fauci, William Gates III, and 14 others of violations of the Nuremberg Code, including crimes against humanity and war crimes as defined by the Rome Statutes.

In Poland, German lawyer Dr. Reiner Fuellmich, is leading a team of lawyers in the world's largest tort case (Nuremberg 2 Trials) against all protagonists and accomplices in 'The COVID-19 Scandal'.

The Portuguese Judge Fonseca e Castro has denounced the President of the Republic, the Prime Minister and the Government for CRIMES AGAINST HUMANITY.

Mexico's health minister has warned that hindering a child's immune system with a completely inorganic structure such as a vaccine runs counter to public health.

I presume other nations will follow in their condemnation of these people. I would rather not see a Nuremberg 2 Trial in this country, however, based upon charges of violations of human rights and genocide currently being filed in England against those who instigated this crime against humanity, the worst in the history of mankind, down to and including those administering these vaccines (arrest warrants are already circulating), I fear it may happen here in the near future.

Esteemed members of the Board, your duty is to protect our health based upon true science, not faucian science. I am sure you understand the concept *Primum non nocere*, "first do no harm." Forcing unapproved, experimental vaccinations on adults that choose not to accept them, and on children that have no possibility of dying from covid (nor of giving informed consent), violates that rule as well as the first principle of the Nuremberg Code, the Universal Declaration on Bioethics and Human Rights, and other international documents. A tragic example of this abuse is 3-year-old Ámbar Suárez, who just before Christmas, died of heart attack one day after a mandatory COVID-19 injection. Three year-olds do not die from heart attacks, nor should healthy athletes and young males die from myocarditis and heart attacks as they are doing in large numbers, unless we inject them with fraudulent therapies. Can you imagine what Ámbar's grief-stricken family's Christmas was like? Can you imagine what your Christmas would have been like had Ámbar been your child or grandchild?

Please do not make the COVID-19 vaccines mandatory for any age, and lift all the mandates which have served only to cripple us, physically, mentally, and financially. Rather than continuing to lead us into Medieval Darkness, instead be a Beacon of Light in a land that has lost its direction.

Raymond C. Andrews, MD

From: Kathleen Schwartz
Sent: 2/10/2022 10:17:16 AM
To: DOH WSBOH
Cc:
Subject: Feb. 10th zoom meeting

External Email

This is ridiculous! What we should be focusing on are the benefits of early treatment which are MUCH safer than these Covid shots that have huge side effects and have hurt millions of people!! These shots should NOT even be an option! They are not safe. This bozo, Eric Lofgren is going on and on about how Myocarditis isn't that serious and the majority of children feel better within a few days. NO! Myocarditis causes permanent heart damage. We all know that the PCR Tests are fake, phony, and false! So how can they get a true number of people infected with covid 19?

Let's focus on early treatment instead and take these kill shots off the market NOW!
Save our children!

Kathleen Schwartz
I want a world that values truth, honesty, and justice

From: Kahler, Kelie (SBOH)
Sent: 2/13/2022 9:43:51 AM
To: DOH WSOH
Cc:
Subject: FW: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'



attachments\8B8E09A178424CAE_IMG_5200.jpeg

From: Morna Gilbert <morna11@comcast.net>
Sent: Saturday, February 12, 2022 12:40 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

External Email

THANK YOU TO ALL OF YOU FOR YOUR PARTICIPATION ON THE TAG TEAM -

I listened to the 2/10 meeting and appreciated the need for more evidence to be presented. This decision to vx our children is extremely important because they are our future.

Please look at these two resources -

Here is a very insightful interview with data from DOD - a very accurate reporting system. https://x22report.com/aiovg_videos/thomas-renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-fauci
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fx22report.com%2Faiovg_videos%2Fthomas-renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-fauci&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2ff9be7a44a7451c2c3808d9ef1864fe%7C11d0e>

Also, here is a graph disproving the misinformation that deaths are due to c19 when in reality deaths are due to vaccines:

From: Rich Filori
Sent: 2/11/2022 7:48:53 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I (We) am disgusted with the results of yesterday's "meeting." All of your presenters were biased on the side of vaccine enforcement. You allow and hose ZERO of the opposing side. And, please don't blame it on TAG and say we're just taking their input. Take the public's input, not your selected group's input. Unfortunately, I didn't get to attend the Zoom yesterday but I did get to attend some of the previous. And, EVERY person who called in on that previous Zoom opposed vaccines. Enough is enough already! The true fact is, what nobody in your positions will talk about, is that there is a real and significant danger to vaccines. There ARE adverse reactions. What do you tell the people whose children develop negative, lifelong side effects? Sorry, that's part of the casualty of progress? Stop ignoring this and address it. There's one voice and one opinion that comes from the SBOH. There is no understanding, listening, patience, or care. When you do enforce (or strongly suggest to school districts) vaccine mandates, enrollments are going to drop, guaranteed. Let people make the choice whether or not to vaccinate their own children. Do not force them out of public education! The vaccines have not been able to be time tested to make sure they're long term safe, to see long term effects. I'm not anti-vax. My kids are vaccinated against other things, as am I. However, this has not had time to see the long term. Have a heart, give a shit about an opinion that differs from your own.

I'm sure you won't reply. I know you hate real conversation.

Rich Filori
425.737.8739

From: Michael Buff
Sent: 2/11/2022 5:43:35 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Sarah Franklin
Sent: 2/9/2022 8:01:41 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To whom it may concern,

I am writing to share my thoughts on the Covid-19 vaccination being considered 2/10/2022.

This vaccine has not had any published material on the effectiveness of it in a K-12 setting, per your own materials.

The number of deaths from Covid in children is very low. Where suicides rate the 3rd leading cause of death in 15-19 year olds.

This is an experimental shot that is not proving to be effective in stopping or spreading the virus. The new variant is not deadly and is more like the flu, I know, my whole family has had it and those who were vaccinated had more symptoms than those who were not. And natural immunity is better than any vaccination offered.

If you are to pass this and make the Covid 19 vaccine required for public schooling, I will be pulling my children and homeschooling them. We currently are in a public online school due to the restricting and unnecessary mask mandates you have in the public schools.

Thank you for your time. I truly hope you consider my thoughts and think about how many kids will be homeschooled next year.

Sarah Franklin
Steilacoom, Wa

From: Andy Waldron
Sent: 2/11/2022 10:59:50 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Linda Weber Meskew
Sent: 2/10/2022 8:25:46 PM
To: DOH WSBOH
Cc:
Subject: Mandates

External Email

It do not support Covid-19 vaccines for school age children.
Thank you.
Linda
Sent from my iPhone

From: Linda Strande
Sent: 2/10/2022 11:00:19 AM
To: DOH WSBOH
Cc:
Subject: Analyzing the data

External Email

Analyze this data: COVID Vaccine Data (openvaers.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-data&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C79acf78745ed471eb3b708d9ecc79384%7C11d0e21>

It cannot be ignored. What say you? Will you take part in this fraud against innocent children? This is still an investigational medicine with NO long term safety data (the trials will not officially end until May 30, 2023). These vaccines pose more harm to children than the so called virus. Read the studies and you will come to that conclusion as well. Parents should be trusted to make their own medical decisions for their children based on their unique medical history. This one size fits all medical treatment has been a disaster of epic proportions.

Sent from Mail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F% for Windows>

Subject: Attention: Please do not add Covid19 vaccine to "required" list of child vaccination

Please note: Rudolph West is not his real name.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2Fs%2FruIdophwest17&data](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2Fs%2FruIdophwest17&data-source=forbiddenreason_message)

1

1/21 In the evil state of Washington, last week, the Board of Health failed to include "Use law enforcement to detain the unvaccinated" and "vaccination mandate in school" in their agenda. But they would not accept their failure. They know there are all kinds of left-wing White, Black, Yellow, Spanish here, so they put out an online survey, in an effort to support their "adding COVID-19 vaccine as a requirement for school entry" proposal.

NO MATTER WHERE YOU ARE, I want you to help me fill this out which can be done in just 1 minute. Your small effort will help me bring debacle to these evil fake health officials' attempt to harm my children. Join us, let your voice be your weapon.

As far as the first question is concerned, just use "Washington School District".

Obviously, he is encouraging 12k people, many of whom are not even living in the US, let alone WA state residents, to flood the survey with faked WA residents data, which obviously pose a serious threat to the public health of the community and commit a crime. In the screenshot, you can also see he is openly asking people (including non-US citizens) to submit the survey more than once and in vulgar languages.

In particular, his agitation scheme to sway health official opinions could result in tremendous health risk consequences to the millions of children in Washington state.

Please ask the appropriate department to step in, investigate and defeat this egregious cyber attack! At the minimum, denounce such fraud in your next public meeting with this evidence.

Thanks to you for keeping the Washington state communities and children healthy!

Jennifer

From: Time2ACT-WA
Sent: 2/9/2022 9:02:41 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine Mandates for School

External Email

Your agenda specifically mentions two criteria to review to see if the covid, so-called, vaccines meet criteria for you to mandate them for children to attend school, and these points are easily proven to not be met.

#5 - Children are in almost no danger of serious illness or dying from covid. While WA State DOH Website no longer shows covid deaths by age, lucky for you, I saved off copies, such as from May 11, 2021 below, which shows almost 0% deaths in anyone under 20 years old. Now you can rest easy, that significant morbidity for covid is in the over age 70 population (retired), so no one working at schools needs to worry either.

#5 - The so-called covid vaccination does not meet Washington State Code definition for you to mandate it: RCW 70.290.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>

(10) "Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease.

The virus has never been isolated, there is no killed or attenuated living microorganisms in these injections.

Even if this injection were a vaccine, Federal law prevents you from mandating it for 5-11 year olds, because it is in use under emergency authorization only.

Pfizer & Bayer Executives reveal these are NOT vaccines. Pfizer CEO Calls mRNA Technology "Gene Editing" <https://rumble.com/voz921-pfizer-ceo-mrna-gene-editing-vaccines-can-cure-people-born-with-a-mistake-i.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvoz921-pfizer-ceo-mrna-gene-editing-vaccines-can-cure-people-born-with-a-mistake-i.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccc61f73fb6e84a6d1c9b08d9ec523302%7C11d0e21>

Bayer executive: mRNA shots are 'gene therapy' marketed as 'vaccines' to gain public trust VIDEO: <https://www.brighteon.com/fa269d92-4c6d-4b34-941a-8b18a2fb2b1a>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.brighteon.com%2Ffa269d92-4c6d-4b34-941a-8b18a2fb2b1a&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccc61f73fb6e84a6d1c9b08d9ec523302%7C11d0e21>

<https://www.lifesitenews.com/news/bayer-executive-mrna-shots-are-gene-therapy-marketed-as-vaccines-to-gain-public-trust/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdisq.us%2Furl%3Furl%3Dhttps%3A%2F%2Fwww.lifesitenews.com%2Fnews%2Fbayer-executive-mrna-shots-are-gene-therapy-marketed-as-vaccines-to-gain-public-trust/>

trust%252F%253ASgWWu10dO_8kfINPtdjWLWCvDA8%26cuid%3D3540134&data=04%7C01%7Cwsboh%

#5 - The covid injection does not prevent disease based on the manufacturers safety data sheets and statistics over the last year. Natural immunity has proven to be superior. The risk of vaccine injury is astronomically higher in children. Just look at the VAERS data, invite representatives from the life insurers to present their data on claims trends. It has been all over the news that claims for young people have dramatically increased.

#6 - The covid injection does not prevent transmission of covid, again right from the manufacturers safety data sheets and statistics over the last year. The data sheets specifically state to avoid close contact with others for 4-6 weeks due to shedding from the injection. Countries with the highest vaccination rates have the highest incidence of re-infection.

Recipient become more susceptible to other pathogens, being re-infected and as the 'vaccine' manufacturer states, they can transmit by "Inhalation or Skin Contact" making them Super Spreaders.

Pfizer starting on page 62: <https://thecovidblog.com/wp-content/uploads/2021/03/C4591001-Pfizer-Clinical-Protocol.pdf#page=62>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthecovidblog.com%2Fwp-content%2Fuploads%2F2021%2F03%2FC4591001-Pfizer-Clinical-Protocol.pdf%23page%3D62&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccc61f73fb6e84a6d1c9b08d9>

All of this information is readily available from reputable health organizations and I am happy to send you information to back up the statements, but you should already know this. It's your business.

You have poked the bear and parents are not giving up on this one. Stop trying to mandate covid vaccines for school attendance. What you are trying to do is unlawful and indefensible. Do you really want to give parents another reason to pull their kids out of our already lousy WA State schools?

Sincerely,

Annette Kessler

Edmonds School District resident

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccc61f73fb6e84a6d1c9b08d9>
Secure Email.

From: Smith, Edward A
Sent: 2/9/2022 2:55:38 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hi.

I am writing regarding the decisions being made about future vaccine requirements. I am not sure what science you would base that decision on for Covid.

First of all, there is zero statistical risk for kids from any form of the variants and certainly not from the current and continuing weakened variants.

Second, the science has shown that the "vaccine" is only a therapeutic and it does not stop someone from getting or spreading covid.

Third, there are risks with any "vaccine" and this one has shown to have had the most adverse effects of any "vaccine" in history.

Fourth, you will drive kids out of traditional education and the state if you make this decision and there will be many unintended negative consequences.

Thanks for your rational consideration.

Ed

From: Tracy Hanning
Sent: 2/11/2022 10:31:22 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Good morning,

I have attended the last 2 zoom meetings regarding adding the Covid 19 experimental shot to the childhood immunizations to attend school.

I have many questions.

1. Who on this board and/or the TAG team are bonded? If SO I would like a copy of your bonds.
2. Who is licensed to give out medical advise?
3. How really is this going to be implemented when they have been proved not to work?
4. How many shots are going to be needed a year?
5. Is this really necessary when they do not Work?

I find this all disturbing and unnecessary, you are putting stress on parents that is not needed.

For you all to think you know what is best instead of Parents is disgusting.

All the mis information I have listened to you all speak about is really appalling as well.

VAERS has covered up many deaths and adverse reactions are not being recorded, CDC has admitted these shots and masks don't work.

Show me the peer reviews~ show me the paperwork that says this virus has been isolated, None of this has been approved,

Pfizer and Moderna shots that are so called approved, are not even available~

This is all EUA and we are in charge of our own bodys, Not the government!

Please respond back to my email with the questions I have asked.

Thank You

Tracy Hanning

Concerned parent

Also when are the next 2 meetings on this subject~

From: RACHAEL HANSEN
Sent: 2/14/2022 2:51:53 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Janine Burkhardt
Sent: 2/10/2022 11:45:13 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I want to express my concern regarding requiring children to be vaccinated with the current COVID vaccine.

Please do not be fooled by the projections and graphs. These models and research records are not enough for you to make an informed decision. No talk about the immunity gotten by students after catching COVID, no matter what variant. The fact that morbidity is lower for children catching COVID than taking the vaccine is unacceptable. They can paint this picture 7 ways to 7,000 ways but the truth is not going away. There has not been any case studies of a significant matter that help you make an informed decision.

Think about the fact that testing came available and widely used late 2022 and, the numbers are being shown that cases are going up. Don't believe all of the vaccine information When most of it is missing crucial parts. And most importantly, the affects of the vaccine on children, the injuries, the lack of reversing any adverse reactions and the fact that drug companies are not liable.

You will be held accountable for crimes against humanity. We will not let this be our recommendations without taking you all to court.

Janine Burkhardt
Very concerned parent
35 year resident in Snohomish Wa
Janinebur@msn.com

Sent from my iPhone

From: ANNA CHOATE
Sent: 2/10/2022 7:52:43 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Tyler Litzenberger

Sent: 2/15/2022 7:50:06 AM

To: 'Dasegowda Lokesh Marenayakanapalya','Tanya

Goodman','maraldom@issaquah.wednet.edu','schoolboard@issaquah.wednet.edu','weavers@issaquah.wednet.edu'

Subject: RE: SuperBowl & The Big Game



attachments\BDC200E046474A65_image002.jpg

External Email

We were told by a LWSD Board Member that the Board has no authority in decision making regarding masking. Apparently that's proven to be untrue. We've lost trust in our elected "leaders". This masking exercise has never been about Covid, it's entirely about control, and using children as pawns to force control is as bad as it gets from politicians. Kettle Falls showed Washingtonian parents leadership yesterday and we're very proud of them for doing so.

In the numerous parent teacher conferences my wife and I have had since Covid, we've learned teachers are over it. They're seeing the drop in educational value. They're frustrated at masking. They're frustrated at mandates and hearing complaints daily from parents, and many of them are turning on their Unions. Our parent groups are fully behind the teachers, support the teachers and encourage the teachers to turn against their unions. Withdraw from their unions, whatever it takes.

Masking needs to end immediately. And trading the clot shot for masking is a non-starter.

The evidence that children have a 99.98% survival rate against the November 2019 variant of Covid is a risk we're all willing to take as a society; considering we all know that Omicron is a) far less concerning and b) numbers of deaths are nearly zero across all age groups.

Where did Washington's share of the \$130B in Covid Relief Funds go? Those funds were explicitly sent to the States for air filtration in schools. What was completed in the LWSD, Bellevue and Issaquah districts? It's pretty embarrassing that after spending all that money on air filtration, you folks are still requiring children with a 100% survival rate to wear a cloth over their nose and mouth. Absolutely awful.

The real questions are, why should we listen to you about anything else going forward? Why should we trust you?

End the mandates immediately. They never should have been passed in the first place.

From: Dasegowda Lokesh Marenayakanapalya <lokesmd@me.com>
Sent: Monday, February 14, 2022 10:17 PM
To: Tanya Goodman <goodman_tanya@outlook.com>
Cc: superintendent@k12.wa.us; sarrafans@bsd405.org; watsonc@bsd405.org;
shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org;
pattersony@bsd405.org; gallingerh@issaquah.wednet.edu;
weavers@ussaquauh.wednet.edu; mullings2@issaquauh.wednet.edu;
moorea@issaquauh.wednet.edu; maraldom@issaquauh.wednet.edu;
thieler@issaquah.wednet.edu; schoolboard@issaquauh.wednet.edu; jholmen@lwsd.org;
elaliberte@lwsd.org; mstuart@lwsd.org; sbliester@lwsd.org; ccarlson@lwsd.org;
lchoi@lwsd.org; boardmembers@lwsd.org; michaela.miller@k12.wa.us;
jenny.plaja@k12.wa.us; maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us;
jon.mishra@k12.wa.us; veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us;
kcexec@kingcounty.gov; wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov;
yutao.pku@gmail.com; gulick.alissa@gmail.com; Alisaroseyuen@gmail.com;
ams0808@hotmail.com; amyandrea30@hotmail.com; amysahagian@msn.com;
the5brainards@yahoo.com; amya@425fitness.com; andrewgustafson@live.com;
angelap@siboguru.com; ahasheva@gmail.com; anib@keystonerei.net;
art.n.jury@gmail.com; theweiners@outlook.com; barbpender@comcast.net;
barbarajean816@gmail.com; barnali.basu@gmail.com; beekieknapp55@gmail.com;
drbenlynn@icloud.com; mspufkin@hotmail.com; brknutson@comcast.net;
Candacehulse@johnlscott.com; carolynmmell@gmail.com; chadwridout@gmail.com;
cpirozokpse@gmail.com; chris@calvary-ranch.com; christianannelson@gmail.com;
christieallen@live.com; moricm2015@gmail.com; cin-cin@comcast.net;
clairespiano@yahoo.com; ldcope3@gmail.com; cynthiadvn@yahoo.com;
tigger@live.com; debbiemyoung@msn.com; deetole67@gmail.com;
destineytompkins@comcast.net; ddsprings@gmail.com; dionneirvin@gmail.com;
dlange@windermere.com; ladyquacker@gmail.com; doron9528@gmail.com;
lin.muimui@gmail.com; ecrumpacker@yahoo.com; ericacoogan1@gmail.com;
egemmill617@gmail.com; erin.penberthy@yahoo.com; feliciaann32@hotmail.com;
kylefran.clark@gmail.com; gennzee@yahoo.com; gina-kevin@comcast.net;
g.canada@hotmail.com; greggsmitthjr@hotmail.com; heathertate@rocketmail.com;
irena.pashchenko@gmail.com; jacq.lmn@gmail.com; jamielynn0221@yahoo.com;
jywang@hotmail.com; janetn@comcast.net; jharris8682@outlook.com;
jdpez@hotmail.com; jennlynn.w@gmail.com; farinasj@hotmail.com;
jennifergauthier@hotmail.com; jgoldsworthy01@gmail.com;
jeremy_munn@hotmail.com; jesselhatfield@gmail.com; jessicaeisenman@gmail.com;
jkmorris21@yahoo.com; jessica.stober@gmail.com; jing_ever@yahoo.com;
jody.isaac100@gmail.com; ellek6@comcast.net; josephkristyberthierjr@gmail.com;
juliekennedy1414@gmail.com; info@hoffmanforseattle.com; Julie.Granahan@gmail.com;
julie.olsen02@me.com; justin1elin@gmail.com; mail2kanu@gmail.com;
crabbykc22@gmail.com; karoljones500@gmail.com; kathwa@gmail.com;
talleykathleen@msn.com; ksandvig@gmail.com; klane@lanecoburn.com;
jordan345@hotmail.com; kimzmail@tutanota.com; jkclarks@msn.com;
kbb7072@live.com; kirbyapel@gmail.com; kregkendall@msn.com;
kristen_magnuson@isomedia.com; kristenrieb@gmail.com;
Kristinnelson7@protonmail.com; krmashak@yahoo.com;
kristinevanbuskirk74@gmail.com; kristy213Lynn@gmail.com; laceylisbeth@hotmail.com;

Lorabella4@aol.com; laurytelt@gmail.com; Ljpetc@protonmail.com;
Laurieenglund@earthlink.net; leahchill@gmail.com; ghettilia@yahoo.com;
lilivaz79@hotmail.com; northrivercat@protonmail.com; lisa.templeton@outlook.com;
lisa@brettmelton.com; lobat@alchemyhc.com; majaarnold13@gmail.com;
mnartea@protonmail.com; drmarkadams@protonmail.com; lindsayclan@outlook.com;
melissa_jenkins@outlook.com; michelle.wilbur@gmail.com; michellej@windermere.com;
michelle.chattin@gmail.com; michelle_giles@live.com; mmutzel@gmail.com;
mindy@barrettfincianal.com; monicazone@yahoo.com; nml1976@gmail.com;
naomi_tar79@outlook.com; nicolecwork@gmail.com; noraberry@hotmail.com;
marquiss_24@hotmail.com; pabbage@hotmail.com; pmc47@comcast.net;
pamigarrett@hotmail.com; pactide@msn.com; curran.t@comcast.net;
paula_brierley@hotmail.com; icarus@snappyreports.com;
purrfectpetserviceswa@gmail.com; thenobs@hotmail.com;
ramseyramerman@gmail.com; Rbayala@hotmail.com; reba8311@gmail.com;
Beccousa@gmail.com; regan131@hotmail.com; jreneecam@gmail.com;
richard8780@gmail.com; risamae84@yahoo.com; robth@directionsonmicrosoft.com;
russell007@comcast.net; sadie.arnold@gmail.com; fleurdesara@outlook.com;
sbyeman@gmail.com; vuralseda@gmail.com; shannontreynolds@outlook.com;
burtshelly@yahoo.com; budda331@prontonmail.com; shirley.pho@gmail.com;
sophiedolezel876@gmail.com; daum@msn.com; stephlecovin@outlook.com;
wine.stew@gmail.com; sundimathewson@comcast.net; taimayjones@gmail.com;
theresalane@comcast.net; thotton@icloud.com; tinalpalmer@gmail.com;
venitabenitez@yahoo.com; walgs@hotmail.com; williamwidmer@yahoo.com;
dryael101@gmail.com; chori84@gmail.com; brooke.alles@icloud.com;
jmcarthur86@hotmail.com; kellyrad@gmail.com; Brklyndavis@gmail.com;
Shamralee@hotmail.com; brittneyahinojosa@gmail.com; yeagers2011@outlook.com;
stephanie.adams@comcast.net; catchristensen4@gmail.com;
tararickycrabbe@icloud.com; janetnelsonbanks@gmail.com; Tyler Litzenberger
<TLitz@vectorrecorp.com>; Karilynd@me.com; Monica.legatt@gmail.com;
Bovic999@gmail.com; newsdesk@973kiro.com
Subject: Re: SuperBowl & The Big Game

Issaquah, Bellevue, LakeWA School Districts, OSPI, WA State Education, WSBOH and
King county commissioner.

If you still have some conscience left in you, after watching that Super Bowl, you will act upon and immediately remove the mask mandates from the schools. You might think you have helped the children by masking them but have no idea how badly it has affected the children and their health. Enough of big talks and researching on this topic, it's time to act and the best action is to remove mandates. If some parents still feel they need masks they can send their kids with masks on and no one will stop them. But parents like us who strongly believe in science and have enough research to prove that masks don't work demand you to end this mandates and now.

Thanks and Regards,

Lokesh Marenayakanapalya

Qualified enough to speak on behalf of my daughter and all the kids/parents that are suffering due to these mandates.

(For the records: ISD parent)

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH,
and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less
fans adorned the stadium in CA for the 'big game', it sure brought attention to millions
sitting at home watching that we have been played. We've been played by our State
Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be
rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Jennifer Bandy
Sent: 2/13/2022 9:57:28 PM
To: DOH WSBOH
Cc:
Subject: TAG considering Covid vaccine for school children

External Email

Hello.

I am a parent of 3 children in Washington public schools, as well as a school district employee. I listened to most of the TAG meeting on Feb. 10. A number of things caught my attention that caused concern, so I am sending them to you to consider, as you prepare to consider whatever recommendation the TAG makes at the end of their process.

1 – There was considerable concern and a lot of conversation around criteria 6, “vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.” Conversation centered around this being an “unstable disease” with different variants calling for different answers to that question, and recognition that by the time a decision and implementation of a mandate would happen, conditions will be different again, in ways we cannot foresee. TAG members were not even sure what to base their answer to this question on – the current situation, their best-guess projections for the future? Given that this virus is new and changing frequently, putting a permanent requirement into place now hoping that it is effective down the road is wildly inappropriate.

2 – The lack of data and studies specific to children stood out a number of times. Several presenters (the doctors in particular) gave statistics about the rate of infection/hospitalization/death for children throughout the pandemic, as well as discussion of some of the more severe outcomes. However, there were not studies to present for how vaccination rates affect the rate of illness or spread in children. There were not studies about the age range that this requirement would impact. One presenter brought up the universities who have implemented vaccine requirements and how things have gone there. Another presenter brought up studies about NBA players. While interesting, those are not children. That information cannot be the basis of deciding whether to require a vaccine for children – studies involving large numbers of children over time are what would allow for that to be done in an appropriate manner. It is not the role of Washington state to project data from studies of young and healthy adults onto a population of children and decide to require such a new, untested vaccine. Medical care for children is different. One TAG member spoke up about representing the children in child-care settings, where there are not nurses on staff, where there are children who are not yet eligible for the vaccine even on an emergency use basis. How could the state possibly make a requirement in such a situation? There is literally zero data because no kids 0-4 have received the vaccine yet.

3 – Given the discussions above, the question of timing was raised. The answer from one of the co-chairs was alarming. He said that this process is in place now because it allows

for the steps to be taken in order to get the vaccine requirement established and implemented for the 2022-23 school year. He said that if data evolves over the next few weeks, TAG members could change their votes on the criteria from the 2/10 meeting. That is not right! If the data is changing so fast that a committee member would need to change his/her vote during a 2 month process, the data is changing too fast to be making such a weighty decision. Things need to stabilize before we can implement a requirement! Why the rush? It certainly should not be that the goal of a certain timeline causes the process to be rushed. The process needs to be completed in full and each criteria answered clearly and without the concern of all this uncertainty, no matter when that clarity would come. If the TAG or BOH is approaching this with a timeline goal in mind, the due diligence to fully answer these questions cannot be carried out. Don't rush this.

I understand that the TAG has a specific role in this process, evaluating the Covid vaccine in light of the 9 criteria items. I have a number of additional concerns that I will send along in a different email. The above are specifically related to the TAG meeting of 2/10. The general feel I walked away from that meeting with was that this is being rushed. That is not right. The presentations and discussion yesterday would be reasonable grounds for the BOH giving a Recommendation to Vaccinate statement, but any decision other than "wait", based on what is known and unknown now, is irresponsible at best, and will have damaging ramifications in a number of areas for the children of Washington. Do not add the Covid vaccine to required immunizations for schools.

Thank you for hearing and considering these thoughts.

Jennifer Bandy

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows 10

From: Chris Spahn
Sent: 2/14/2022 5:30:27 PM
To: Tanya Goodman,Reykdal, Chris (DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org,Micheala,Plaja,
Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us,Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)
Subject: RE: SuperBowl & The Big Game



attachments\201B422B9F0E4191_image001.png

External Email

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner,

I had two interesting conversations with the King County Health Department. Both employees told me that they cloth and surgical masks do not help against Omicron and we should wear N95s. Obviously, you aren't going to put N95 masks on our kids for 7 – 12 hours/day. If the health department is saying the masks don't help, why the heck are our kids still in masks? It seems punitive at this point. □

Chris Spahn

Calvary Ranch | Owner

(206) 683-6056

From: Tanya Goodman <goodman_tanya@outlook.com>
Sent: Monday, February 14, 2022 4:53 PM
To: superintendent@k12.wa.us; sarrafans@bsd405.org; watsonc@bsd405.org; shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org; pattersony@bsd405.org; gallingerh@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; mooorea@issaquah.wednet.edu; maraldom@issaquah.wednet.edu; thielier@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; jholmen@lwsd.org; elaliberte@lwsd.org; mstuart@lwsd.org; sbliesner@lwsd.org; ccarlson@lwsd.org; lchoi@lwsd.org; boardmembers@lwsd.org; michaela.miller@k12.wa.us; jenny.plaja@k12.wa.us; maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us; jon.mishra@k12.wa.us; veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us; kcexec@kingcounty.gov; wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov
Cc: yutao.pku@gmail.com; gulick.alissa@gmail.com; Alisaroseyuen@gmail.com; ams0808@hotmail.com; amyandrea30@hotmail.com; amysahagian@msn.com; the5brainards@yahoo.com; amya@425fitness.com; andrewgustafson@live.com; angelap@siboguru.com; ahasheva@gmail.com; anib@keystonerei.net; art.n.jury@gmail.com; theweiners@outlook.com; barbpender@comcast.net; barbarajean816@gmail.com; barnali.basu@gmail.com; beckieknapp55@gmail.com; drbenlynn@icloud.com; mspufkin@hotmail.com; brknutson@comcast.net;

candacehulse@johnlscott.com; carolynmmell@gmail.com; chadwridout@gmail.com;
cpirozokpse@gmail.com; Chris Spahn <chris@calvary-ranch.com>;
christianannelson@gmail.com; christieallen@live.com; moricm2015@gmail.com; cin-
cin@comcast.net; clairespiano@yahoo.com; ldcope3@gmail.com;
cynthiadvn@yahoo.com; tigger@live.com; debbiemyoung@msn.com;
deetole67@gmail.com; destineytompkins@comcast.net; ddsprings@gmail.com;
dionneirvin@gmail.com; dlange@windermere.com; ladyquacker@gmail.com;
doron9528@gmail.com; lin.muimui@gmail.com; ecrumpacker@yahoo.com;
ericacoogan1@gmail.com; egemmill617@gmail.com; erin.penberthy@yahoo.com;
feliciaann32@hotmail.com; kylefran.clark@gmail.com; gennzee@yahoo.com; gina-
kevin@comcast.net; g.canada@hotmail.com; greggsmithjr@hotmail.com;
heathertate@rocketmail.com; irena.pashchenko@gmail.com; jacq.lmn@gmail.com;
jamielynn0221@yahoo.com; jywang@hotmail.com; janetn@comcast.net;
jharris8682@outlook.com; jdpez@hotmail.com; jennlynn.w@gmail.com;
farinasj@hotmail.com; jharris8682@outlook.com; jennifergauthier@hotmail.com;
jgoldsworthy01@gmail.com; jeremy_munn@hotmail.com; jesselhatfield@gmail.com;
jessicaeisenman@gmail.com; jkmorris21@yahoo.com; jessica.stober@gmail.com;
jing_ever@yahoo.com; jody.isaac100@gmail.com; ellek6@comcast.net;
josephkristyberthierjr@gmail.com; juliekennedy1414@gmail.com;
info@hoffmanforseattle.com; Julie.Granahan@gmail.com; julie.olsen02@me.com;
justin1elin@gmail.com; mail2kanu@gmail.com; crabbykc22@gmail.com;
karoljones500@gmail.com; kathwa@gmail.com; talleykathleen@msn.com;
ksandvig@gmail.com; klane@lanecoburn.com; jordan345@hotmail.com;
kimzmail@tutanota.com; jkclarks@msn.com; kbb7072@live.com; kirbyapel@gmail.com;
kregkendall@msn.com; kristen_magnuson@isomedia.com; kristenrieb@gmail.com;
Kristinnelson7@protonmail.com; krmashek@yahoo.com;
kristinevanbuskirk74@gmail.com; kristy213Lynn@gmail.com; laceylisbeth@hotmail.com;
Lorabella4@aol.com; laurytelt@gmail.com; Ljpetc@protonmail.com;
laurieenglund@earthlink.net; leahchill@gmail.com; ghettilia@yahoo.com;
lilivaz79@hotmail.com; northrivercat@protonmail.com; lisa.templeton@outlook.com;
lisa@brettmelton.com; lobat@alchemyhc.com; lokeshmd@me.com; ldcope3@gmail.com;
majaarnold13@gmail.com; mnartea@protonmail.com; drmarkadams@protonmail.com;
lindsayclan@outlook.com; melissa_jenkins@outlook.com; michelle.wilbur@gmail.com;
michellej@windermere.com; michelle.chattin@gmail.com; michelle_giles@live.com;
mmutzel@gmail.com; mindi@barrettfinancial.com; monicazone@yahoo.com;
mspufkin@hotmail.com; nml1976@gmail.com; naomi_tar79@outlook.com;
nicolecwork@gmail.com; noraberry@hotmail.com; marquiss_24@hotmail.com;
pabbage@hotmail.com; pmc47@comcast.net; pamigarrett@hotmail.com;
pactide@msn.com; curran.t@comcast.net; paula_brierley@hotmail.com;
icarus@snappyreports.com; purrfectpetserviceswa@gmail.com; thenobs@hotmail.com;
ramseyramerman@gmail.com; Rbayala@hotmail.com; reba8311@gmail.com;
Beccousa@gmail.com; regan131@hotmail.com; jreneecam@gmail.com;
richard8780@gmail.com; risamae84@yahoo.com; robth@directionsonmicrosoft.com;
russell007@comcast.net; sadie.arnold@gmail.com; fleurdesara@outlook.com;
sbyeman@gmail.com; vuralseda@gmail.com; shannontreynolds@outlook.com;
burtshelly@yahoo.com; budda331@prontonmail.com; shirley.pho@gmail.com;
sophiedolezel876@gmail.com; daum@msn.com; stephlecovin@outlook.com;
wine.stew@gmail.com; sundimathewson@comcast.net; taimayjones@gmail.com;
theresalane@comcast.net; thotton@icloud.com; tinalpalmer@gmail.com;
venitabenitez@yahoo.com; walgs@hotmail.com; williamwidmer@yahoo.com;
dryael101@gmail.com; chori84@gmail.com; Brooke.alles@icloud.com;
jmcarthur86@hotmail.com; kellyrad@gmail.com; Brklyndavis@gmail.com;
Shamralee@hotmail.com; brittneyahinojosa@gmail.com; yeagers2011@outlook.com;
stephanie.adams@comcast.net; catchchristensen4@gmail.com;
tararickycrabbe@icloud.com; janetnelsonbanks@gmail.com; TLitz@vectorrecorp.com;
Karilynd@me.com; Monica.legatt@gmail.com; Bowic999@Gmail.com;
newsdesk@973kiro.com

Subject: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: (null) (null)

Sent: 2/10/2022 10:55:54 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Adding experimental medical treatment to school requirement is criminal act.

External Email

It's beyond stupid and ridiculous, it is pure evil!

You will be criminals if you add the experimental medical treatments to school requirements.

Remember Nuremberg code!

From: Glasoe, Stuart D (SBOH)
Sent: 2/11/2022 10:24:12 AM
To: DOH WSOH
Cc:
Subject: FW: Vaccine Mandates

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: John Olson <heynowyeaow@gmail.com>
Sent: Friday, February 11, 2022 9:49 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Vaccine Mandates

External Email

To whom it may concern,

If vaccine Mandates are made in Washington you will see a mass Exodus of students from the public school system. If you think the Trucker brigade in Canada is big, just wait.

I promise that if you decide to inject something we know little about into our kids, my kids will be taken out of public schools.

Do not make this mistake. You will not win. Listen to science. Out body, or choice.

John Olson

From: Cathy
Sent: 2/10/2022 11:18:32 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate for K-12

External Email

I am writing you to ask you to vote NO to vaccine requirements for K-12 Wa children. This requirement is wrong. You are recommending an experimental gene therapy on our precious children. There are no long term effect studies, this vaccine does not work to prevent Covid. Children are the least at risk for getting sick from Covid. I feel that anyone who forces this on any person, especially children, should be charged with violating the Nuremburg Code. Everything about these forced mandates is against civil rights and the Constitution. Lawsuits are pending. Do not force this dangerous experiment on our children.

Cathy Castro
Snohomish Wa
Sent from my iPhone

From: Heather Douglas
Sent: 2/9/2022 4:36:07 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,
I am strongly opposed to requiring a Covid vaccine as part of the mandatory vaccines needed for children to attend school. Studies show that school age children have a 99.9% survivability rate when they contract Covid. The side effect profile of the available EMERGENCY vaccines are greater than 0.01% in which case it is safer for our children to contract Covid and then have natural immunity, which is stronger than vaccine immunity, than to be vaccinated and have potential side effects from the vaccine. In addition, receiving the Covid vaccine does NOT prevent acquiring or transmitting Covid so it should not even be considered a vaccine, it is more like the flu shot which could prevent some disease but is not a cure for the flu. The Covid vaccine should be a parental choice and not a government mandate. Period. Please vote NO to requiring the vaccine for children attending school.
Best, Heather

Heather Douglas

Stylist - Stella & Dot
(206) 604-1383

<http://www.stelladot.com/heatherdouglas>
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.stelladot.com%2Fheatherdouglas>>

Home Run Self Storage @ Horn Rapids
Office phone - (509) 426-7427

From: Jerry Paine
Sent: 2/11/2022 5:34:56 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/11/2022 11:09:53 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/17/2022

2.

Agenda Item or Issue:

COVID 19

3.

Your Name:

Erica

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

Prinnylynne@gmail.com

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

1. Yes

I'm a mother, looking out for the best interest of her child.

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Recommending the BOH to add the experimental Covid 19 jab to the schedule of vaccinations to enter school.

11.

Are you Pro or Con on the proposal?

2. Con

All medical related issues should be left solely to the parents. Children are not at risk of being hospitalized if they get Covid. Where is the long term data on these experimental jabs? We do not know how they will affect children long term.

From: Cody Lloyd
Sent: 2/11/2022 11:07:56 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am writing for voice my concern about requiring the Covid Vaccine for school children of any age. I do not feel that my child nor anyone else's child be required to be vaccinated for Covid to attend school. This is a decision that should made by myself as a parent, my child and our child's doctor. I feel there has not been enough research done on the vaccine and we do not know the long term effects of it.

This virus is constantly changing as well as the directives from our Chief Medical Advisor Dr. Fauci. Children are our greatest asset and the future of our Nation, we need to make sure that we are doing what is best. In this current time with everything constantly changing, the number of shots required, masking or not masking. Different options of treatment we need to wait on requiring this vaccine for our children, we cannot take back the vaccine once we give it.

Thank you

Cody S Ellison
Sent from iPhone

From: Cherie Hunter
Sent: 2/11/2022 2:44:14 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Moore, Ryan
Sent: 2/10/2022 4:31:01 PM
To: DOH WSBOH
Cc:
Subject: Questions about Today's TAG Meeting



attachments\3FEACF4C817C49BF_image001.png

External Email

Hi – In case Nathan's out today, I'm hoping you can answer my two questions. I'm skeptical the first is accurate; hence the query. Thanks!

From: Moore, Ryan
Sent: Thursday, February 10, 2022 3:34 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: RE: Now Available: November 10 Draft Agenda for State Board of Health Public Meeting

Nathan,

Hi, busy on the floor on the Senate, so didn't have a chance to listen in to today's TAG meeting. I'm told that the TAG voted to recommend the Covid 19 vax be added to the list of vax required to attend school. Is that accurate?

And, by chance, do you know roughly how many responses the Board received to its parent/caregiver survey?

Thanks!

Ryan Moore

Budget Counsel

Senate Republican Caucus

Phone: (360) 786-7039

Deap Vally, a.k.a. The Best Band in the World, "Smile More"
https://www.youtube.com/watch?v=_PBiEJO-FNI

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=FNI&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2aebdcf844964aa3c5a308d9ecf5a896%7C11d0e2>

The Washington State Budget Universe Map:

https://leg.wa.gov/Senate/Committees/WM/Documents/Publications/Budget%20Universe/36708_BudgetUniverse23.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fleg.wa.gov%2FSenate%2FCommittees%2FWM%2FDocuments%2FPublications%2FBudget%20Universe%2F36708_BudgetUniverse23.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2aebdcf844964aa3c5a308d9ecf5a896%7C11d0e2

From: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov

<<mailto:Nathaniel.Thai@sboh.wa.gov>> >

Sent: Thursday, October 28, 2021 4:36 PM

To: Moore, Ryan <Ryan.Moore@leg.wa.gov <<mailto:Ryan.Moore@leg.wa.gov>> >

Subject: RE: Now Available: November 10 Draft Agenda for State Board of Health Public Meeting

CAUTION: External email.

Hello,

Nothing scheduled on the November agenda is to discuss immunizations requirements for school entry.

Best regards,

Nathan Thai

Communications Consultant

Washington State Board of Health

Nathaniel.Thai@doh.wa.gov <mailto:Nathaniel.Thai@doh.wa.gov>

360-236-4101

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
, Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH8>>
, Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0>>

From: Moore, Ryan <Ryan.Moore@leg.wa.gov <mailto:Ryan.Moore@leg.wa.gov> >

Sent: Thursday, October 28, 2021 2:51 PM

To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov
<mailto:Nathaniel.Thai@sboh.wa.gov> >

Subject: RE: Now Available: November 10 Draft Agenda for State Board of Health Public Meeting

External Email

Nathan,

Thank you, still new to this . . . appreciate the help.

So, looking at the agenda, there's no K-12 school children vax issue on the agenda, right?

Cheers,

Ryan

From: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov
<mailto:Nathaniel.Thai@sboh.wa.gov> >
Sent: Thursday, October 28, 2021 2:40 PM
To: Moore, Ryan <Ryan.Moore@leg.wa.gov <mailto:Ryan.Moore@leg.wa.gov> >
Subject: RE: Now Available: November 10 Draft Agenda for State Board of Health Public Meeting

CAUTION:External email.

Hello Ryan,

Item #11 on the agenda is the rules hearing to receive public comment on the proposed rule revisions to chapter 246-100 WAC, Communicable and Certain Other Diseases. The Board may take action to adopt the proposed rules. The CR-102
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2F>
provides the detail on the proposed rule revisions.

Best regards,

Nathan Thai

Communications Consultant

Washington State Board of Health

Nathaniel.Thai@doh.wa.gov <mailto:Nathaniel.Thai@doh.wa.gov>

360-236-4101

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>

, Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH&data=04%7C01>

, Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=04%7C01>

From: Moore, Ryan <Ryan.Moore@leg.wa.gov <mailto:Ryan.Moore@leg.wa.gov> >
Sent: Wednesday, October 27, 2021 5:07 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov
<mailto:Nathaniel.Thai@sboh.wa.gov> >
Subject: RE: Now Available: November 10 Draft Agenda for State Board of Health Public Meeting

External Email

Hi,

Can you elaborate on what item #11 is? I can't really decipher what is going to be discussed.

Thanks!

Ryan Moore

From: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov
<mailto:Nathaniel.Thai@sboh.wa.gov> >
Sent: Wednesday, October 27, 2021 4:23 PM
To: Bruce Guthrie <spdsk8@aol.com <mailto:spdsk8@aol.com> >; Hersh, Dorene (DOHi) <dorene.hersh@kingcounty.gov <mailto:dorene.hersh@kingcounty.gov> >; Esser, Luke <lukeesser@aol.com <mailto:lukeesser@aol.com> >; Galaviz, Serena <Serena.Galaviz@kingcounty.gov <mailto:Serena.Galaviz@kingcounty.gov> >; Gallagher, Heathler <hgallagher@arcorafoundation.org
<mailto:hgallagher@arcorafoundation.org> >; Garcia, Gabriela <gbygrcia@yahoo.com.mx <mailto:gbygrcia@yahoo.com.mx> >; Garcia, Karina <karinag@rays.org <mailto:karinag@rays.org> >; Garcia, Norma <ngarcia@healthpointchc.org <mailto:ngarcia@healthpointchc.org> >; Garcia, Priscilla <pgarcia@mlchc.org <mailto:pgarcia@mlchc.org> >; Garcia, Victoria <victoria.garcia@seattlechildrens.org <mailto:victoria.garcia@seattlechildrens.org> >; Gardipee, Maria <maria.gardipee@doh.wa.gov <mailto:maria.gardipee@doh.wa.gov> >; Gardner Gleser, CC <cc@ccandjosh.com <mailto:cc@ccandjosh.com> >; Garly, K. <garlyk@u.washington.edu <mailto:garlyk@u.washington.edu> >; Gary, Pauline <paulineg@ccsww.org <mailto:paulineg@ccsww.org> >; Gattman, Nova (WTB) <nova.gattman@wtb.wa.gov <mailto:nova.gattman@wtb.wa.gov> >; Gavigan, Charlie <Charlie.Gavigan@leg.wa.gov <mailto:Charlie.Gavigan@leg.wa.gov> >; Gelb, Richard <richard.gelb@kingcounty.gov <mailto:richard.gelb@kingcounty.gov> >; Gibson, John <johngibson396@msn.com <mailto:johngibson396@msn.com> >; Gifford, David <Dave.Gifford@DOH.WA.GOV <mailto:Dave.Gifford@DOH.WA.GOV> >; Gil, Sylvia

McCrudden, Judy <jmccrudden@oesd.wednet.edu
<mailto:jmccrudden@oesd.wednet.edu> >; McDonald, Travis <dotcomvapor@gmail.com
<mailto:dotcomvapor@gmail.com> >; McDonell, Karen <kmcdonell@mindspring.com
<mailto:kmcdonell@mindspring.com> >; McGill, Jason <Jason.McGill@gov.wa.gov
<mailto:Jason.McGill@gov.wa.gov> >; McKnight, Gregory B
<Greg.McKnight@doh.wa.gov <mailto:Greg.McKnight@doh.wa.gov> >; McLaws, Jeanne
<jmclaws@myriad.com <mailto:jmclaws@myriad.com> >; McManus, Brian
<bmcmanus@wsu.edu <mailto:bmcmanus@wsu.edu> >; McWilliams, Sierra
<SierraM@ATG.WA.GOV <mailto:SierraM@ATG.WA.GOV> >; Melick, Zach
<ZMelick@peacehealth.org <mailto:ZMelick@peacehealth.org> >; Mero, Jeff
<jeffm@awphd.org <mailto:jeffm@awphd.org> >; Miller, Lauri
<laurimiller@mvsd320.org <mailto:laurimiller@mvsd320.org> >; Miller, Michelle A
(DOH) <Michelle.Miller@doh.wa.gov <mailto:Michelle.Miller@doh.wa.gov> >; Miller, Rad
<rad.miller@recoveryinnovations.org <mailto:rad.miller@recoveryinnovations.org> >;
Mitchell, Becky (DOH) <Becky.Mitchell@doh.wa.gov
<mailto:Becky.Mitchell@doh.wa.gov> >; Mockler, Rick
<rmockler@shd.snohomish.wa.gov <mailto:rmockler@shd.snohomish.wa.gov> >;
Moore, Ryan <Ryan.Moore@leg.wa.gov <mailto:Ryan.Moore@leg.wa.gov> >; Moran,
Dan <dan.moran@kingcounty.gov <mailto:dan.moran@kingcounty.gov> >; Morris,
Laura <lmorris@ci.tacoma.wa.us <mailto:lmorris@ci.tacoma.wa.us> >; Morris, Mike
<keystone@sosnet.net <mailto:keystone@sosnet.net> >; Moyer, Donn
<donn.moyer@doh.wa.gov <mailto:donn.moyer@doh.wa.gov> >; Murphy, Sharon
<murphys@u.washington.edu <mailto:murphys@u.washington.edu> >; Myers, Julie
(DOHi) <jmyers@co.grays-harbor.wa.us <mailto:jmyers@co.grays-harbor.wa.us> >;
Pleasant, Chance <pleasantchance1@gmail.com <mailto:pleasantchance1@gmail.com>
>; Templeton, Lisa <lisa@informedchoicewa.org <mailto:lisa@informedchoicewa.org> >
Subject: Now Available: November 10 Draft Agenda for State Board of Health Public
Meeting

CAUTION: External email.

The draft agenda

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2F2021-11-10-Draft.a.pdf%3Fver%3D2021-10-27-160810-400&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2aebdcf844964aa3c5a308d9ecf5a896%7C11d0e2>>
Agenda-2021-11-10-Draft.a.pdf%3Fver%3D2021-10-27-160810-400&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2aebdcf844964aa3c5a308d9ecf5a896%7C11d0e2
is now available for the State Board of Health's public meeting on Wednesday, November
10. We will meet from 10:00 a.m. – 2:35 p.m. Meeting materials will be available on our
website on Friday, November 5 by 5:00 p.m. Please read the proposed draft agenda for
more information about the meeting, including how to give public comments and when to
give testimony on the Communicable and Other Certain Diseases rules hearing.

To access and register for the meeting:

https://us02web.zoom.us/webinar/register/WN_S8YQaN8HQY2TIXVHX7SFtQ
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fus02web.zoom.us%2Fwebinar%2F>>

A Special Note about Public Comment:

* We encourage you to submit written public comments to the Board in advance of

the meeting. To help ensure Board members have an opportunity to read and consider your comments before the meeting, please email us your comments <<mailto:wsboh@sboh.wa.gov?subject=My%20Public%20Comments>> by Friday, November 5 by 12:00 Noon. Written comments received after 12:00 Noon on Friday will be shared with Board members; however, Board members may not have the capacity to read or consider your comments over the weekend before the meeting or during the meeting. You may give verbal comments at the meeting during the public comment or rules hearing segments.

Other Meeting Information:

- * This meeting will be held online through the Zoom Webinar application
- * Board members, presenters, and staff will participate remotely.

Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

Location

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fmaps%2Fplace%3Fq=122.9083621%2C17.317%2F&data=!3m1!1e3!1s0x549173f074205aa3%3A0x552ddc5f79ee44b6122.9061681%3Fhl%3Den&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2aebdcf844964aa3c5a308>

· Website

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2aebdcf844964aa3c5a308>

· Email <<mailto:wsboh@sboh.wa.gov>> · Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.facebook.com%2FWashingtonStateLegislature>

· Twitter

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C2aebdcf844964aa3c5a308>

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From: Aimee Speer
Sent: 2/9/2022 11:24:53 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I am writing to voice my opinion about mandatory Covid-19 vaccination as a requirement for attending schools in WA state. I do not believe that this vaccination should be mandatory but rather a choice. Each individual should be considered in this matter as the cost vs. benefit to receiving this is not the same for all. If this is mandated in WA state it will cause undue harm to students being forced to receive the vaccination when their personal risk of harm from covid is negligible, especially as we can all see that the Covid-19 vaccinations do not remove the possibility of getting or spreading Sars-Cov-2.

We will move to another state if there is no other option but to vaccinate our children with the Covid-19 vaccines, and I know we are not the only family that feels this way.

Aimee Speer

From: Larry Caldwell
Sent: 2/14/2022 12:14:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: S H
Sent: 2/10/2022 12:41:10 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members /Covid-19 vaccine requirement for school entry. (CON)

External Email

Re: School Covid-19 vaccine requirement for school entry. (CON)

To whom it may concern,

It is too soon to make this very permanent decision, there is too much polarization, and most importantly not enough long term study regarding this particular vaccine on our children! There are side effects that one must admit, if they are being truthful and following the cases, that are very unnatural and dangerous, damaging, or if nothing else, scary and even requiring hospitalization. True, they are not commonplace, but they are much more than previous immunizations cause, that were in trials and studies for much, much longer. An example of a previous vaccine released and given to children/infants that had been suspended after appx a year of use in children and infants(!!)

(ex:Rotavirus: The Government said: "Events surrounding the withdrawal of the Rotashield vaccine illustrate how well this system functions in practice. ... In the space of about one year, a vaccine was licensed and recommended for routine administration, adverse events raised a concern, further studies were conducted, and the manufacturer withdrew the vaccine knowing the government and physician community were ready to respond." (Brief 2010

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F3423242/>, 23-24)) The point is we have no long term (even short, long term studies on this particular Covid-19 vaccine in our innocent children! They have no choice. They must do what their parents say or what the government or school system tells their parents to do. They are the long term test, themselves. Many parents will say No. Record levels of parents have already pulled their children from the WA school system during this pandemic. Mandating these vaccines will not change it improve that, and in fact will make the issue even worse for the State school system enrollment issues.

Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting. With such studies having not even been done yet -and no long term health studies as of yet- why would we want to risk our children, the futures of America? To nearly every child, the risk of COVID-19 severe sickness, is almost non-existent when you look at the numbers. To them it is a cold. And parents of immunocompromised children have the option to protect them with the vaccine and/or further with other measures.

The number of vaccines we are already required to put into our children is staggering! And with this vaccine, they are still able to contract and spread! Many parents will choose to willingly vaccinated their child. Nearly as many will choose not to.

According to Washington Department of Health, K-12 currently are required a minimum of about 21 doses of various vaccines into their bodies.

Please do not force yet another, particularly this newer vaccine. I personally know quite a few right now that it would be the breaking point for them. They WILL pull their child out of the public school system, (or keep them out as the case may be) or even are ready to move from the area or state so their child can have an education. (This is not meant to appear in any way as a threat, it's just simply the truth.)

The adults are largely vaccinated, the teachers are already required.

I sincerely and respectfully ask that you please respect the many parents who believe in this case we should leave the children with their own immune systems, which is already proving (and has proved) to be very, very strong against this virus. It has not even been around long enough to know how their immune student systems will build over time! Or how the virus may weaken over time. There is too much unknown to mess with our precious children's amazing natural immune systems. Ultimately, this decision belongs between the parent and their child's doctor, not the State, political or school system.

Thank you for reading and considering.

Respectfully,
Shawnene Hersey
WOODINVILLE, WA, King County

From: Darla Ridilla
Sent: 2/9/2022 11:49:31 AM
To: DOH WSOH
Cc:
Subject: Review of Criteria 5 and 6 - Vaccines for School Age Children - 2/10 Meeting

External Email

Washington State Board of Health,

I am opposed to the requirement of Covid vaccines for children to attend school. Criteria #5 and #6 state, "the vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population" and "vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority." Children are at very low risk of getting Covid and most cases, regardless of age, are mild. This is simply the flu or common cold and no vaccine is needed. In addition, an alarming number of vaccine injuries have occurred in children to include neurological issues and myocarditis. Children are more likely to be harmed or die from the vaccine than benefit from it. The media has been suppressing the deaths and vaccine injuries that have been occurring in the population. It has also been found that the vaccine is far more harmful to children than adults. I implore the TAG to do the right thing to protect the children which is to oppose any requirements for Covid vaccines in children of any age.

Darla Ridilla

darlaridilla@gmail.com <mailto:darlaridilla@gmail.com>

"Ask not what your country can do for you – ask what you can do for your country." JFK

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Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cf618d3fc1d524a49>

From: Barnali Basu
Sent: 2/14/2022 11:16:28 PM
To: theresalane@comcast.net
Subject: Re: SuperBowl & The Big Game



attachments\51711CAE973946CF_image003.jpg



attachments\8FAD5AE4165F4634_image001.jpg



attachments\2D569E9863C84A53_image002.jpg

External Email

Issaquah, Bellevue, LakeWA School Districts, OSPI, WA State Education, WSBOH and King county commissioner.

The gig is up. We are not interested in your cherry-picked junk science any more. REMOVE mask mandates on our children with immediate effect. It's a DEMAND, not a REQUEST. We already know that schools receive money to keep our kids inhaling their exhaust all day at school under their masks. Our children are falling sick, very sick. If 70K+ people could gather for the SuperBowl unmasked, it doesn't leave a doubt even in the youngest kindergarteners of our state that masks were never about safety. If you 'mandate pushers' have any iota of conscience remaining, you will hurry up and restore the basic right (of breathing freely) of our children, NOW.

Barnali Basu
ISD parent

On Mon, Feb 14, 2022 at 10:38 PM <theresalane@comcast.net
<mailto:theresalane@comcast.net> > wrote:

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH and King county commissioner,

Two of these Pictures are Not like the Other. This is NOT OK! End Mask Mandates for Students Now!

No. More. Mandates. Thanks!

Theresa Lane

From: Shannon Reynolds <shannontreynolds@outlook.com
<mailto:shannontreynolds@outlook.com> >
Sent: Monday, February 14, 2022 5:21 PM

Enough is enough. End all the mandates now.

Perhaps if our kids were rich and famous they wouldn't have to wear their masks to school every day like the 70k fans at the super bowl last night. The hypocrisy is deafening.

On Feb 14, 2022, at 5:07 PM, David Rubino <tigger@live.com
<mailto:tigger@live.com> > wrote:

□

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com
<mailto:julie.olsen02@me.com> >
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State
Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As
70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought
attention to millions sitting at home watching that we have been played. We've been
played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask
mandates be rescinded from our schools and release our children from these harmful

practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

--

Barnali Basu

Cell : 425 638 2936

Home: 206 257 0174

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpulse.seattlechildrens.org%2Fschools-require-covid-19-vaccinations-an-ethics-expert-weighs->

in%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb03235d68c3f465e6f9e08d9ebf61007%7C11d0e2

Are you ready to be held fully responsible and personally liable for any potential trespass by harm to sons and daughters if this goes forth? I, along with many others, intend to hold you responsible for any irreversible health damage from the Covid 19 vaccine, so please vote from your innermost consciousness and the scientific data, assessing risks and benefits carefully.

Please PROTECT our children by NOT requiring the Covid 19 vaccination to attend childcare or school. Thank you for your consideration in this matter.

Kind regards,
Christiana Nelson

From: Pskowski, Samantha L (SBOH)
Sent: 2/11/2022 9:54:00 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Mandates

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: John Olson <heynewyeaow@gmail.com>
Sent: Friday, February 11, 2022 9:49 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Vaccine Mandates

External Email

To whom it may concern,

If vaccine Mandates are made in Washington you will see a mass Exodus of students from the public school system. If you think the Trucker brigade in Canada is big, just wait.

I promise that if you decide to inject something we know little about into our kids, my kids will be taken out of public schools.

Do not make this mistake. You will not win. Listen to science. Out body, or choice.

John Olson

From: Chit Chat
Sent: 2/10/2022 1:44:00 PM
To: DOH WSBOH
Cc:
Subject: regarding mandating covid vaccines for children

External Email

Members of TAG and BOH:

I listened to the presentations of Dr. Eric "om" Lofgren "om", and his information "om" was a bunch of "om" garbage. He is living in "om" an alternate "om" universe.

Covid is "om" NOT going to be around "om" forever. There is "om" no reason to be "om" adding this to the required "om" vaccines list.

You all need to read and study the document that Informed Choice of WA has prepared for you. Their information is from the real world--not made up in the "om" world of "om" academia.

<https://secureservercdn.net/198.71.233.86/7mw.a02.myftpupload.com/wp-content/uploads/2022/01/final-ICWA-to-BOH-and-TAG-on-Criteria-.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsecureservercdn.net%2F198.71.233.86%2F7mw.a02.myftpupload.com%2Fwp-content%2Fuploads%2F2022%2F01%2Ffinal-ICWA-to-BOH-and-TAG-on-Criteria-.pdf&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cfd47964898994ff5130108d9ecde5f80%7C11d0e217>>

Thank you for your time.

Valerie King

From: Michelle Andres
Sent: 2/14/2022 6:23:12 PM
To: DOH WSBOH
Subject: Fwd: WASHINGTON STATE BOARD OF HEALTH TAG MEETING FEBRUARY 10, 2022 REVIEW OF VACCINES FOR COVID



attachments\7388009DA5BE415E_Jama Natural Immunity Data Article for adults.pages

External Email

Please see the JAMA Article attached since it showed inside my original email yet did not make translation when sent. My apologies.

----- Forwarded message -----

From: Michelle Andres <coachmichelle16@gmail.com
<mailto:coachmichelle16@gmail.com> >
Date: Mon, Feb 14, 2022 at 6:15 PM
Subject: WASHINGTON STATE BOARD OF HEALTH TAG MEETING FEBRUARY 10, 2022 REVIEW OF VACCINES FOR COVID
To: <wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> >
Cc: Schoesler, Sen. Mark <Mark.Schoesler@leg.wa.gov
<mailto:Mark.Schoesler@leg.wa.gov> >, Dye, Rep. Mary <mary.dye@leg.wa.gov
<mailto:mary.dye@leg.wa.gov> >, Amy L. Phillips <aphillips@psd1.org
<mailto:aphillips@psd1.org> >, Steve Christensen <schristensen@psd1.org
<mailto:schristensen@psd1.org> >, Scott Lehrman <slehrman@psd1.org
<mailto:slehrman@psd1.org> >, <ssimmons@psd1.org <mailto:ssimmons@psd1.org>
>, jecampos@psd1.org <mailto:jecampos@psd1.org> <jecampos@psd1.org
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<mailto:rmullen@co.franklin.wa.us> >, Brad Peck <bpeck@co.franklin.wa.us
<mailto:bpeck@co.franklin.wa.us> >, Michelle Andres <coachmichelle16@gmail.com
<mailto:coachmichelle16@gmail.com> >, Joe SCHMICK <Joe.Schmick@leg.wa.gov
<mailto:Joe.Schmick@leg.wa.gov> >

Washington State Board of Health and TAG Group -

Upon review of the material and TVW broadcast provided, I find information considerably incomplete. When reviewing the studies no mention referenced on the deaths for children as to whether co-morbidities existed in the numbers provided or not. You also failed to cite the fact that 98% of cases of the virus also live - THEY LIVE in Washington State. You only focus on deaths and death numbers - both figures of deaths and covid survivors are a part of the 100% and that information should be included. Not to be insensitive to those who have died or gone through the illness but the number of people who now have natural immunity and lived is crucial to any review calling for an expensive and invasive vaccine. That's the most important number - since hospitals carry so much liability and the Covid funds provide for hospitalization - not even the number of hospitalizations is the true way to view vaccinations but rather whether we are in an Epidemic Emergency Situation any more at all. We are not.

Furthermore, no differentiation for natural immunity which follows the course of initial virus into more contagious yet less lethal variants was reviewed either - all was credited to vaccinations when both are happening at the same time and you provided only

vaccinations patterns concluding vaccinations as the only factor - this is not a comprehensive review of science. Immunity also occurs in the cycles from variant to variant. Crediting the vaccinations is also misleading - they are not VACCINATED since they are still getting Covid which continues to build cases too into the data and not properly broken out. This Coronavirus is in the same family of virus as the common cold vs Polio and others that are only transmissible human-to-human only and yet your review did not cite or refer to comparison of viruses and the difference of classes nor the fact Covid is part of this common cold family we will need to live with now - don't you think it is of worthy mention - it is relevant and germane to any recommendation you are considering. We the people do. We don't want JUST choice, we want all the information to be reviewed and verified before ANY policy is made.

You also gave NO REVIEW of Early treatments - policy cannot be made with regard to vaccinations of ANY kind adult or children to be complete until all considerations are covered. Period. Furthermore, the review by the actual practicing physicians is what PEER REVIEW means for any drug, vaccine or treatment - below please see several links to congressional testimony by Dr. Ryan Cole, Mayo Clinic Physician, Dr. Kory, Dr. Fareed, Dr. McCullough, and Dr. Risch who are frontrunners both by Ivy League Education (such as Harvard and Yale) and their expertise including virology, years of practice even with off label uses of approved medications, published findings (which out published the only Health Official Physician that was paid by grants to do studies of which he had done none on early treatment - EMBARRASSING for him!) but have much to add to this presentation for consideration. These very Physicians forecast the run of the virus we just went through from last November - that apparently many including Washington State - ground zero for the virus - ignored and many have suffered because of no options for early, out-patient treatment - that means you have incurred a liability against the people of this state - this is where it started and all considerations should have been and still should. be allowed, especially by battled-tested physicians who save lives daily.

Dr. Cole - <https://www.youtube.com/watch?v=9K73ZnbOeQI&authuser=0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv=9K73ZnbOeQI&authuser=0>

Dr. Kory - <https://www.c-span.org/video/?c4930160/user-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.c-span.org%2Fvideo%2F%3Fc4930160%2Fuser-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C68bac694cf0f4bd0923408d9f02a0c32%7C11d0e21726>

19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C68bac694cf0f4bd0923408d9f02a0c32%7C11d0e21726

Dr. Fareed, Risch, & McCullough - <https://www.c-span.org/video/?c4930160/user-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19>

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19&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C68bac694cf0f4bd0923408d9f02a0c32%7C11d0e21726

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Also - please review JAMA information highlighted in recent news clips as follows but also missing from your TAG Review that released a study on adults with natural immunity lasts at least 20 months - children have even better immune systems and you also provided no study for that - here are several news articles in case you missed them plus the JAMA article itself:

<https://video.foxnews.com/v/6295325197001#sp=show-clips>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvideo.foxnews.com%2Fv%2F6295325197001#sp=show-clips&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C68bac694cf0f4bd0923408d9f02a0c32%7C11d0e21726>

<https://video.foxnews.com/v/6173848311001#sp=show-clips>
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And Finally an extensive article citing a multitude of studies on masks and why they should be taken off of our children immediately including the impact on the environment
- <https://brownstone.org/articles/why-mask-mandates-should-be-immediately-banned/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Fwhy-mask-mandates-should-be-immediately-banned%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C68bac694cf0f4bd0923408d9f02a0c32%7C11d0e217>>

Here's what Washingtonians State Board of Health should be doing instead of moving forward on unnecessary vaccines for our kids or anyone any further - many countries have stopped vaccinating and many more are looking at early treatments such as Prades, India leading the way, not to mention, states in America who are recovered, mask free, jab optional and early treatments including monoclonal treatments are and always will be more effective with this class of viruses. This group and the State Board of Health has not only let Washingtonians down - they have done more harm than good according to the data from around the world and the U.S. and citizens know it.

Here is what Douglas County, COLORADO put out and EXACTLY what you should be doing: <https://www.douglas.co.us/health-department/covid-19/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.douglas.co.us%2Fhealth-department%2Fcovid-19%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C68bac694cf0f4bd0923408d9f02a0c32%7C11d0e217>>
- not exactly a conservative state which is telling.

There has been a prolonged reign of fear cast over Washington State that has damaged our health, economy and literally no aspect of this state has gone unaffected. Simple graphs such as was produced with an oversimplified focus on vaccinated vs unvaccinated does not paint the whole picture -we deserve only the WHOLE TRUTH, and NOTHING BUT THE TRUTH.

Please review and follow-up on the information provided - and call for hearings and studies on Early Treatment - Health Officials are not the physicians referred to as PEER Review Physicians from the field and should listen to the Physicians that are as a part of the information regarding our - OUR HEALTH. We object to any forcible government edict to vaccinate when other options are available and battle tested by the very best physicians this country has put out.

Kindly but pointedly,

Michelle M. Andres

--

Michelle M. Andres

From: dmarietmv@aol.com
Sent: 2/10/2022 7:00:52 AM
To: DOH WSBOH
Cc:
Subject: Covid shots are riskier for children than Covid is.

External Email

Dear Washington State Board of Health,

Please do not put Covid shots on the list of required injections for children.

Thank you.

Diane Thom

From: Katie Spielman
Sent: 2/10/2022 2:48:22 PM
To: DOH WSBOH
Cc:
Subject: Cov 19 Vaccine for Kids

External Email

To Whom It May Concern,

I am pro vaccine, fully vaccinated against covid 19, have taken every other vaccine that has been recommended to me, vaccinated my kids to the CDC schedule and I do not think the covid 19 vaccine should be mandated for kids to go to school at this time.

These one size fits all mandates are rigid and harmful and until you fix what is wrong with the vaccine program in this county (as someone who has cared for a vaccine injured family member, I have plenty of insight for you should you care to discuss) the trust in these programs and public health officials in general will continue to decline.

Thank you for your time!

Katie

From: Tatiana Charapova
Sent: 2/9/2022 3:10:57 PM
To: DOH WSBOH
Cc:
Subject: Vaccination

External Email

Hello,

I am writing you to ask not to implement the mandatory vaccination fir kids K-12. I was attending the last zoom meeting and got impression that all public comments were against.

I think you will have a tremendous push back if the mandat pass. The school will loose a lot of children and parents support.

Please,take it in consideration.

Thank you,

Tatiana

Sent from my iPhone

From: SJ T
Sent: 2/9/2022 3:47:06 PM
To: DOH WSBOH
Cc:
Subject: BOH meeting Feb 10, 2022

External Email

Good Afternoon TAG members and BOH members,

I've read through the slide presentations for Thursday's meeting.

Please read through Dr. Lofgren's slides, there are 2 spelling errors ("did" instead of "died" and "mails" instead of "males").

Also, I find it rather tricky that the numbers are made to look as though they are percentages instead of cases per 100,000. Therefore, 0.6 isn't even a whole person out of 100,000. Rather clever. It works well if the desire is to incite fear.

You all speak of "cases" as though they are deaths. They are not. Cases are merely infections of the virus as reported by unreliable testing procedures (high PCR cycles greater than 25, and rapid tests that have a high false-positive rate). People catch a cold and influenza all the time, yet they do not die. Very few of those who catch colds or influenza actually die. The morbidity rate should be our focus, and at that, in context of what else the child is inflicted with (diabetes, cancer, lymphoma, autoimmune disease...). "Cases" mean nothing, the word has zero value added to the conversation, if we are to be honest. And if we are to be honest, no one even knows how many kids have had covid. Most families don't report it or seek a test. There's no reason to. A positive test doesn't change the fact that covid has been contracted, nor does it influence the treatment of it. It will pass, just like the cold or influenza. We don't need to test. If you're sick, you stay home. And by the way, it'll come back around next winter when cold and flu season hits.

The slides continuously use percentages, but you fail to use the actual numbers. This is intentionally misleading. It's like if one person has covid and then one more catches it, you report a 100% increase in covid cases. The math is accurate, but the intention is shameful. Shame on you for inciting fear.

We all know that the risk of death from covid for a child 17 and under is far less than the risk of adverse effects as a result of the shots. The numbers reflect that no matter how you try to spin them. And no one knows what the long-term effects of this gene therapy will be on our kids. Only time will tell that. It is evil to allow the government to use kids as guinea pigs for their experiments.

You should not add these covid gene therapy shots to the immunization regimen for children. They are not vaccines; they do not produce immunity to the virus. Change the definition to fit the narrative all you want, but it doesn't change the facts. Please act responsibly for our children and do not add these shots.

Sincerely,
S. J. Thirtyacre

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Feb 11

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February 11, 2022

Currently the WA State DOH TAG board is doing Klaus Schwab's bidding via Inslee's push for the demand for vaccination against covid to attend school in this state.

They are dropping the narrative as Crimes against Humanity court cases are being pursued against those people, including politicians, doctors, and government officials, who were instrumental in creating the events of these last two years.

ALL of the 'data' upon which the 'covid' narrative of lockdowns, restrictions, divisiveness, destruction of business, livelihoods, and the vaxx push are being REEXAMINED for REPUBLICATION by the 'authorities' now that the public has become aware of their manipulation, and lying.

The ENTIRE covid narrative is collapsing. This includes all the misinformation, deliberate

lies, and propaganda produced by the WEF, and its allies including the WHO, over these last two years. The rate of collapse speeds by the day.
Secrets Revealed: Yours are visible.

1.

ALL decisions about vaccination by Legislators needs to be grasped as within the context of the Law of War manual. Those officials pressing the agenda of the Occupying Power to 'distress, wound, damage, maim, disable, or kill, by any, and all means' will suffer the consequences of retribution as Devolution proceeds.

2.

Most recent past examples of the Crimes against Humanity laws being applied led to convictions of politicians, civil servants, doctors, nurses, press reporters, and others. Such convictions frequently result in the death penalty being applied. It is expected that this will repeat in relation to the millions of people damaged by the 'vaccination program' as it has already been applied.

3.

Every Legislator needs to understand that they will be held personally liable for each, any, and all, deaths or injuries that result from their acquiesce to Foreign, and Occupying Power's agenda of Damage to the Populace, including attacks on children. The People are watching, there is no hiding from either participation, nor consequences.

4.

With death rates as measured by life insurance claims already up 268% so far this year for adults, and steadily rising still, the WA state legislator needs to consider that the 'vaccination program' is NOT what has been sold to them by the pharmaceutical industry captured doctors and CIVIL SERVANTS. How many WA ST employees are captured, and on the payroll of Pfizer & Moderna? Are they advising you to take a path that leads to your personal Trial for Crimes against Humanity? Legislator, Be Advised.

5.

Time is fleeting, fast reducing ANY margin for error that you may have had relative to your stance on the 'covid narrative'. As events unfold in these next weeks, your range of motion will be even further constrained as ALL YOUR PAST ACTIONS over these last two years will be the focus of public, and professional scrutiny.

6.

There is much that may be done, however, your advisors are schooled, not educated, and do not know how, nor do they practice, critical thinking. This will compound your errors over these next few years. In times of War, mistakes frequently have fatal consequences.

In order to assist you in overcoming the difficulties of filtered information in this modern age, I will be sending emails such as this periodically, and as manifesting events may warrant.

Resources

Again, to repeat:

During a time of War, all actions taken by Officials will be viewed and judged against the

larger background of the Conflict. Legislators and other officials, in all capacities, including supporting personnel, would be well advised to obtain, and read, the DOD Law of War Manual.

To download a PDF copy of the DOD LAW of War Manual:

<https://tjaglcspublic.army.mil/documents/27431/61281/DoD+Law+of+War+Manual+-+June+2015+Updated+Dec+2016/5a02f6f8-eff3-4e79-a46f-9cd7aac74a95>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftjaglcspublic.army.mil%2Fdocuments%2BJune%2B2015%2BUpdated%2BDec%2B2016%2F5a02f6f8-eff3-4e79-a46f-9cd7aac74a95&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40d6bbdcc23c4273ae9d08d9ed9d5890%7C>>

Here is a link to encapsulated description of Devolution that may assist your thinking for the Immediate, and Long term future. We are at War. Every action and decision and Vote will have significant and serious consequences.

<https://bucketeer-e05bbc84-baa3-437e-9518-adb32be77984.s3.amazonaws.com/public/images/edb32dd0-1414-4d6e-abb2-ca9134c70ee2_1280x1280.png> Patel Patriot's Devolution Series

Devolution

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FZYelYCI1Y1osqEEMI51IOwCbx5nYvNwTotfWqZIqkr2uzhpdBawnX85sIDN5KC7uEhhfJdX3CYtkyOb1ogVdNRcKj47cWe6vVtZRsLH2uay7afPYm-hNrC_AZXT3IO3GrxS851mSwE9c_csfleW-037XdGu36kka_IvxiHsFW35BXY8QqTnkLxijlFzr1vGecGzoMMK4T5TDLPrGc-fiq3UD9xv9VRpL6xmA1WO1jgMbYzm9fULNrabuvwZZjwaBXh_B2srzH8Sph2TBgaq3DootichhGcREjF5S_jTtHLSXhgnTRtiexWUcfb-sNvjB4IapTQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40d6bbdcc23c4273ae9d08d9ed9d5890%7C>

On January 20th, 2021, President Donald Trump delivered his final speech at Joint Base Andrews before boarding Air Force One, leaving the Presidency and the fate of America in the corrupt hands of Joe Biden and his handlers. Like many, I was devastated and even more so, I was confused. It was obvious that the election of 2020 was rife with fraud even th...

Read more

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg2.substack.com%2F%2FZYelYCI1Y1osqEEMI51IOwCbx5nYvNwTotfWqZIqkr2uzhpdBawnX85sIDN5KC7uEhhfJdX3CYtkyOb1ogVdNRcKj47cWe6vVtZRsLH2uay7afPYm-hNrC_AZXT3IO3GrxS851mSwE9c_csfleW-037XdGu36kka_IvxiHsFW35BXY8QqTnkLxijlFzr1vGecGzoMMK4T5TDLPrGc-fiq3UD9xv9VRpL6xmA1WO1jgMbYzm9fULNrabuvwZZjwaBXh_B2srzH8Sph2TBgaq3DootichhGcREjF5S_jTtHLSXhgnTRtiexWUcfb-sNvjB4IapTQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40d6bbdcc23c4273ae9d08d9ed9d5890%7C>

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Comment

<https://cdn.substack.com/image/fetch/w_32,c_scale,f_png,q_auto:good,fl_progressive:steep/https%3A%2F%2Femail.mg2.substack.com%2F%2FZYelYCI1Y1osqEEMI51IOwCbx5nYvNwTotfWqZIqkr2uzhpdBawnX85sIDN5KC7uEhhfJdX3CYtkyOb1ogVdNRcKj47cWe6vVtZRsLH2uay7afPYm-hNrC_AZXT3IO3GrxS851mSwE9c_csfleW-037XdGu36kka_IvxiHsFW35BXY8QqTnkLxijlFzr1vGecGzoMMK4T5TDLPrGc-fiq3UD9xv9VRpL6xmA1WO1jgMbYzm9fULNrabuvwZZjwaBXh_B2srzH8Sph2TBgaq3DootichhGcREjF5S_jTtHLSXhgnTRtiexWUcfb-sNvjB4IapTQ&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C40d6bbdcc23c4273ae9d08d9ed9d5890%7C>
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From: Hisaw, Melanie (SBOH)
Sent: 2/15/2022 8:45:40 AM
To: DOH WSBOH
Cc:
Subject: FW: St. Patrick Catholic School - Parent Feedback



attachments\3EB394B6DA11471E_masks.pdf

From: Dani Kessler <dani_kessler@hotmail.com>
Sent: Tuesday, February 15, 2022 8:42 AM
Subject: St. Patrick Catholic School - Parent Feedback

External Email

Dear Mr. Ford, the Administration of St. Patrick's, the Seattle Archdiocese, and the WA State Board of Health,

I am writing today on behalf of my student, as well as several concerned St. Patrick's families who have reached out to me directly after the St. Patrick's parents group was turned off because of polite discussion about the ongoing mask requirement at school. I am imploring you to stand up for our children's health and well-being and take a stand against the mask mandates. The Seattle Archdiocese represents a well-respected number of facilities, students, and families across Western Washington. You have the ability to show the residents of Washington State that you are an organization that puts their student's safety first, not politics, like the Baltimore Archdiocese is doing
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!

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illness everyone was calling COVID-19. Was it transmitted by touch, airborne droplets like the flu, or truly aerosolized? Could it survive on surfaces? Who were the most at risk for hospitalization and death? We knew nothing. So, we took what are now known to be silly, and in some cases drastically damaging, measures. We call them lessons learned. However, what we've learned is not being put in to practice through policy change. Instead, we are continuing with measures science has proven are causing more harm than good!

We understand now what ages and comorbidities are at the highest risk. We know how to treat COVID at home, and what simple, proactive steps everyone can take to prevent serious illness. Doctors know how to treat serious cases in hospital, and what treatments to avoid. Large percentages of people now carry natural immunity, and vaccines are available to those who choose to take them. And, most importantly, we know that our children, thank God, are the absolute lowest risk cohort. Yet those children have unfairly borne the brunt of mandates in the cruelest of ways under the guise of safety.

It is common knowledge that the cloth and surgical masks worn by students do not prevent the transmission of viruses. That is how my son was able to contract COVID while at school! That's also the very reason there was not a single N95 available to purchase in April 2020! At their largest measurement (0.3 microns), 250 aerosolized COVID viruses can fit inside the average human hair. Now consider those gaping holes in the sides of the student's surgical and cloth masks as you welcome them to school.

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It is also for this reason that whenever you purchase surgical masks, you find on all of the packaging warnings that state they are non-medical and/or do not prevent illness. (For example, I clicked on the first link on an Amazon search for "surgical masks" and right in the description it says are non-medical. Amazon Surgical Mask

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) It is widely known that masks do not prevent the passage of particles as small as aerosolized viruses.

One of the pre-eminent experts on PPE and industrial exposure in the U.S. is Stephen Petty. He advises large industrial companies on Industrial Hygiene (aka, worker safety) and testifies as a subject matter expert on class-action lawsuits, like that of Monsanto, regarding industrial PPE protocols - such as with dangerous chemicals - when inhaled particulate is life or death every day. In the presentation linked below he covers COVID specifically. While I'm sure you are receiving many messages like mine full of links and references, I cannot urge you enough to take the time to watch this video presentation. In his world where PPE actually needs to protect, masks are not even considered an option, nor is facial hair! Stephen Petty - On PPE and Aerosols

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Included in this next link is over 150 mask studies with conclusions, in part, against the effectiveness of masks due to a variety of variables. I found while doing my own researching that resources providing a lot of information in one place was very helpful.

150+ Comparative Studies and Articles on Masks

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Lastly, on the science of whether masks work, I would challenge that after 2-years of continual and aggressive research, study, and retrospective review throughout the world, one should expect to see clear, overwhelming, and consistent data from the scientific community proving without a shadow of a doubt that masks provide a strong level of protection. That data simply doesn't exist.

Here's where common sense can help to fill in the blanks. Masking in schools is not widespread across the country. Only 15 states have previously had mandatory masking in schools, though that number is reducing by the day. IF masking students really is the lynchpin that has kept our state's elderly and high-risk population safe and we simply cannot do without it, how is it there isn't overwhelming hospitalization and death of the elderly and high-risk in the 35 states who didn't mask students?

All masking science aside, in my opinion the most important topic to consider is the how masking and the subsequent enforcement of masking is having on our children. There is a steady outpouring of data showing negative consequences for our children, from faltering to outright failing test scores, startlingly high rates of referral to speech therapy in young learners, massive increases in anxiety, self-harm and depression among adolescents and teens, and a basic lack of excitement and connection to school communities. The Educational Consequences of Masking Children

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However, I don't think that linking study after study is needed to make this point. You are professional educators, and you know children! You know how they learn, and how they grow. You know how they respond to a smile. You know how they watch a teacher's mouth move when they are reading aloud, or when hearing a new word. You know how children instinctively see another child's frown and respond with kindness. Or how they see another child's smile and return it with a smile of their own. Or how children see someone react poorly to an unkind word they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that

impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks?

The data says they are. JAMA Pediatrics – Mental Health & Wellbeing

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We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

I'm a Public School Teacher. The Kids Aren't Alright.

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Masked Schoolchildren

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Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile.

The Strength of Weak Ties

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The residents of this state, and specifically the parents of school age students, have been understanding of restrictions, and, more recently, patient in waiting for policies to be adjusted in response to the data. But as the data continues to build against mask mandates with no changes to policy, we are asking you to push back on behalf of the health and education of our children.

We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,

Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above.
It's worth all 26 minutes.

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they said, so they apologize, realizing the impact of their words on others. Without seeing that frown, they cannot know that impact. These little connections and the learning of social queues are truly the work of childhood, and that has been taken from them. Think back to your favorite teacher as a child – then imagine not knowing what that teacher looks like without a mask on!

And what about the students who are not okay, and who are blending in and disappearing into a sea of masks? What about the children who have anxiety? What about the students who are embarrassed to ask for help, or feel left out? Without seeing the emotions on their faces, how can we be sure they aren't slipping through the cracks? The data says they are. [JAMA Pediatrics – Mental Health & Wellbeing](#)

We have also taken our most innocent and easily influenced segment of the population, and over the last two years taught them that they should fear the air around them. They should fear their own breath. If they take their mask off, they could be responsible for infecting someone who dies. Or that their good friends or classmates could get them sick. Instead, they must keep their face hidden, not speak during lunchtime, and don't get too close to one another because that's just too risky and unsafe. This is not okay!

[I'm a Public School Teacher. The Kids Aren't Alright.](#)

[Masked Schoolchildren](#)

Though we are a new family to St. Pats, my father & his family all matriculated through parochial school, so many of the teachings we are seeing resonate deeply in my heart, including the fostering of strong community bonds. But that community collapses without smiles in the hallways, with parents unable to meet and know one another at events, without the hugs over a scraped knee on the playground, without the sarcastic smirks of middle school, and without the ability see someone's frown and help to make them smile. [The Strength of Weak Ties](#)

The residents of this state, and specifically the parents of school age students, have been understanding of restrictions, and, more recently, patient in waiting for policies to be adjusted in response to the data. But as the data continues to build against mask mandates with no changes to policy, we are asking you to push back on behalf of the health and education of our children.

We teach our kids to follow their morals, to do what's right even when it's hard, and to respectfully disagree when necessary. Now is the time for the school administration, and the leadership at the Seattle Archdiocese, to recognize that our children need us to stand up for them. It's time to respectfully disagree and stand up for what is right on behalf of the students in your care.

We are asking you to do better for our children.

We are asking you to do better for our communities.

We are asking you to do better.

Thank you for your time and thoughtful consideration,
Dani Kessler, 253-459-2449

P.S. And please – take the time to watch the Stephen Petty video on PPE linked above. It's worth all 26 minutes.

From: Pam Meyers
Sent: 2/9/2022 10:54:44 AM
To: DOH WSBOH
Cc:
Subject: 712C8FC5-D600-4C65-B3C4-F596148D3347

External Email

I DO NOT support a vaccine mandate for COVID-19 for school aged children.

From: Sarah Uplinger
Sent: 2/9/2022 7:52:18 AM
To: DOH WSBOH
Cc:
Subject: AGAINST Covid Shots for Kids!

External Email

RE: 2-10-22 Vote on Mandating vaccines for children to attend public schools
Washington State Board of Health TAG:

I am writing as a concerned parent of 2 children, ages 5 & 7.
I strongly disagree with mandating Covid vaccinations for children.
There is both minimal data and statistics available on long term effects on our precious children. Currently, there is also no published literature on pediatric Covid-19 vaccine effectiveness in the K-12 school setting!

Also worth noting, Covid-19 is far down the list of causes of death for Washington children. Yet, suicide is the 3rd leading cause of death for our teenagers ages 15-19!! My children are 20x more likely to die in an accident or assault than from Covid-19.

If these vaccines are mandated for children to attend public schools I will, without pause, pull my children and homeschool them. This will affect both the bottom line of the state and local education budgets.

Sarah Uplinger
(425) 923-5290

From: Joe Hartman
Sent: 2/10/2022 4:32:38 PM
To: DOH WSBOH
Cc:
Subject: Forced Covid vaccine - Washington School Students

External Email

As a Resident of Washington for 55 years and a father of 3 children, one in 8th grade I oppose a vaccine mandate Covid -19.

Thanks

Joe Hartman
206-556-6937

Sent from my iPhone

From: Kimberly Kennell
Sent: 2/9/2022 2:38:42 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

We are highly against the mandate for COVID-19 vaccination for all citizens, in particular for our children. This should be left up for every parent to decide on their own what is best for their family.

Sincerely,
Rob and Kimberly Kennell
--

Kimberly Kennell

From: yana pinkevich
Sent: 2/11/2022 2:16:04 PM
To: DOH WSBOH
Cc:
Subject: Vote NO

External Email

My name is yana, I'm from auburn wa.
We stand against Covid vaccines for students. Vote NO. Thank you.

Sent from my iPhone

From: Margaret Weeks
Sent: 2/9/2022 1:19:58 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,
I am a concerned citizen of Washington state as well as a mother to two young children. It has come to my attention that the Washington State Board of Health is considering making Covid-19 vaccines mandatory for school children in Washington. This is a very bad idea for many different reasons.

Children are not at high risk from dying of Covid-19. Covid-19 is different from other diseases that affect children such as pertussis, measles, mumps, rubella, polio, etc. Those diseases are very dangerous for children, whereas Covid-19 has an extremely low mortality rate for children. Far more children die from the flu or pneumonia than from Covid-19. In addition, the vaccines mentioned above have been in use for decades so there are decades of research and outcomes for parents to make informed decisions, which is not the case for the new Covid-19 vaccines.

The Covid-19 vaccines offer very little protection for the Omicron variant. By the time a new variant is discovered, it will have spread around the world, reached its peak, and be in decline by the time a variant-specific vaccine could be produced.

In addition, there are serious concerns about the long-term effects of the current Covid-19 vaccines. We simply do not know what the long-term outcomes of these vaccinations will be, especially in regard to myocarditis in young men and fertility in young women.

I support parents' rights to weigh the risks and benefits of the Covid-19 vaccines for their own children in consultation with their pediatricians. The state should not force or coerce children to receive these new vaccines.

Kind regards,

Margaret Weeks

Kenmore, WA

From: Hailey Nutt
Sent: 2/11/2022 1:11:52 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Regarding TAG Meeting

External Email

Hello,

I was able to listen to the second part of yesterday's meeting by the Technical Advisory Group (TAG) and heard the group debating about making COVID vaccination mandatory for school attendance. I hope everyone who is responsible for making this life-altering decision is able to ignore the politics and only look at it objectively as a question of health.

I'm couldn't listen to the first part, but in the second part of the discussion I heard the group discussing the risk of severe side-effects from a covid infection for children. Did the group also discuss the risk of severe side-effects from a COVID vaccination? To make this decision completely objective, you must recognize that there are risks to both COVID infection and COVID vaccination.

I also was concerned that the discussion compared "unvaccinated" verses "vaccinated" children. Not once did I hear anyone in the group mention unvaccinated children who have immunity from a previous infection. You must include native immunity in this discussion! Assuming that all "unvaccinated" children have no immunity is not a fair comparison. You must make this decision comparing "vaccinated" verses "non-vaccinated with previous infection" verses "non-vaccinated with no previous infection".

Again, I didn't listen to the first half, so these points might have been discussed before I joined the webinar. However, I was disappointed that nobody mentioned them in the second half, especially right before the voting took place.

Please be as objective and fair as you can in the next meetings. Please discuss the risk of vaccination and discuss the role of previous infection.

I look forward to hearing the TAG include these points in the upcoming meetings.

Thank you,
Hailey de Paula
Washington Resident and Mother

From: Roger Noar
Sent: 2/10/2022 10:56:01 AM
To: DOH WSBOH
Cc:
Subject: Please do NOT include Covid19 vaccinations in the school vaccination requirements

External Email

Re: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC
Feb 10, 2022 09:00 AM

Dear Board of Health Members,

I wish to state that the Board should NOT add Covid-19 vaccines to the childhood vaccination requirements for Washington State students. The Covid-19 vaccines have proven to be very ineffective against the Omicron variant and provide very little benefit. The Covid-19 vaccines provide no benefit in terms of reducing transmission of the disease.

Furthermore, Covid-19 has proven to have a very small adverse impact on children's health. So there is very little legitimate reason to support Covid-19 vaccination mandates for children.

The Covid-19 vaccines have been shown on VAERS to have an extremely high adverse reaction rate as compared to all other vaccines combined over the last 30 years. In particular, VAERS data shows an extremely high rate of myocarditis and pericarditis as compared to all other vaccines over the past 30 years. The long-term adverse reactions to Covid-19 vaccines is not yet known and will not be known for many years to come.

To summarize, Covid-19 vaccines are neither safe nor effective for our children. These vaccines should NOT be required by the BOH to be included in the childhood vaccination requirements for school entry.

Thank You,

Earl Roger Noar
Anacortes, Wa.

360-941-4783

From: Testify Online Survey
Sent: 2/10/2022 11:53:58 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2.10.2022

2.

Agenda Item or Issue:

vaccine TAG k-12

3.

Your Name:

Todd Allred

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Renton Wa

7.

Email:

teeboan2@gmail.com

8.

Phone Number (Include Area Code):

2063480483

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Inclusion to WAC to include vaccine k-12 for attendance in public school

11.

Are you Pro or Con on the proposal?

2. Con

The pandemic is ending. There are several countries, states, local counties that are stepping back on the ridiculous covid restrictions. Please dont create a situation where the truckers shut down our economy to stop the mandates. There is not sufficient history for the vaccine and its negative effects on humans. THis is a politically divisive issue.....and it is only political. Stop with the madness!!

From: Carol Oas
Sent: 2/10/2022 2:36:35 AM
To: DOH WSBOH
Cc:
Subject: shots for students

External Email

-----Original Message-----
From: song0joy@aol.com
To: coas3@aol.com

----- Forwarded message -----

To the BOH:

To require COVID shots for school attendance is not justified by credible science. Washington State tax money could be better spent, and would leave our children vulnerable to unnecessary experimentation, which remains in doubt by myriad honest, credentialed physicians.

Carol Oas

From: bmarler_7@yahoo.com
Sent: 2/11/2022 12:45:34 PM
To: DOH WSBOH,DOH OS Comm Social Media,Young, Jesse
Subject: Please vote NO on Vaccine Mandates for School Age Children

External Email

Dear WA Board of Health: Keith Grellner, Tom Pendergrass, Elisabeth L. Crawford, Temple Lentz, Patty Hayes, Fran Bessermin, Bob Lutz, Umair A. Shah,

I am writing you today as a concerned parent that is vaccinated and who has three children ages 17, 15, and 12 years of age. I know yesterday's vote does not constitute the final decision of mandating the COVID vaccination for all Washington kids to attend school and I hope that you have not already made up your minds before you consider ALL the evidence from every corner of the medical community.

We have made the decision as a family to not vaccinate our kids. This decision was based on direction of our kids pediatrician and my primary care doctor as well as the fact that our entire family has had COVID and therefore natural immunity. On top of that, we had to consider two of our kids food allergies and one of our kids autoimmune disease. While the current understanding is that the vaccine will help lessen the severity of the virus in a portion of the population, the vaccine has shown little benefit to children and the risks far outweigh any reward.

Please consider the following studies and you will agree that this decision should be up to the individual families to decide.

- The EU is currently investigating reports of menstrual disorders after mRNA COVID shots.

<https://www.reuters.com/business/healthcare-pharmaceuticals/eu-investigates-reports-menstrual-disorders-after-mrna-covid-shots-2022-02-11/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.reuters.com%2Fbusiness%2Fpharmaceuticals%2Feu-investigates-reports-menstrual-disorders-after-mrna-covid-shots-2022-02-11%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2>

11%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2

Covid-19 Vaccines Linked to Menstrual Cycle Changes

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fcovid-19-vaccines-linked-to-menstrual-cycle-changes-11643902386%3Fmod%3Dhp_lead_pos11&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2

11643902386%3Fmod%3Dhp_lead_pos11&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2

- Last June the WHO said Children should not receive Covid-19 vaccines.

The WHO Says Children Should Not Receive COVID-19 Vaccines

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.precisionvaccinations.com%2Farticles%2Fthe-who-says-children-should-not-receive-covid-19-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2>

says-children-should-not-receive-covid-19-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.precisionvaccinations.com%2Farticles%2Fthe-who-says-children-should-not-receive-covid-19-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2>

says-children-should-not-receive-covid-19-vaccines&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C11d0e2

The WHO Says Children Should Not Receive COVID-19 Vaccines

The World Health Organization (WHO) published revised advice on June 21, 2021, clarifying which populations shou...

- 1000 Peer Review Studies Questioning Covid-19 Vaccine Safety

Myocarditis following mRNA vaccination against SARS-CoV-2, a case series

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscienc>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscienc>

Myocarditis following mRNA vaccination against SARS-CoV-2, a case series

mRNA COVID-19 vaccines have emerged as a new form of vaccination that has proven to be highly safe and effective...

- Scotland: Unvaxxed were 13% of covid deaths in the last week. 87% of deaths were vaxxed. The most surprising is the rise of boosted, already 58% of deaths and growing. It is just not accurate to say that the Pfizer vaccine protects against severe cases.

- In the UK the current CoV2 Infection rate shows a much higher growth rate for the vaccinated (+29% growth) vs the unvaccinated (+24% growth).

- Israel: Incredibly high Covid Vaccination rates, mostly with mRNA vaccines. Israel is among the world's most vaccinated countries. More than 90% of the Israeli adults have been vaccinated with the Pfizer/BioNTech vaccine. Almost 80% have received a booster dose, and several hundred thousand have gotten a fourth dose. YET Israel had more coronavirus infections in the last week than in all of 2020, before, they began mass mRNA vaccinations.

- After not recognizing natural immunity, and even saying it was weak and inferior, the CDC has admitted that it offers better protection than Covid 19 vaccines.

CDC Finally Admits Superior Natural Immunity to SARS-CoV-2

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jeremyrhammond.com%2F2>

cdc-finally-admits-that-natural-immunity-to-sars-cov-2-is-superior-to-the-immunity-

induced-by-covid-19-

vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C1

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jeremyrhammond.com%2F2>

cdc-finally-admits-that-natural-immunity-to-sars-cov-2-is-superior-to-the-immunity-

induced-by-covid-19-

vaccines%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca4b907d2ecee454315d808d9ed9f3bf3%7C1

CDC Finally Admits Superior Natural Immunity to SARS-CoV-2

After long lying that natural immunity is weak and inferior, the CDC has finally admitted it offers better prote...

- Vaccine A was made to stop Virus A. Virus A mutated to Virus B. Vaccine A does not stop Virus B. Health boards mandating mass vaccination of an ineffective vaccine will not help. I completely understand the desire to do something but please don't enact a policy that could do more harm than good.

There is honestly so many red flags that it would be negligent for this board to push mandated vaccinations on school age children. Especially for a virus that kids have a 99.995% survival rate. It just makes zero sense to mandate vaccination after considering all the facts.

Thank you in advance for keeping our kids safe and voting NO on forced Covid-19 vaccinations.

Brad Marler
Gig Harbor, WA
208-249-6591

From: Yael Kantor
Sent: 2/14/2022 4:25:29 PM
To: DOH WSBOH
Cc:
Subject: Masks

External Email

It's time to drop the mandates. We all they don't work. CDC can't keep its story straight

https://www.instagram.com/reel/CZ9_3n6Dc8B/?utm_medium=copy_link
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2F reel%2F>

This is getting embarrassing for our public health officials. Especially when they can attend a 70000 maskless event.

Get the masks off these children now

You are doing great harm to them and we will not forget.

Sent from my iPhone

From: rkoefod
Sent: 2/10/2022 7:02:11 AM
To: DOH WSBOH
Cc:
Subject: No vaccine mandates for kids

External Email

Hello,

Please DO NOT implement a vaccine mandate for kids. We will NOT comply with a vaccine for our 11 year old.

We will explore alternative forms of education if vaccines are mandated in schools.

Thank you for your consideration.

Rodger Koefod

Chattaroy, WA

My reasons include:

* FDA has ONLY approved Covid vaccines for children under Emergency Use in children 5-11 and cannot be required or mandated, under law. It must be an individual's choice. Vaccine Status Discrimination is unlawful.

* Children have near zero risk of severe Covid-19 with a recovery rate of 99.997%

* 19,000 deaths reported from Covid vaccines, more than all other vaccines combined in 30 years

* Pfizer's data shows a 5x increased risk from fatal heart attacks among the vaccinated

* US Government reports 18,461 deaths+ 875,653 adverse reactions from the shot as of 11/5/2021

* Alarming rates of Myocarditis and Pericarditis are occurring in adolescents post-injection

* While healthy children don't die from Covid, they do die from myocarditis. The younger you are, the greater the risk of cardiac inflammation per VAERS

* There have been no long term studies on humans using mRNA technology in vaccines

* Our children are not government guinea pigs!

* Vaccinations are a private choice to be decided between Doctors and Parents

* Other nations, including the UK, have banned vaccinations of children declaring the benefit does not outweigh the risk

From: Amy Meyer
Sent: 2/11/2022 3:16:21 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Suzzanab
Sent: 2/10/2022 12:29:21 PM
To: DOH WSBOH
Cc:
Subject: Covid 19 Injections School Schedule

External Email

I am listening to the February 10, 2022 meeting and the 'data' being presented. The fact the much of what is being presented by 'experts' is based on 'assumptions' 'without data' is remarkably concerning.

A veterinarian making recommendations for childhood vaccination by utilizing the mixing data of various tests and presenting is as information is quite frightening. There were numerous other examples of her 'reporting' that was very, very concerning as well.

Your response to the hispanic woman regarding miocarditis and children dying from that was beyond heartless and grotesque as though any child's unnecessary death is merely a statistic! One death or any harm from this experiment upon humanity is too much.

At what point is the isolated, purified virus (you do not have this) used to determine that a 'case' is actually covid 19 and not some spun down partical of some virus or nothing at all? Also, how many of these 'cases' are counted multiple times?

The covid 19 injections are an experiment and it appears that you will likely move forward with this recommendation to add this to the school vaccination schedule so that the pharmaceutical companies cannot be held liable for the injuries, maiming and death that they are causing. These are crimes against humanity and you will at some point be held responsible.

Susan Buchanan

From: Hoff, Christy Curwick (DOH)
Sent: 2/14/2022 6:58:49 AM
To: DOH WSOH
Cc:
Subject: FW: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'



attachments\67DD78892A304A73_IMG_5200.jpeg

From: Morna Gilbert <morna11@comcast.net>
Sent: Saturday, February 12, 2022 12:40 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: THANK YOU FOR YOUR PARTICIPATION ON THE TAG 'TEAM'

External Email

THANK YOU TO ALL OF YOU FOR YOUR PARTICIPATION ON THE TAG TEAM -

I listened to the 2/10 meeting and appreciated the need for more evidence to be presented. This decision to vx our children is extremely important because they are our future.

Please look at these two resources -

Here is a very insightful interview with data from DOD - a very accurate reporting system. https://x22report.com/aiovg_videos/thomas-renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-fauci
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fx22report.com%2Faiovg_videos%2Fthomas-renz-the-coverup-phase-has-begun-the-evidence-will-bring-down-big-pharma-fauci&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cea698d43f52b4b13f12b08d9efca81b7%7C11d0e>

Also, here is a graph disproving the misinformation that deaths are due to c19 when in reality deaths are due to vaccines:

From: Vanessa Johnson
Sent: 2/11/2022 4:15:38 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rebecca Savage
Sent: 2/9/2022 5:46:04 PM
To: DOH WSB OH
Cc:
Subject: Vaccine changes

External Email

This has gone WAY too far. Covid is a flu that will act as such going forward. There is no need of any group to be required a flu shot, let alone our precious children. Leave them alone...hands off of our children.

This has never been an emergency, and still isn't. I will just homeschool my children, which is just fine. For those that don't have that option, how horrible of you to discriminate against kids that do not spread, are not at risk, are not a threat. Pick a new topic, but get your hands off of our childrens bodies and minds.

--

Rebecca Savage
r2savvy@gmail.com <mailto:r2savvy@gmail.com>

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.brainyquote.com%2Fquotes%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.brainyquote.com%2Fquotes%2F)

From: Sarah Hiam
Sent: 2/9/2022 3:05:51 PM
To: DOH WSBOH
Cc:
Subject: School vaccine mandates

External Email

Dear Board of Health,

I am a fully vaccinated physician. I have seen firsthand that the vaccines indeed lower the severity of illness among those who become infected with COVID. That said, please do not mandate the COVID vaccine as a requirement for school attendance. It's very apparent that parents are not comfortable having their young children, particularly those under age 12, vaccinated at this time. Parents whose children aren't vaccinated will very likely withdraw their children from the public school system here in Washington. I hope the state is prepared for that blow.

I have reviewed the BOH requirements for school vaccines. I know I've written you about this before and included citations, so I'll forego those and recap my previous statements. The COVID vaccine meets none of your requirements. It does not prevent transmission. Even boosted individuals are infecting others. It's similar to a flu shot, which similarly does not prevent transmission. It should be noted that flu is far more dangerous to children than COVID and that vaccine is not required to attend school.

We are uncertain about the long term effects of the COVID vaccine. This vaccine has been known to cause rare but very serious side effects in young people, such as myocarditis. I have seen enough side effects in my practice to know that I'm not comfortable with this being administered to healthy children. Young people seem to be sicker from this vaccination than from the virus itself.

We also know that COVID cannot be eradicated. It's a zoonotic virus, and has been shown to infect zoo animals, deer (30% of deer in Ohio are positive), and I read that omicron may have originated from a rodent. There was recently a COVID outbreak among 25 people at a research station in Antarctica, all of whom had tested negative and had been vaccinated/boosted prior to arrival. Cruise ships with fully vaccinated staff/passengers have had outbreaks. Therefore, mandating this vaccine for school children will not impact the trajectory of the pandemic in any way. The virus will continue to mutate and will likely evade vaccines.

Along those lines, how many shots will kids need? What will the definition of "fully vaccinated" be for our kids? All the current vaccines are against the wild type variant from early 2020. That's another reason why mandating an out-of-date vaccine for our kids is illogical.

COVID still does not cause significant morbidity and mortality among healthy children. Cases and hospitalizations have risen but those are due to kids being admitted "with COVID" versus "due to COVID." I've spoken with staff from Seattle Children's who verified this. Your guidelines state that mandated vaccines for school should prevent illnesses that cause severe disease in the affected population. Measles, mumps, pertussis, and tetanus are examples of such diseases. COVID is not.

This vaccine is clearly not accepted by the public. In King County, just 55.4% of 5-11 year olds have received a first dose. 46.5% have completed the series. 81.4% of 12-17 year olds have received a first dose while 75.7% have completed the series. In the state of Washington, 34.1% of 5-11 year olds have initiated vaccination and just 27.0% have

completed it. 58.8% of 12-15 year olds have initiated the series, 53.0% have completed it. 66.4% and 60.5% of 16-17 year olds have started and completed the vaccine series, respectively. This does not reflect a general acceptance of the vaccine among Washingtonians in my mind, and I strongly doubt that a mandate will increase these percentages by a great amount.

Mandating this vaccine will pose a significant burden on schools as students pursue exemptions, which must in turn be tracked by their schools. Schools will need to monitor which students are and are not vaccinated. Many parents view this vaccine as a burden, and I want to reiterate again, WILL withdraw their students from schools in this state. The number of students leaving our schools will dwarf the 55,000 who've already left.

We're at the point in the pandemic where vaccines have been available for high risk people for quite some time. Every person in the state must assume their own level of responsibility for their risk level and decide for themselves whether they choose to be vaccinated. If they choose not to do so, they must deal with the consequences of their decision. The vaccines, like N95 masks, protect the individual but not necessarily those around them.

Do the right thing and do NOT mandate this vaccine for our school children at this time. Revisit the issue in a few years after we've had a chance to conduct further studies and review the data.

Thank you for your consideration.

Sincerely,
Sarah Hiam

same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials." Source: p. 2 <https://www.fda.gov/media/153717/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

The participants in clinical trials involving children aged 5-11 received "two doses of 10 µg BNT162b2 or placebo (saline)", not the new formulation. Source: Pg. 17

<https://www.fda.gov/media/153447/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153447/download>

Pfizer requested approval of the new formulation when they requested EUA for children 5-11. "Authorization is being requested for a modified formulation of the Pfizer-BioNTech COVID-19 Vaccine. Each dose of this formulation contains 10 µg of a nucleoside-modified messenger RNA (mRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2 that is formulated in lipid particles and supplied as a frozen suspension in multiple dose vials. . .

To provide a vaccine with an improved stability profile, the Pfizer-BioNTech COVID-19 Vaccine for use in children 5-11 years of age uses tromethamine (Tris) buffer instead of the phosphate-buffered saline (PBS) as used in the previous formulation and excludes sodium chloride and potassium chloride." Source: Pg. 14

<https://www.fda.gov/media/153447/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153447/download>

4. FDA admits safety unknown. Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: ". . .but we're never going to learn about how safe this vaccine is unless we start giving it." Source: @6:52:33

https://youtu.be/laaL0_xKmma

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FlaaL0_xKmma&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C98f5074314a846f9c5f608d9ecc4623e%7C11d0

5. The International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates:

"Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates."

Source: <https://globalcovidsummit.org/news/thousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fthousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C98f5074314a846f9c5f608d9ecc4623e%7C11d0>

Signed by a VERY concerned citizen,
Kirsten Nordstrom
Port Orchard, WA

From: Aaron & Rachel Freiheit
Sent: 2/10/2022 9:02:03 AM
To: DOH WSBOH
Cc:
Subject: No Covid vac requirements

External Email

To the Board,
Please do not vote to require the COVID vaccine for education. This is a controversial vaccine, it did not stop kids from getting COVID, and they have minimal risk of hospitalizations. The vaccine will not be effective against newer strains. It's like requiring a flu shot. If this is voted in, you will see even more families move from this very restrictive state.

Thanks for considering common sense. Rachel Freiheit

Sent from my iPhone

From: Testify Online Survey
Sent: 2/11/2022 10:53:07 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb 10th

2.

Agenda Item or Issue:

Vaccine requirements for schools

3.

Your Name:

Ryan price

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1411 16th St anacortes Wa 98221

7.

Email:

Ryanwprice30@gmail.com

8.

Phone Number (Include Area Code):

3607702347

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have 5 children in school

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

As per multiple studies it has been shown that childrens health is at greater risk from adverse side effects caused by unnecessary vaccinations.

From: Christopher Calkins
Sent: 2/9/2022 7:13:27 PM
To: DOH WSBOH
Cc:
Subject: The Immunization Schedule foe Children

External Email

To All of the BOH members thank you for taking the time to read my statement of truth. My name is Chris Calkins and I have been a Registered Nurse in Washington State for over 25 years. 20 of those years have been in service of profoundly disabled children who have been injured by vaccines or had spinal cord injuries resulting from accidents. I have been studying Vaccines and other causes of Cancer for over 5.5 years after losing my wife to Cancer 1/17/2016.

I have read the ingredient inserts for the multi dose Flue Vaccines, MMR and DTaP as well as the Master Vaccine Ingredient List. The ingredients are jaw dropping at best and poison as a rule. You can find the master list at StopTheCrime.net.

Here we go with easily verifiable facts. In 1980 1 in 10,000 live births would develop Autism. Today 1 in 37 -1 in 50 live births develop Autism. What has changed? When I graduated high school in 1985 we young people received a max of 8 Vaccinations. In 1989 there was a drastic increase in the CDC's Vaccine Schedule that has only increased over the years. I believe it was in 1986 that Congress voted in favor of not holding the Vaccine Manufacturers liable for any injuries or deaths that resulted from their Vaccines. Wow!!! Now days young people who are fully vaccinated will have received 72 shots of poison into their body's and brains by the time they graduate.

All multi dose vaccines contain Thimerisol "a neuro toxin" as a preservative. Thimerisol contains 50% Ethel Mercury which is 50 times more Neuro toxic than Methel Mercury that we ingest or breath in from the atmosphere from coal plants. When combined with Aluminium they are a thousand times more neuro toxic. The EPA states that two parts Mercury per billion is safe and 200 parts per billion is hazardous waste. There are 50,000 parts per billion of Ethel Mercury in every multi dose flue shot as well as Aluminum and Sorbate 80. Sorbate 80 opens the blood brain barrier so the Aluminum and Mercury can go right in and reek havoc on the developing fetuses brain and other organs.

The broken Allopathic medical system I work for thinks it is OK to inject this biohazard into pregnant women and their developing fetus. In reality this a crime against Humanity and this practice needs to stop or by 2032 the legitimate science shows that 1 out of every 2 girls and 80% of the boys born will develop autism or some other disabling neuro degenerative proplem.

I could go on and on, but I will give you quarter up to the experimental mRNA, gene altering, bioweapon, clot shot that has murdered over 23,000 Americans already according to the CDC's VAERS. These experimental mRNA shots have never made it through any animal trials without killing most if not all the test animals. So this time they skipped the animal trials and went straight to experimenting on human beings. How f---ing evil!!!!

So my professional recommendation is to halt this experiment immediately! Do not even think about killing our kids with this unsafe, ineffective Graphine Oxide, spike protein contaminated or spike protein producing bioweapon.

Rather than focussing on jabbing innocent children and gullable adults you all may want to focus on your liability regarding this world wide genocide attempt by Bill Gates and his other Satanic, Pedeophile, Globalist consperitors. Anyone who has pushed or promoted this bioweapon will be held liable in this life and the next. Stop what you are doing and

repent. Ask God for forgiveness and ask the citizens of Washington State for forgiveness.

Thank You for your time and consideration of this insightful message. I wish you all well in your deliberations. Take Care.

In Purpose
Christopher L. Calkins RN

From: Rachel Berry
Sent: 2/10/2022 8:59:29 AM
To: DOH WSBOH
Cc:
Subject: WAC 246-100-040

External Email

I OPPOSE the use of illegal force to detain ANY family OR children. This is insane!! Have we not learned about the holocaust and internment camps? What you are trying to pass is illegal and unconstitutional! There are thousands of us trying to leave comments on this matter and we will continue. I will be on every zoom or meeting you have throughout this charade! I will comment every time because this is against Washington Constitution!!

There are studies that show this type of agenda does not reduce transmission whatsoever. I would love to hear your thoughts on the vaccinated still being able to get Covid and spread it. According to even more studies this plandemic didn't get out of hand until the experimental shots were starting to be administered.

Forced mandates opposes our rights as free Americans- it also disrupts an active healthy immune response. Many studies now conclude that the highest vaccinated areas are highest for deaths and risky health concerns. Freedom of choice should never be infringed upon.

THE PEOPLE HAVE SPOKEN AND WE THE PEOPLE SAY NO!

WE THE PEOPLE SAY NO!

Just in case you forgot, WE the PEOPLE saw the WAC 246-100-040 on the agenda you tried to hide.

From: Testify Online Survey
Sent: 2/10/2022 11:30:54 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

student vaccination

3.

Your Name:

Donna D Lee

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

5510 W Tanya Lane Spokane, WA 99208

7.

Email:

dleerbid@gmail.com

8.

Phone Number (Include Area Code):

5099930265

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Mandating vaccination for public students is unconstitutional and the numbers are so low in child death.

Informed Father

From: M H
Sent: 2/9/2022 11:15:44 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

* Almost 100% of kids don't suffer from severe COVID. In fact, many have no symptoms at all. Thus, they may have already had COVID which is another excellent reason not to get the vaccine.

* The World Health Organization (WHO) has announced that young people should not take the vaccine.

* A concerning number of young people, especially those under 30, are suffering from myocarditis (heart inflammation), blood clots, low platelets and more following COVID-19 vaccination.

* The risks of COVID-19 vaccination adverse outcomes certainly outweigh the benefits to children and young adults who are considered low risk populations.

* Parental rights to make independent, informed decisions regarding their children's medical interventions, including vaccines, are being threatened.

* Some scientists have raised concerns that the safety risk of COVID-19 vaccinations have been underestimated. As of January 28th 2022, there have been 1,088,558 vaccine injuries including 23,149 deaths following COVID-19 vaccination.

* Clinical trials in children and young adults are ongoing and will not be completed for at least one year.

* Not a single published study has demonstrated that patients who have had a prior COVID-19 infection benefit from the vaccination.

Please do not require Covid-19 vaccine for school .

Sincerely,

Mari H

From: dosyr@frontier.com
Sent: 2/9/2022 4:04:52 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members RE COVID-19 shots for children

External Email

I oppose COVID shots for children, because:

- 1) the shots are proving to be ineffective, potentially even predisposing the recipient to COVID-19 infection;
- 2) the shots themselves are proving to have serious adverse effects, including potential death;
- 3) children are at lower risk from COVID-19 than from adverse effects from COVID shots.

Sent from Frontier Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Amy Koehn
Sent: 2/11/2022 5:54:00 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: karla sugitani
Sent: 2/9/2022 10:25:38 PM
To: DOH WSBOH
Cc:
Subject: School Covid Vax

External Email

Please do NOT proceed with adding any Covid vaccine to the school requirements. This particular vaccine does not meet any requirements for a childhood mandate and we have already decided to move out of state before getting this for our daughter:

- No consensus on schedule or doses. It currently triples on twelfth birthday.
- EUA
- Does not prevent transmission
- People under 18 are at very low risk of serious illness

Karla Sugitani

Sent from my iPhone

From: K Zelenka
Sent: 2/9/2022 2:04:22 PM
To: DOH WSOB
Cc:
Subject: Comment for TAG studying mandating covid vaccination for school kids

External Email

This is the vaccine you're considering mandating for kids to attend school:

<https://pix11.com/news/ny-college-student-dead-after-covid-vaccine-had-rare-complication-deputy-coroner/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpix11.com%2Fnews%2Fny-college-student-dead-after-covid-vaccine-had-rare-complication-deputy-coroner%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C93708b21974a41f2ca4708d9ec181f4f%7C1>>

<https://e.vnexpress.net/news/news/4th-child-dies-after-pfizer-vaccine-injection-in-vietnam-4400466.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fe.vnexpress.net%2Fnews%2Fnews-child-dies-after-pfizer-vaccine-injection-in-vietnam-4400466.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C93708b21974a41f2ca4708d9ec181f4f%7C1>>

<https://www.asahi.com/ajw/articles/14429419>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.asahi.com%2Fajw%2Farticles%2F14429419&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C93708b21974a41f2ca4708d9ec181f4f%7C1>>

I have a vaccine-injured friend whose injury, though not fatal, is life-altering. The government has left her completely on her own to try to deal with it.

Speaking with someone in your office today, she let me know that the WA State Board of Health doesn't have anything to do with assuring vaccine safety or providing people who do get injured with any form of support. You just decide about whether to mandate it.

The situation is as follows:

- 1) no functioning safety net
- 2) known potential harms from the vaccine
- 3) tiny risk of serious outcome from covid for kids
- 4) this isn't a vaccine that prevents infection or transmission
- 5) lots of disease-conferred immunity out there already and well as the opportunity to voluntarily vaccinate
- 6) therapeutics are now available
- 7) your office takes no responsibility if someone gets hurt

A WA State issued mandate was responsible for the death of Jessica Berg Wilson last fall.

<https://www.oregonlive.com/news/2021/10/seattle-woman-who-grew-up-in-portland-becomes-4th-in-us-whose-death-is-linked-to-jj-covid-19-vaccine.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.oregonlive.com%2Fnews%2Fseattle-woman-who-grew-up-in-portland-becomes-4th-in-us-whose-death-is-linked-to-jj-covid-19-vaccine.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C93708b21974a41f2ca4708d9ec181f4f%7C1>>

In trying to get support for my vaccine-injured friend, it has been made abundantly clear

to me by the mountain of indifference I've encountered that politics trumps morality, ethics, common humanity, and science.

Please don't do this to anyone else, especially children.

Thank you,
Kathy Zelenka

From: Jamie Peterson
Sent: 2/10/2022 8:05:48 AM
To: DOH WSBOH
Cc:
Subject: Covid shot for children

External Email

Dear Board Members,

We have two children in Washington schools. Our children have natural immunity from the virus. We are not comfortable vaccinating them when we know their natural immunity is more effective. The current shots were not put through proper safety trials. The truth is these shots are irreversible and we do not know the long term effects the spike proteins have on our bodies. The cases of myocarditis arising in boys is alarming. The changes in women's menstrual cycles are also alarming. We are aware of the problems covid 19 can have in people but our children have not been as affected in the same way. It doesn't make sense to 'protect' them from something that really isn't a danger to them. There are so many other causes of death in children that lead deaths above covid. Suicide for example took over 2,200 lives last year. Covid took around 100 lives and we do not know if they died with covid or from covid. We are not willing to experiment with our children and will remove them from public school if this shot becomes mandated.

Thank you,
Jamie Peterson

From: L O'Connell
Sent: 2/14/2022 9:14:07 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

As a parent of a soon to be kindergartener, please DO include Covid-19 vaccination for children as a required immunization. This will help keep our children, schools, and communities safe.

I fear folks with bad information and an extremist opposition to vaccines will overwhelm any comments; please know there are MANY parents who would prefer their children to be in schools only with other vaccinated children.

Thank you,
Laura

From: Crystal Karl

Sent: 2/10/2022 7:27:53 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), nathaniel.thai@sbohwa.gov

Cc:

Subject: Covid Vax requirements

External Email

Good evening,

I am writing in to have my voice be heard regarding making the covid 19 vaccine a requirement to go to school.

First off, I am against it. These mandates have been struck down as unconstitutional by the Supreme Court. Yes I understand other vaccines are required, but they all have been out there with A LOT of research behind them. Even when the Polio vaccine came out it wasn't required for 5-7 years AFTER it's discovery. Can you show me a 5-7 year study on this vaccine? The answer is no, you can't.

Public schools are already struggling with enrollment because of parents being fed up, NOT fear of covid. Requiring the experimental shot in our kids will be the straw that breaks the camels back.

My husband and I both had covid over Christmas, we both are vaccinated against covid our son is not. Our son NEVER GOT COVID with 2 parents in the house infected with it.

My sons school currently has kids who are vaccinated against covid, out with covid.

Obviously, it doesn't do its job.

Please, leave our kids alone. We can make the best decisions for our children, that's why we're the parents.

Thank you for your time,

Crystal Karl

Walla Walla Wa

Sent from my Galaxy

From: composerelite@gmail.com
Sent: 2/10/2022 11:45:23 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Regarding the 2/10/2022 zoom call, why are there slides that say College of Veterinary Medicine? This doesn't give me a lot of confidence to the validity and relevance of the information provided if the presenter is a vet.

The data of the deaths of children from Covid is severely lacking. What were their comorbidities? How were they treated as in what medicines were administered? What did their autopsies reveal?

If children are the least effected in our population, why are we wasting time and money discussing a vaccine that doesn't prevent transmission and poses risks to heart health? Public health should be focused on protecting the elderly who are the most at risk. The long term side effects are not known for the vaccines. Our children's future is not worth the risk.

Krista Petrova
Sent from my iPhone

From: Karen Talge
Sent: 2/10/2022 2:30:17 PM
To: DOH WSBOH
Cc:
Subject: Comment on 2/10/22 BOH TAG meeting



attachments\D14D24C0E8B64B25_Document1 - Compatibility Mode.docx

External Email

Thank you for your consideration.
Best,
Karen Talge, RN,BAN

Sent from my iPhone

From: Sherry Poulton
Sent: 2/11/2022 5:10:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lorinda KF Newton
Sent: 2/10/2022 7:32:25 PM
To: DOH WSBOH
Cc:
Subject: Oppose adding the COVID injection to the childhood vaccine schedule

External Email

Dear directors of the Washington State Board of Health,

The Washington State Board of Health's "Technical Advisory Group (TAG)" has voted to recommend updating the childhood vaccine schedule to include COVID-19 mRNA for children.

"A majority of TAG members voted that the criterion [advocating for this update] was met, but some members indicated uncertainty and noted that more evidence was needed."

Please OPPOSE this action. The coronavirus has morphed, as coronaviruses do, and the current injection no longer works.

Moreover, it is still experimental and there are no long-term studies to determine what it will do to growing bodies of children.

From Dr. Robert Malone, inventor of the mRNA genetic therapy (aka COVID vaccine):

Regarding the genetic COVID vaccines, the science is settled.

They are not working to prevent infection, replication, and spread to others, and they are not completely safe. In our daily lives, with our friends, with our families, with our co-workers we all know that this is true.

They are not completely safe, and the full nature of the risks remains unknown. In contrast, the natural immunity which healthy immune systems develop after infection and recovery from COVID-19 is long-lasting, broad, and highly protective from disease and death caused by this virus.

Now we have Omicron. These vaccines were designed for the Original Wuhan strain, a different virus. These vaccines do not prevent Omicron infection, viral replication, or spread to others, and there are data suggesting that they make the risk of infection and disease higher.

These genetic vaccines are leaky, have poor durability, and even if every man, woman, and child in the United States and Canada were vaccinated, these products cannot achieve herd immunity and stop COVID.

If there is a risk, there must be a choice.

This is the fundamental bedrock truth of modern bioethics.

All medical procedures, vaccines, and drugs have risks.

All of us have the right to understand those risks, and to decide for ourselves whether we willingly accept those risks.

To deny this is to deny human dignity.

Evil has many roots. A willingness to deny human dignity is one of the largest. In our hearts, and in our souls, we all know this is true.

Regarding our children.

Although I am a physician who is deeply committed to the Hippocratic oath, I am above all a husband, father, and grandfather. I ask that you allow me a moment to speak to you about our children, and about our fundamental responsibility to protect them.

If nothing else, we must nurture and protect our children. This is job one. It is your job. It is my job. It is not their job to protect us. And during the last two years, our society and our public health response have failed to protect them. Many things that our public health system has demanded we do to our children has directly harmed them.

Self-harm, suicide, and drug abuse in children have taken off all around the world. Anxiety, bullying, intimidation, coercion have become the norm. Measured IQ at the very young has dropped. Fundamental childhood delays are easily measured. And physical damage to children from injecting them with genetic vaccines in order to protect the elderly from a virus is occurring.

As a parent, it is ultimately your responsibility to protect your children. If they are harmed by these genetic vaccines, you are the one that will have to take care of them. And you will carry that burden for the rest of your life and theirs. On average, between one in two thousand and one in three thousand children that receive these vaccines will be hospitalized in the short term with vaccine-caused damage. Only with the passage of time will we know what long-term damage may occur. The vaccines do not protect our children from becoming infected with Omicron and do not prevent infected children from infecting others. In contrast, the pharmaceutical companies and the government are almost fully protected from any damages these products might cause to them. If your child is damaged by these vaccines, you will be left alone with both your grief and the burden of care.

These genetic vaccines can damage your children. They may damage their brain, their heart, their immune system, and their ability to have children in the future. And many of these types of damages cannot be repaired.

End of quotation.

Take this to heart. These shots only harm. Don't force them on children.

--

Trusting in Christ's Truth, Lorinda Newton

From: ella shiella cuevas
Sent: 2/10/2022 12:48:27 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am againsts mandatory vaccination for kids!

From: Glasoe, Stuart D (SBOH)
Sent: 2/14/2022 10:16:34 AM
To: DOH WSBOH
Cc:
Subject: FW: NO to mandatory CoViD vaccine for public schools!

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

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

From: Val R <valerieraschko@gmail.com>
Sent: Saturday, February 12, 2022 11:21 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; samantha.pskowski@snoh.wa.gov; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: NO to mandatory CoViD vaccine for public schools!

External Email

To whom it may concern,

Please do not make the CoViD vaccine a requirement for public schools in Washington state. A choice for that shot needs to be up to the parents. Further, there is not enough science to back up this requirement. It does not stop one from acquiring the virus. It does not stop one from spreading the virus. There are ZERO long term safety studies.

It would actually be more effective as a board of health to recommend vitamin D, proper nutrition, exercise & rest.

If you vote this CoViD vaccine through as a requirement, you will see a massive uprising & thousands of children will be pulled from the public school system to homeschool. Mark my words.

Thank you,
Valerie Raschko

Sent from my iPhone

From: Jerry Adams
Sent: 2/10/2022 4:28:46 PM
To: DOH WSBOH
Cc:
Subject: mandate

External Email

Please, Please, No mandates for our children. I will vote against anyone who supports mandates!

Sent from Mail

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F%3Furl%3Dhttps%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov>
for Windows

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov>

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient%26utm_term%3Dlink&data=04%7C01%7Cwsboh%40sboh.wa.gov>

From: Shirley Pettigrew
Sent: 2/13/2022 11:37:57 AM
To: DOH WSBOH
Cc:
Subject: Vaccine recommendation to DOH for school age children

External Email

I'm writing to you as a Washington resident, tax payer, and concerned parent.

My husband and I are very opposed to Covid vaccine. We will unenroll our children from public school and will most likely most from this state due to your decisions to keep this state in a state of emergency and mandate these vaccines.

Before I conclude, this panel of professionals will/should be held accountable for your recommendations for this vaccine for school age children ages 5-18....are you prepared to be solely responsible for the fallout of your decisions for the numerous injuries and deaths of children across this state?? Their blood will be on your hands and the hands of the governor!!

Very concerned citizens,

Wade and Shirley Pettigrew

From: Julia K
Sent: 2/11/2022 2:51:12 PM
To: DOH WSBOH
Cc:
Subject: No for vaccines in WA schools!

External Email

Dear Board Members,

Dear Board of Health and TAG Members

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong.

- The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. "Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says," CNN

Health<https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cnn.com%2F2021%2F08%2Fhealth%2Findex.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc0e6cf15504442ba705b08d9edbd>

- Children and young adults are at extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19

Mortality," The Lancet Children & Adolescent Health, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021. [https://www.thelancet.com/.../PIIS2352-4642\(21.../fulltext](https://www.thelancet.com/.../PIIS2352-4642(21.../fulltext)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2F0163-2966\(21\)00066-3%2Ffulltext%3Ffbclid%3DIwAR20rmzEB5vLRIQrZyaLK33y9YTMTwDTouzoaAziRSyg8NcU_9LIUr3YMh4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc0e6cf15504442ba705b08d9edbd](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2F0163-2966(21)00066-3%2Ffulltext%3Ffbclid%3DIwAR20rmzEB5vLRIQrZyaLK33y9YTMTwDTouzoaAziRSyg8NcU_9LIUr3YMh4&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc0e6cf15504442ba705b08d9edbd)

- Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. "More VC Nurses Blow Whistle on 'Overwhelming' Numbers of Heart Attacks, Clotting, Strokes," The Conejo Guardian, December 14, 2021. <https://conejoguardian.org/.../more-vc-nurses-blow...>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F1.php%3Fu%3DVC-nurses-blow-whistle-on-overwhelm%253Ffbclid%253DIwAR2PnVHRPgSXH_Bd-b30c9-87jEgB8lTeieOMaMemsTU0wejrf85Zf_NNag%26h%3DAT2006lj3Jm5EG7p-j9eNwI7IooBVcvwzLEfWGdJw_EnU9rKb6gF_ZbO1dBIA_Skafkde49Usnlq1VYkvgH8v8JAh1ezF68q4xZhSextvnr%26c%5B0%5D%3DAT1OCHie_tKcp7AmzVzFC4oLR3rWBAFxAhgpoy42bejscl_MgvEQnWMQY5KVTXe7qiH1DwYc3xK4CmYwCbwxlCsSS8ifH4nv_IRXbMPzXpc05HG6q51qZ220vvTZB0WYaiJrAUlu60-27pe2hj0r48OzS9_uB9p2X&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc0e6cf15504442ba705b08d9edbd

- Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories. <https://childrenshealthdefense.org/.../nov-2-sen->

ron.../

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F.php%3Fu%32-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates%252F%253Ffbclid%253DIwAR1EsrSxyWGG0NRNxQ9UFTin8LYxDrEk034cqXOsL0SZz6qNniutdh7no-JALhzx4FR8n100dhqG1FZCFqcknCCdMoeDoEF7F2RtmjYuK-iF5M%26__tn__%3DR%5D-R%26c%5B0%5D%3DAT1OCHie_tKcp7AmzVzFC4oILR3rWBAFxAhgpoy42bejsi_MgvEQnWMQY5KVTXe7qiHDwYc3xK4CmYwCbwxlCsSS8ifH4nv_IRXbMPzXpc05HG6q51qZ220vvTZB0WYaiJrAUlu60-27pe2hj0r48OzS9_uB9p2X&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc0e6cf15504442ba705b08d9e

- Most importantly, the long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, "Why are we vaccinating children against COVID-19?" Toxicology Reports, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F.php%3Fu%3v1qzX0QsIUenE%26h%3DAT22aZ25pSfrWOI19TYUYIZGKjO87lwrA-7E1_83HU33d_SrhIbzbBymnUpxfzuDH35GeG62FBAAyTQBDvF33IDTkoot-F2k7g0dH0Ii8lXJUbmHKHldkdbmkWIXaC0agkNxUw%26__tn__%3DR%5D-R%26c%5B0%5D%3DAT1OCHie_tKcp7AmzVzFC4oILR3rWBAFxAhgpoy42bejsi_MgvEQnWMQY5KVTXe7qiHDwYc3xK4CmYwCbwxlCsSS8ifH4nv_IRXbMPzXpc05HG6q51qZ220vvTZB0WYaiJrAUlu60-27pe2hj0r48OzS9_uB9p2X&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cc0e6cf15504442ba705b08d9e

The COVID-19 shots DO NOT fulfill the criterion of BIOETHICS and DO NO HARM principle. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

In addition, as you have heard from public comments during the board meeting, parents of Washington are extremely protective about giving their children an unnecessary medication which doesn't protect, prevent, or cure a disease that kids have a small percentage of danger from. When listening to a TAG board's meeting yesterday, it was unclear to everyone why a small percentage of problems from covid is taken into consideration but a similar percentage of problems from vaccines is glossed over and ignored. Every child has a right to happiness and health, by mandating this you will be taken this away from them and history will not forget.

Thank you,

Julia Kulyk

From: TARA THOMAS
Sent: 2/9/2022 12:56:21 PM
To: DOH WSBOH
Cc:
Subject: No Covid mandates

External Email

Good morning,
I am writing to let you know that I do not support Covid-19 Vaccine (or any other) mandates for school aged children. In fact, I do not support any government mandates at all. Please hear my voice.

Tara Thomas

From: Christy Keneally
Sent: 2/10/2022 7:32:41 PM
To: Lang, Caitlin M (SBOH), Hoff, Christy Curwick (DOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), nathaniel.thai@sbohwa.gov, Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH
Cc:
Subject: Covid experimental treatment

External Email

Ladies and Gentlemen,

As a concerned parent, I write to say, making the covid vaccine a requirement for school, is not in the best interest of our children. There has not been enough time to see the long term affects of using mRNA technology. To even consider risking our children on something experimental is beyond my comprehension. It is a virus that has already changed multiple times, requiring 3-4 shots, that is insane. Vaccinated or unvaccinated, you can have covid, you can spread covid. It does NOT stop the spread. The risk for serious illness is small in children. It is beyond ridiculous that our state is even considering this. This is not about our children. It's about power in the wrong hands. Too much power given to the wrong people. Look at the Data. High vaccination rate does not equal lower covid cases. It's everywhere you want to look, if you are paying attention. Do not make it mandatory to attend school. Our schools have lost so much already. This will be a bigger blow to the education system. You will loose so many students.

Sincerely
Christy

From: Jenny Hamilton
Sent: 2/11/2022 8:24:23 AM
To: DOH WSBOH
Cc:
Subject: covid vaccines

External Email

To whom it may concern at the WA state board of medicine.

I listened to your zoom meetings yesterday. I am appalled at how the information shared was only to convince the few random people you had voting. What qualifies these voters to make decisions on behalf of our children. There have been so many adverse effects due to these vaccines, and this information wasn't shared! You are wanting to experiment on the most vulnerable members of our society who do not have the means to speak for themselves. If you move forward with this vax mandate for school aged children, you will cause an uprising like you have never seen before. The vax should be optional, just like the flu shot! If you move forward with this vax mandate, you will be held accountable for CRIMES AGAINST HUMANITY and you will ROT IN HELL for it! You should all be removed from your jobs for the crimes you are about to commit! I am sickened at the thought that people like you have the ability to choose what we put in our bodies! How sad for you that you WILL BE HELD ACCOUNTABLE IN THE EYES OF OUR LORD for forcing our children to be your lab rats! Not going to happen!

I am truly disappointed in YOU PEOPLE for even considering vax mandates on children. Be your own lab rat!

Thank you for your time!
Jenny Hamilton

From: Susan Groller
Sent: 2/14/2022 9:06:04 PM
To: DOH WSOH
Cc:
Subject: Info re: vaccines for kids



attachments\8E0F07B295D04326_Myocarditis vax vs.expected png.png

attachments\EA7A7FD3084249C1_JAMA article on Myocarditis with vax.png

External Email

Hello,

I attended your meeting last week about having the COVID vaccine on the mandatory schedule for school kids. I was concerned about your disregard for the kids who got myocarditis from getting the COVID vaccine. Someone commented that myocarditis is more common than we think (paraphrasing). I would like to pass along important, new information that will, hopefully, have you reconsider having these vaccines on the mandatory schedule for school kids. JAMA came out with an article on Myocarditis cases after the vax. Attached is the title of the article for all to look up.

I am also attaching a schematic with the rates of myocarditis within 7 days of a vax compared to "expected" rates of myocarditis (per age groups). The "expected" rate is in orange vs the rate of those vaxed are in blue.

Please look over this study with a child's health in mind - not anything else! No amount of money or fame or anything else can bring back a dead child.

--

Susan A. Groller

From: Hisaw, Melanie (SBOH)
Sent: 2/9/2022 12:22:11 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:01 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Dasegowda Lokesh Marenayakanapalya
Sent: 2/14/2022 10:17:44 PM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

Issaquah, Bellevue, LakeWA School Districts, OSPI, WA State Education, WSBOH and King county commissioner.

If you still have some conscience left in you, after watching that Super Bowl, you will act upon and immediately remove the mask mandates from the schools. You might think you have helped the children by masking them but have no idea how badly it has affected the children and their health. Enough of big talks and researching on this topic, it's time to act and the best action is to remove mandates. If some parents still feel they need masks they can send their kids with masks on and no one will stop them. But parents like us who strongly believe in science and have enough research to prove that masks don't work demand you to end this mandates and now.

Thanks and Regards,
Lokesh Marenayakanapalya
Qualified enough to speak on behalf of my daughter and all the kids/parents that are suffering due to these mandates.
(For the records: ISD parent)

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman <goodman_tanya@outlook.com> wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Kahler, Kelie (SBOH)
Sent: 2/11/2022 9:53:34 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine Mandates

From: John Olson <heynewyeaow@gmail.com>
Sent: Friday, February 11, 2022 9:49 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Vaccine Mandates

External Email

To whom it may concern,

If vaccine Mandates are made in Washington you will see a mass Exodus of students from the public school system. If you think the Trucker brigade in Canada is big, just wait.

I promise that if you decide to inject something we know little about into our kids, my kids will be taken out of public schools.

Do not make this mistake. You will not win. Listen to science. Out body, or choice.

John Olson

From: Kirk Bussell
Sent: 2/11/2022 5:41:49 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: michele elliott
Sent: 2/10/2022 5:56:24 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,

I'm writing this to request that you do NOT mandate the covid shot to children, its not safe. There are NO long term studies on the safety.

How can ANYONE say the benefits outweigh the risks, when you don't even know what the true risks are?

What if your child has an adverse reaction and dies? Are any of you willing to sacrifice your OWN child for "The greater good?" If the answer is no, then how can you morally and in good conscience sacrifice someone else's child?

If you go forward with this, any child's death or disability from this shot will be a mark on your souls.

Please do not do this to our babies.

Thank you for your consideration,

Michele Elliott

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Susan Groller
Sent: 2/10/2022 2:25:53 PM
To: DOH WSBOH
Cc:
Subject: Comments on 2/10/22 Webinar

External Email

These are some comments and questions to the group from this webinar.

- * Why are you considering vaccinating kids, or anyone, with a vaccine that was made for COVID 19, the original virus, not the 9th variant.
- * Case count doesn't always relate to mortality, especially in children. The current rise in the case count can lead to herd immunity. Look at Sweden.
- * We have failed as a society because we do not have an early treatment option. (Vaccine is a prevention) We just wait till the person gets really sick and must be admitted to the hospital. Early treatment works, however, does not make any money for the drug companies so it's vilified. Why can't we have both? Have an OPTION to get a vaccine, NOT a scheduled vaccine.
- * Coming off the above point, What is the Board of Health doing to promote healthier lifestyles???? It is well documented that people, children or adults, who have comorbidities do worse. Why are we not being told to eat healthier, whole foods, overall get better nutrition, get exercise, get more sleep, get help for mental health. We have missed the boat! All there is to do is mask, gel your hands and get a shot. NOT ENOUGH!!! God made our bodies to heal itself if we do the right things for our body.
- * What is the safety of the vaccination in 10 years for kids (or anyone else)? Generally, vaccines take 10-15 years for vaccinations to get to the public. There has NOT BEEN ENOUGH time to test these vaccines, AND, we want to give them to our children? As a momma bear, I don't think so!!! People, in general, kids in particular are not falling over dead in the streets. Kids, especially, have the lowest rate of morbidity and mortality for COVID. What is the benefit of a vaccine that we do NOT have long term information on?

My response is NO for both #5 and #6

--

Susan A. Groller

From: Suzanne Northcutt
Sent: 2/11/2022 10:01:41 PM
To: DOH WSOH
Cc:
Subject: Public Comment

External Email

Dear DOH members,

I am a concerned parent. Regarding medical expertise or first hand experience I have little to give to you other than I'm witnessing several of my vaccinated friends coincidentally experiencing heart issues, and menstruation issues post vaccination.

But, I do want to remind you of the VAERS data base, the WHO data base

(<http://vigiaccess.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fvigiaccess.org%2F&data=04%7C0>), and the testimony of the whistleblower military doctor who called attention to the military data base around these vaccines. Please consider these statistics.

VAERS

"VAERS Data Confirm Myocarditis Risk After mRNA Vaccine"

<https://www.physiciansweekly.com/vaers-data-confirm-myocarditis-risk-after-mrna-vaccine>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.physiciansweekly.com%2Fva-data-confirm-myocarditis-risk-after-mrna-vaccine&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5f4b7987a707472c643608d9edecfee4%7C11d0e>

<https://vaersanalysis.info/2022/01/07/vaers-summary-for-covid-19-vaccines-through-12-31-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2022%2F01-summary-for-covid-19-vaccines-through-12-31-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5f4b7987a707472c643608d9edecfee4%7C11d>

-21,382 deaths

-36,758 permanent disabilities

"Note that the total number of deaths associated with the COVID-19 vaccines is more than double the number of deaths associated with all other vaccines combined since the year 1990."

Do you SERIOUSLY want to subject our children to this risk when healthy children have almost ZERO chance of dying from covid. PLEASE SAY NO

WHO (vigiaccess) ADR database

Covid-19 vaccine TOTAL NUMBER OF RECORDS BE RETRIEVED. 3,206,437. (Safe??? I think not)

For the skeptic, compare that number to the results for Ivermectin (the taboo drug)

Ivermectin- TOTAL NUMBER OF RECORDS RETRIEVED 6,169.

Also, consider the results for Ivermectin are from 1992 to present where the results from the Covid-19 vaccine are from the past 13 months!

See for yourself. Go to <http://vigiaccess.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fvigiaccess.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5f4b7987a707472c643608d9edecfee4%7C1>>
and search for covid-19 vaccine and read the results. It's astounding.

Military - Defense Medical Epidemiology Database.

Since the rollout of the vaccines:

- 300% increase in cancer diagnoses
- 300% increase in miscarriage
- 1000% increase in neurological issues
- 269% increase in myocardial infarction
- 291% increase in bells palsey
- 156% increase in congenital malformation
- 471% increase in female infertility
- 467% increase in pulmonary embolisms

Listen to this military medical doctor testify under oath at the US Senate hearing

<https://rumble.com/vt62y6-covid-19-a-second-opinion.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C5f4b7987a707472c643608d9edecfee4%7C1>>

Considering all the data that shows there are significant risks, I believe, and the majority of my community agrees with me, that if you mandate these experimental shots to anyone you all are responsible for every death and every injury and should be held accountable for crimes against humanity.

Thank you for your time,

Suzanne Northcutt

From: Jason Soto
Sent: 2/10/2022 8:23:38 AM
To: DOH WSBOH
Cc:
Subject: Comments and Questions for the TAG

External Email

I strongly urge you to not require covid vaccinations as a requirement for our children to attend schools.

*

Other nations, including the UK, have banned vaccinations of children declaring the benefit does not outweigh the risk

* FDA has ONLY approved Covid vaccines for children under Emergency Use in children 5-11 and cannot be required or mandated, under law. It must be an individual's choice. Vaccine Status Discrimination is unlawful.

* Children have minuscule risk of severe Covid-19 with a recovery rate of 99.997%

* 19,000 deaths reported from Covid vaccines, more than all other vaccines combined in 30 years

* Pfizer's data shows a 5x increased risk from fatal heart attacks among the vaccinated

* US Government reports 18,461 deaths+ 875,653 adverse reactions from the shot as of 11/5/2021

* An estimated 8% of the US Population (including kids) is at risk of anaphylactic shock to Covid-19 vaccines with PEG

* Alarming rates of Myocarditis and Pericarditis are occurring in adolescents post-injection (similar to a heart attack)

* While healthy children don't die from Covid, they do die from myocarditis. The younger you are, the greater the risk of cardiac inflammation per VAERS

* There have been no long term studies on humans using mRNA technology in children

* Other nations, including the UK, have banned vaccinations of children declaring the benefit does not outweigh the risk

* Thank you

* Jason Soto

* 3217 32nd Avenue ct se Puyallup 98374

Sent from my Verizon, Samsung Galaxy smartphone

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From: Robert Holte
Sent: 2/12/2022 3:07:22 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/10/2022 1:07:57 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

TAG

3.

Your Name:

Nora

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

None of the data shown was focused on severity rather on transmission. In addition the data presented is not convincing to force us parents to vaccinate our kids with experimental vaccines.

From: Kahler, Kelie (SBOH)
Sent: 2/9/2022 10:08:46 AM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

From: Gina M. <gina-kevin@comcast.net>
Sent: Wednesday, February 9, 2022 10:06 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Robert Holte
Sent: 2/14/2022 10:30:15 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: William WilliaCorrin m
Sent: 2/11/2022 4:00:18 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Eriq Brower
Sent: 2/12/2022 4:49:09 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Rie B
Sent: 2/9/2022 10:38:46 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

* Almost 100% of kids don't suffer from severe COVID. In fact, many have no symptoms at all. Thus, they may have already had COVID which is another excellent reason not to get the vaccine.

* The World Health Organization (WHO) has announced that young people should not take the vaccine.

* A concerning number of young people, especially those under 30, are suffering from myocarditis (heart inflammation), blood clots, low platelets and more following COVID-19 vaccination.

* The risks of COVID-19 vaccination adverse outcomes certainly outweigh the benefits to children and young adults who are considered low risk populations.

* Parental rights to make independent, informed decisions regarding their children's medical interventions, including vaccines, are being threatened.

* Some scientists have raised concerns that the safety risk of COVID-19 vaccinations have been underestimated. As of January 28th 2022, there have been 1,088,558 vaccine injuries including 23,149 deaths following COVID-19 vaccination.

* Clinical trials in children and young adults are ongoing and will not be completed for at least one year.

* Not a single published study has demonstrated that patients who have had a prior COVID-19 infection benefit from the vaccination. So why recommend all kids get the shot?

--

Rie Bargayo

From: Testify Online Survey
Sent: 2/10/2022 1:09:07 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Feb. 10, 2022

2.

Agenda Item or Issue:

he technical advisory group (TAG) to consider COVID-19 for inclusion in the state's list of required immunizations for child care and school entry (chapter 246-105 WAC) will conduct its first business meeting Feb. 10, 2022 and consider (2) criteria from t

3.

Your Name:

AnnRene' Joseph

4.

Do you have a professional title?

1. Yes

Dr.

5.

Are you representing an organization?

2. No

6.

Address:

15324 182nd Place, N.E., Woodinville, WA

7.

Email:

moreartsannrene@gmail.com

8.

Phone Number (Include Area Code):

206-819-8216

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a parent, grandparent, adult, doctor of education in educational leadership, retired school teacher, principal, district administrator, and state administrator

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Do not vote to make COVID a part of child immunizations for children to attend school. The information and research is inconclusive and this is a gross infringement on personal and parental rights. This is unconstitutional. This should be a choice.

From: Michelle Katsel
Sent: 2/9/2022 4:42:08 PM
To: DOH WSBOH
Cc:
Subject: Against adding COVID-19 vaccine to school vaccination requirements

External Email

To Whom It May Concern,

It has been brought to my attention that there is a meeting tomorrow to discuss adding the COVID-19 vaccine to school vaccination requirements. I am against adding the COVID-19 vaccine to school vaccination requirements and I urge you to end this discussion once and for all. My hope is you will really listen and consider what I have to say.

Since the "buzz phrase" around COVID-19 is to "trust the science". The "science this...", the "science that...", etc. Well, what about the science that has proven that our very own human immune systems are quite capable of handling this virus without a vaccine, because it has a 99% survival rate? What about the science that has proven that being vaccinated doesn't prevent you from getting or spreading COVID-19? What about the statistics that show we have a high level of positive COVID cases, while we ironically have the highest number of vaccinated people as daily more people are becoming fully vaccinated or getting their boosters? What about the science that shows the COVID-19 vaccines have more reported vaccine injuries in VAERS than any other vaccine at this stage of its existence? What about the science that shows this virus is moving from a pandemic to an endemic state like the flu? What about the recent guidance from the CDC that shortens the quarantine and isolation periods? Why would they do that? They did that because they know that this virus is not as threatening as mainstream media and politicians are making it out to be.

People should be able to make the decision for themselves, their children, and their own bodies about whether or not to get the COVID-19 vaccine, just like they decide whether or not to get a yearly flu shot. It's really that simple. I will pull my children from public education should you move forward with the COVID-19 vaccine as a school vaccine requirement. I know I am not alone in that either. There are many, many parents who feel the same. Look how public education has already suffered with the way the pandemic has been handled thus far. A decision for this will only hurt it further.

There is so much data and common sense pointing against adding this as a school vaccine requirement. As intelligent people, I implore you to not turn a blind eye to what is so blatantly obvious here. End the discussion and consider it no further.

Thank you for listening to my valid points and concerns.

Respectfully,

Michelle Katsel

From: Kahler, Kelie (SBOH)
Sent: 2/11/2022 3:41:51 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid-19 vaccine for children

From: c.kaiponen <c.kaiponen@yahoo.com>
Sent: Friday, February 11, 2022 2:11 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Covid-19 vaccine for children

External Email

Good day,

I am a 38 year resident of Kitsap county, wife and mother of two children. I believe it should be optional for this inoculation that is being discussed currently as a covid-19 vaccine.

I have a few questions about the vaccine getting added to the vaccine schedule for children.

Since these injections are EUA, does that mean that there is no liability of manufacturers if there is an adverse reaction?

What is the history of other vaccines that are on the current vaccine schedule prior to them being officially assigned to the current schedule?

As far as trials go, what were the adverse reactions reported for what is under consideration to mandate?

What are the long term adverse reactions? What is considered long term? Myocarditis? Infertility?

Are these risks outweighing benefit?

Children have a survival of 99%, so why put this inside their bodies to stimulate risk?

What happened to optional? Like flu vaccine being optional? The variant will change consistently like flu virus, so the vaccine would change consistently like a flu shot?

The poor kids say 'oh I want the vaccine but my mommy wont let me because she is afraid.' Lets remember they are children. Innocent, impressionable children. As parents we are here to nurish and protect them from harm. Because the survival rate of children from covid is so high, why are we pushing this?

Lets end the coercion. These children just want the fiasco to end! We as their parents are using our critical thinking skills before rushing into such a new 'vaccine'. We know by choosing to be inoculated, it is irreversible. You can not undo this choice once made.

Here is a link to a testimony from a parent of a 12 year old who participated in the Pfizer COVID-19 trial. Please watch.

https://youtu.be/L2GKPYzL_JQ
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL2GKPYzL_JQ&data=

Please watch this link as well, it is another video with a panel of covid-19 vaccine injured people presented by senator Ron Johnson.

<https://youtu.be/6mxqC9SiRh8>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F6mxqC9SiRh8&data=>

The following link is virology data on the injections under discussion. I reccomend visiting and reading it thoroughly.

[https://www.cell.com/cell/fulltext/S0092-8674\(22\)00076-9](https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674\(22\)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce6a6555dddc48d7ed9408d9edb813a4%7C11d0e2](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cell.com%2Fcell%2Ffulltext%2FS0092-8674(22)00076-9&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ce6a6555dddc48d7ed9408d9edb813a4%7C11d0e2)

Please consider this inoculation to be optional to all of those who reside in Washington state. Looking at the USA in it's entirety, 2 out of 50 states have implemented it as mandatory. This is equivalent to 4% of the USA. That is not the popular choice, obviously. Please listen to the community and what they are asking for. We are asking for freedom of choice in regards to the covid 19 inoculation.

Thank you so much for your time. I appreciate you. May God bless you and your family.

Respectfully,

Christina Thacker

Sent from my Verizon, Samsung Galaxy smartphone

From: amanda price
Sent: 2/10/2022 12:50:08 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I will pull my child out school with covid vaccine are require i am not going have my son take any thing that will kill him i dont co parent with goverment if you are listing to inlsee you need quit listing to him he just kill our state i am sick of mandate

From: John and Meg Krieg
Sent: 2/9/2022 12:21:41 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please do not make our students vaccinate against COVID-19 as a requirement for attending school. As you are considering this proposal, I urge the group to look at transmission data related to school-age children as well as data from other countries. In both cases you will find that the data shows and science worldwide supports the fact that children are not at risk from this virus and are at much greater risk from receiving a vaccine which is incomplete in terms of long-term medical studies.

We would like to see our public school systems stay strong and healthy for the good of our society. Placing vaccine mandates on students will leave these schools weakened as parents withdraw from the system to place their children in other educational settings which do not require vaccines.

Thank you for your work.

Sincerely,
Meg Krieg
Lynden

From: Jessie Sandstrom
Sent: 2/9/2022 8:05:40 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My public comment for February 9th public health meeting. Thank you.-Jessie Sandstrom

Why is an experimental vaccine that is only approved under emergency use being pushed so hard on our children? Our children who are at extremely low risk of covid complications. I don't believe we will know the true side effects of these experimental vaccines for years to come. It's pretty clear that those who want the vaccine for their child have already done so. Exemptions are brought up but there would be no need if it's not required. Lastly why is natural immunity being covered up and not considered? Clumping someone into a group as antivax isn't fair. There are a ton of concerned parents that branch a wide stance. The division is becoming a gaping hole. Many parents are pretty fed up with mixed messaging and have a distrust for those running the show. I genuinely hope there is a pause especially seeing the trend in cases go down and masks are about to be optional why is this being pushed so hard at a point where we are seeing a break in the clouds.

Sent from my iPhone

From: Joseph Hammontree
Sent: 2/11/2022 9:09:11 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: gina-kevin
Sent: 2/14/2022 9:57:19 PM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

WHAT IS TAKING YOU ALL SO LONG TO "GIVE YOUR PERMISSION" FOR THE MASKS TO
COME OFF OF OUR KIDS???
WHAT ARE YOU WAITING FOR??

ENOUGH OF THIS COVID THEATER!!
ENOUGH OF THIS COVID HYPOCRISY!!
ENOUGH OF THIS COVID STUPIDITY!!

ENOUGH OF PRETENDING YOU ARE DOING ANYTHING BUT ABUSING OUR KIDS WITH
THESE USELESS MUZZLES OVER THEIR FACES!!
THIS IS NOT ABOUT SAFETY!!
THIS IS ABSOLUTE INSANITY!!
YOU ARE DOING DAMAGE TO OUR KIDS!!

WE ARE ALL SO FED UP WITH THIS NONSENSE! ENOUGH ALREADY!!!!!!

GINA

On Feb 14, 2022, at 4:52 PM, Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

Greetings...
Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH,
and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less
fans adorned the stadium in CA for the 'big game', it sure brought attention to millions
sitting at home watching that we have been played. We've been played by our State
Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be
rescinded from our schools and release our children from these harmful practices.

Thank you kindly,
Tanya Goodman
Protective and Loving Mother

From: Meagan Smit
Sent: 2/11/2022 3:35:11 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Please let parents make their own decisions on the Covid vaccine for their children and themselves

Sent from my iPhone

From: Yael Kantor
Sent: 2/9/2022 8:04:17 PM
To: DOH WSBOH
Cc:
Subject: Criteria for covid vaccine



attachments\4FC592465B0E42DF_final-ICWA-to-BOH-and-TAG-on-Criteria-.pdf

External Email

<https://secureservercdn.net/198.71.233.86/7mw.a02.myftpupload.com/wp-content/uploads/2022/01/final-ICWA-to-BOH-and-TAG-on-Criteria-.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsecureservercdn.net%2F198.71.233.86%2F7mw.a02.myftpupload.com%2Fwp-content/uploads%2F2022%2F01%2Ffinal-ICWA-to-BOH-and-TAG-on-Criteria-.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cbf70ab4b09c14362a9c008d9ec49fc2d%7C11d0e217>>

Sent from my iPhone

*Informed*CHOICEWA.org

Date: January 7, 2021

To: The Washington State Board of Health Members and COVID-19 TAG

From: The Board and Members of Informed Choice WA

Dear Board of Health and TAG Members:

You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong.

The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. The systemic capture of federal agencies by the drug industry and globalists has never been more obvious.

Public Health in the U.S. is currently suffering from a lack of checks and balances and a dangerous dilution of critical facts. If every citizen were to watch the FDA's Vaccine and Related Biologicals Advisory Committee (VRBAC) meetings and to read the entirety of the clinical trial submissions to the FDA and the injury and death reports filed with Pfizer and VAERS, they would understand the experimental nature of the COVID shots and the known and suspected risks. They would question the clinical trial irregularities, the buried data, the lack of independent evaluation, and the high levels of conflicts of

interest. But most do not. Votes for recommendation are made by federal entities despite the lack of scientific justification and the details of the meetings are not incorporated into the language passed down to citizens. The messaging becomes, “The vaccines are safe and effective and recommended by the CDC.” This simplistic false messaging creates division at all levels of society, undermines fully informed consent, violating federal regulations and human rights declarations.

If after the past two years of witnessing the erratic federal response to COVID you still have faith in federal recommendations, we ask you to consider one clear example that reveals the federal agencies and committees do not deserve your trust. In the absence of a single co-administration safety study, the ACIP approved and the CDC actively promotes this message:

“COVID-19 vaccine and other vaccines may be administered on the same day.”

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

We are asking you today to honor the Precautionary Principle and First Do No Harm. We are asking you to dismantle the TAG, to halt rulemaking consideration for adding COVID shots to school requirements, and to adopt our Rulemaking Petition for a new rule that would prohibit mandating Emergency Use Authorized products and licensed products that lack completed Phase 3 trials.

Attached is our preliminary response to the “Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030” that supports our requests. There is far more scientific and medical information available. We hope this is just the beginning of your reviewing the critically important information you have likely been missing until now.

Sincerely,

The ICWA Board

Bernadette Pajer, Yael Kantor, Heidi Hartnell, Angela Dye



**Informed Choice Washington Presents:
A review of the COVID-19 shots
(Pfizer, Moderna, Janssen)
using the Washington State Board of Health's
"Criteria for Reviewing Antigens for Potential Inclusion in
WAC 246-105-030"**

<https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Before proceeding, it must be noted that the COVID-19 shots currently available do not meet the definition of "immunizing agent" per WAC 246.105.020(13), which states:

"Immunizing agent" means any vaccine or other immunologic drug licensed and approved by the United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against vaccine-preventable diseases.

None of the currently available COVID-19 shots are licensed and approved by the FDA for school-age children; the shots similarly do not meet WHO requirements and are only authorized by the WHO for emergency use.

WAC: <https://app.leg.wa.gov/WAC/default.aspx?cite=246-105-020>

For clarity, BOH's criteria language is shown in red, and ICWA language is shown in black.

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.

The vaccine **must** be recommended by the ACIP. The ACIP reviews **licensed** vaccines. It makes recommendations for newly licensed vaccines and regularly updates its recommendations. Its process includes:

- (1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine;
- (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data;
- (3) an assessment of cost effectiveness;
- (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups;
- (5) a review of the recommendations of other groups; and
- (6) a consideration of the feasibility of vaccine use in existing child and adult immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal, and ethical concerns. [emphasis added]

Do any of the COVID-19 shots fulfill this criterion? No.

The ACIP did NOT recommend a COVID-19 shot licensed by the FDA for use in ages 5-11 or 12-15, nor did it place such a shot on the CDC Recommended Schedule.

There is no FDA COVID-19 shot licensed for ages 5-15 and no COVID-19 shot whatsoever on any CDC Recommended Schedule for any age. CDC Immunization Schedules, <https://www.cdc.gov/vaccines/schedules/index.html>.

The CDC recommended schedule website page for ages 7-18 mentions the ACIP's EUA and BLA recommendations for COVID, but it DOES NOT include the shots on the schedule.

On May 12, 2021, the ACIP adopted the following recommendation: "The Pfizer-BioNTech COVID-19 vaccine is recommended for children 12-15 years of age in the U.S. population under the FDA's Emergency Use Authorization." *May 12, 2021 ACIP Meeting - Discussion and Vote*, CDC YouTube channel, <https://youtu.be/91FCQN1aYqk>.

On November 2, 2021, the ACIP adopted a similar recommendation for 5-11 year olds. *Nov 2, 2021 ACIP Meeting - Clinical considerations for COVID-19 vaccination & Votes*, CDC YouTube channel, <https://youtu.be/Fknv90AxSn8>.

Federal Emergency Use Authorization statutes indirectly prohibit school mandates of EUA products by requiring recipients be informed they have the option to accept or refuse the vaccine:

"The possible side effects of the vaccine are still being studied in clinical trials. . . Under the EUA, there is an option to accept or refuse receiving the vaccine."
Vaccine Information Fact Sheet for Recipients and Caregivers about the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019

(COVID-19) for Use in Individuals 5 through 11 Years of Age, pp. 4-5,
<https://www.fda.gov/media/153717/download>.

The option to accept or refuse an EUA product is not conditioned upon written assertion of exemption. Medical, personal, or religious exemptions are not required in order to exercise the right to refuse. Under EUA law, a parent or guardian may simply decline a shot for their minor child, without providing explanation or paperwork. A state-level daycare or school requirement would introduce the need for filing of exemptions, unlawfully exceeding the parameters set forth by Congress for EUA products.

“FDA believes that the terms and conditions of an EUA issued under section 564 preempt state or local law, both legislative requirements and common-law duties, that impose different or additional requirements on the medical product for which the EUA was issued in the context of the emergency declared under section 564.” *Vaccine EUA Questions and Answers for Stakeholders*, U.S. Food & Drug Administration,
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders#61b6059d67093>

Alarming, the CDC and ACIP made this recommendation even though they acknowledged that for both age groups:

Regarding potential harms after vaccination, evidence was type 4 (very low certainty) for serious adverse events and type 1 (high certainty) for reactogenicity. No data were available to assess the other GRADE benefits and harms including prevention of hospitalization due to COVID-19, prevention of multisystem inflammatory syndrome in children (MIS-C), SARS-CoV-2 seroconversion to a non-spike protein, or prevention of asymptomatic SARS-CoV-2 infection.

The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Adolescents Aged 12–15 Years — United States, May 2021, CDC MMWR, May 21, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm> and *The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, November 2021*, CDC MMWR November 12, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm>.

Vaccines and Related Biological Products Advisory Committee (VRBPAC) member Dr. Eric Rubin stated “[Just b]ecause we give an EUA to the vaccine, doesn’t mean we have to use it. And I think we would have to think hard about how to use it given all of the concerns that have been raised.” Transcript of *FOOD AND DRUG ADMINISTRATION (FDA) Center for Biologics Evaluation and Research (CBER) 166th Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting*, June 10, 2021, p. 242. <https://www.fda.gov/media/150815/download>.

How can the CDC claim that benefits outweigh risks when they admit they do not know the risks?

Comirnaty is the only COVID-19 product that has ostensibly received FDA licensure for any pediatric populations—namely those 16 and up; however, that licensure is limited to manufacturing and delivery. The FDA has stated that this product is merely “**ready** for approval for **use** in individuals 16 years of age and older . . .” [emphasis added]. *August 23, 2021 Approval Letter - Comirnaty*, from FDA to BioNTech, p. 4, <https://www.fda.gov/media/151710/download>. The Comirnaty vaccine is not available anywhere in the United States, and there is debate about whether the vials of Pfizer’s EUA product are now “licensed” for those 16 and up, or if those are still EUA products. The FDA states that EUA Pfizer-BioNTech COVID-19 Vaccine and the Comirnaty (COVID-19 Vaccine, mRNA) “are legally distinct with certain differences that do not impact safety or effectiveness.” There is much debate over what “legally distinct” means, especially to consumers. If “legally distinct” means that the currently available Pfizer products in the U.S. are under EUA regulations, then there is no licensed product available for 16-18 year olds. Regardless of whether the Pfizer product is licensed for 16-18 year olds, the product lacks completed Phase 3 clinical trials, and the PREP Act still shields manufacturers for liability for injuries and deaths. As far as we can tell, never in history has the FDA licensed a product without completed clinical trials, nor when all the ongoing trials have been unblinded, subverting the ability to compare outcomes.

There are ZERO co-administration safety studies; therefore, it is highly concerning that the CDC states, and the Washington State Department of Health repeats: “COVID-19 vaccine and other vaccines may be administered on the same day.” CDC, Immunization Schedule, COVID-19 Vaccination, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Disregarding the absence of any safety studies, the Washington DOH states, “Your child can get a COVID-19 vaccine at the same time they get other vaccines. You do not need to schedule your child’s required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get your child caught up on all of their recommended vaccines.”

Washington State Department of Health, Vaccinating Youth,
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/VaccinatingYouth#VaccineTiming>

As noted in our cover letter, this is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

2. The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available.

*Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

Do any of the COVID-19 shots fulfill this criterion? No.

Immunogenicity: While the COVID-19 shots trigger the recipient's cells to create spike proteins, which then trigger an immune response and antibodies to the self-created spike proteins, this immune response has proven incapable of preventing infection or transmission. In short, the COVID shots do not prevent recipients from "contracting the disease."

Some studies show recipients may be afforded a short window—a few weeks or months—during which their risk of infection or risk of severe disease is minimally reduced in comparison to those without natural immunity, but even this protection appears to be dropping with each new variant.

This preprint study shows that PCR-positive tests for Delta variant occurred in a higher percentage of vaccinated individuals than in unvaccinated. From this it could be concluded that, regardless of vaccination status, all individuals are able to spread COVID-19 with similar viral loads. Riemersma et al., *Shedding of Infectious SARS-CoV-2 Despite Vaccination*,

<https://www.infosperber.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load.pdf>.

Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant, CNN interview with Wolf Blitzer, July 27, 2021, <https://www.youtube.com/watch?v=TKFWGvvlVLI>

Another pre-print study, Acharya et al., *No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant*, “found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.” <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>.

The CDC reported that among the first U.S. cases of COVID-19 attributed to the Omicron variant, 79% of the 43 cases studied occurred in fully vaccinated individuals, including 14 who had received booster doses. *SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021*, CDC MMWR, December 17, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm>.

The criterion explicitly requires that “information about population-based effectiveness is gained from large trials,” yet the clinical trial study on which the EUA was based for 5-11 year olds included only 2,268 children total. CDC and ACIP acknowledged that the study was too small to find serious adverse reactions. (See our response above to Criterion #1.) *Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age*, N Engl J Med 2022; 386:35-46, DOI: 10.1056/NEJMoa2116298, <https://www.nejm.org/doi/full/10.1056/NEJMoa2116298>.

A pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, therefore increasing chances of contracting COVID, after 90 days. The authors suggest a booster would be necessary in order to attain previous levels of protection. Do parents really want their child to get a booster every 90 days? Would this be practical or manageable? Hansen et al., *Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study*, <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5>

In contrast to the inability of the COVID shots to prevent disease, natural immunity has been found to prevent infection. This superior, broad protection will serve children well throughout their lives. “[C]hildren display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs.” Dowel, et al., *Children develop robust and sustained*

cross-reactive spike-specific immune responses to SARS-CoV-2 infection,
<https://www.nature.com/articles/s41590-021-01089-8>

In study after study, it has been shown that natural immunity far exceeds vaccine-induced immunity in length and quality. Please view the following studies here that show the superiority of natural immunity: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

3. The vaccine containing this antigen is cost effective from a societal perspective.

This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

Do any of the COVID-19 shots fulfill this criterion? No.

To parents and members of Informed Choice Washington, the most important consideration in this criterion is the "medical and societal costs of adverse reactions to the immunization" as well as what the criterion overlooks:

- the cost of ignoring or outright censoring lifesaving preventative and early treatment protocols, which lead to superior natural immunity;
- the cost of exposing children to genetic therapies, such as DNA and mRNA injections, in the absence of adequately sized and designed safety studies for either short or long-term outcomes;
- and the cost of interrupting a child's natural immune response to what is now an endemic virus without a complete understanding of how that interruption will impact their immunity to the virus and its mutations in the future.

Please see risk information provided under Criterion #4 below, in particular, the two graphs summarizing data from Pfizer's clinical trials that have already demonstrated that any benefits from the shots are outweighed by the injuries and death they cause. This does not account for long-term and yet unknown harms.

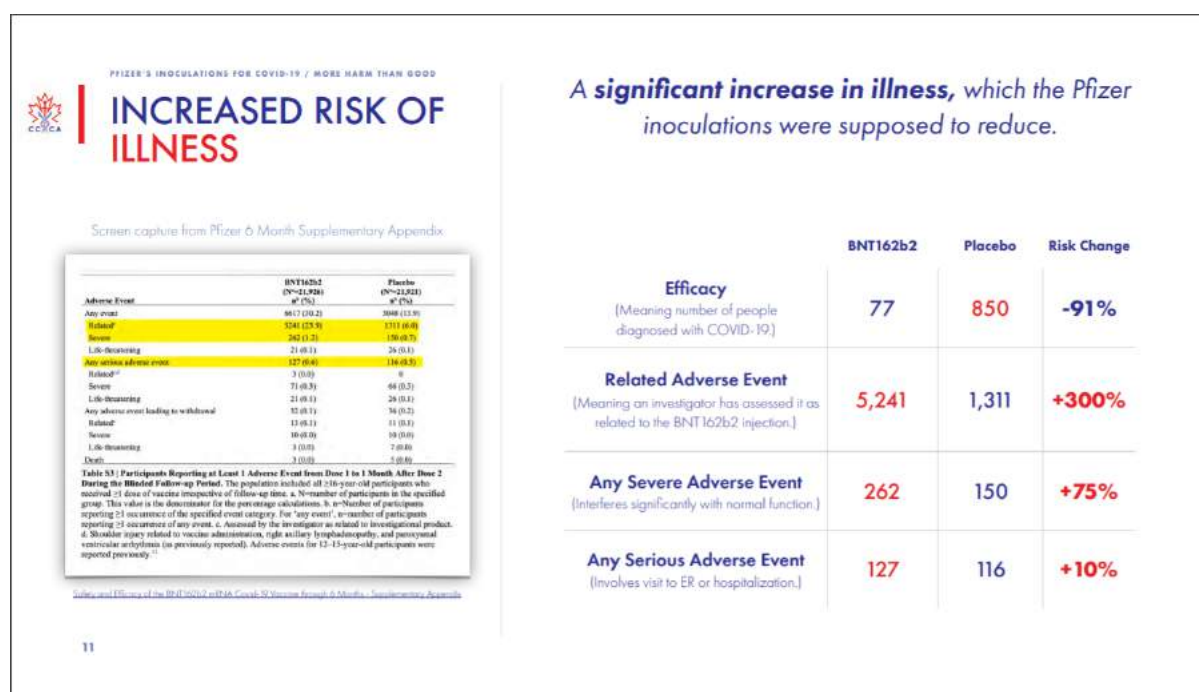
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.

Do any of the COVID-19 shots fulfill this criterion? No.

While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

The graphic below includes Table S3, *Participants Reporting at Least 1 Adverse Event From Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period*, on page 11 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#). Vaccinees experienced worse health outcomes than did placebo recipients.



The following graphic, which includes Table S4, *Causes of Death from Dose 1 to Unblinding*, on page 12 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), illustrates the increase in deaths within six months for those who received the injections. Of particular concern are the types of death, including cardiovascular events

PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

INCREASED RISK OF DEATH

Screen capture from Pfizer 6 Month Supplementary Appendix

Reported Cause of Death*	BNT162b2 (N=15,124)	Placebo (N=15,121)
Death	15	14
Acute respiratory failure	0	1
Aortic aneurysm	0	1
Adiposclerosis	2	0
Biliary cancer metastasis	0	1
COVID-19	0	2
COVID-19 pneumonia	2	0
Cerebral aneurysm	4	1
Cardiac failure congestive	1	0
Cardiovascular arrest	1	1
Chronic obstructive pulmonary disease	1	0
Death	0	1
Dementia	0	1
Empyema/osteomyelitis	1	0
Hemorrhagic stroke	0	1
Hypertensive heart disease	1	0
Long cancer metastasis	1	0
Meningitis	0	1
Multiple organ dysfunction syndrome	0	2
Miscellaneous infections	0	2
Osteoarthritis	0	1
Pneumonia	0	2
Sepsis	1	0
Sepsis shock	1	0
Septic sepsis	1	0
Unrecoverable event	1	0

Table S4 | Causes of Death from Day 1 to Unblinding Study Population, 246 Years OOI, n.
Multiple causes of death could be reported for each participant. There were no deaths among 13-15-year-old participants.

Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine Through 6 Months - Supplementary Appendix

	BNT162b2	Placebo
Deaths before unblinding (in Table S4 of Supplementary Appendix)	15	14
Deaths after unblinding (Prior to table, but maintained in text of 6-month report. See quote below.)	5	
Total Deaths	20	14

"After unblinding" means when the Placebo participants were given the opportunity to "cross over" and take the BNT162b2 inoculation.*

"... 3 participants in the BNT162b2 group and 2 in the original placebo group who received BNT162b2 after unblinding died."

Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine Through 6 Months

	BNT162b2	Placebo
Total COVID-19 Related Deaths	1	2
Deaths Related to Cardiovascular Events	9	5

*A total of 15,122 subjects originally randomized to placebo crossed over and took BNT162b2 after unblinding. Days 1 and 2 were 45 and 46, respectively, the March 15, 2021 data report.

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One 12-year-old child, Maddie de Garay, participated in Pfizer's study. She suffered multiple and severe injuries, requiring 9 ED visits and 3 hospital stays (totaling 64 days by June 1, 2021). She is still in a wheelchair today. The New England Journal of Medicine article in which Pfizer's RCT results was reported, [Safety and Efficacy of the](#)

[BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), failed to disclose any of Maddie's adverse reactions. Pfizer disingenuously mischaracterized her injuries as "functional abdominal pain" in its *Emergency Use Authorization (EUA) Amendment for an Unapproved Product Review Memorandum*, p. 30.

<https://www.fda.gov/media/148542/download>. Senator Ron Johnson held a roundtable, in which many individuals who took the COVID-19 vaccine shared their adverse reaction experiences that required medical attention.

<https://thehighwire.com/videos/stephanie-and-maddie-de-garay-testimony/> at 5:13.

This study asks a very pertinent question: Why are we vaccinating children against COVID-19? The abstract in this study explains the following:

A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs. those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially... (emphasis added.)

This study goes on to say that:

... it will use the term 'inoculated' rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission (emphasis added.)

Kostoff, Ronald, et al., "Why Are We Vaccinating Children Against Covid-19?" Toxicology Reports, Vol 8 2021, pages 1665-1684,
<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Here is a list of websites where medical professionals and/or individuals have documented their experiences with reactions from the COVID-19 vaccine:

<https://openvaers.com/covid-data/adverse-events-by-state>

<https://vaers.hhs.gov/data.html>

<https://www.c19vaxreactions.com>,

<https://www.RealNotRare.com/>

<https://www.medalert.org>

<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

Dr. Cody Meissner, VRBPAC member, stated: “I want to be sure that the risk of the vaccine is less than the risk of hospitalization because four [COVID hospitalizations per million in children under 18] certainly does not constitute an emergency, and there are significant questions about the safety of this vaccine. . . . [This hospitalization rate is] on the CDC website. That is not an emergency. It is a very low hospitalization rate. And the rates may change as the season changes, but we’re starting from a tiny, tiny rate. . . . [T]he rates are also falling pretty dramatically among adults and children. So as more people are immunized and become immune from infection, I think it’s very likely that we’re going to get this pandemic under pretty good control. Now the issue -- so the issue to me is safety. . . . [W]e can look at the 2,000 or 2,200 adolescents who are enrolled in the Pfizer vaccine between 12 through 15 years of age -- 2,200, so half got the vaccine, half got placebo. Nobody was hospitalized. Nobody died. And there were some who got URIs[upper respiratory infections] So 2,200 is not going to address the issue of safety. I’m worried about myocarditis. . . . [W]e don’t know what that means on a longterm basis. Will there be scarring of the myocardium? Will there be a predisposition to arrhythmias later on? Will there be an early onset of heart failure? I think that’s unlikely, but we don’t know that. And so before we start vaccinating millions of adolescents and children, it is so important to find out what the consequences are because COVID-19 disease is disappearing in adolescents and children. And I think we have to be so clear about what we’re dealing with. Let me make one more point. In 2003, there was a publication in JAMA regarding myocarditis following the Dryvax vaccine, the smallpox vaccine which is, of course, a live vaccine. But in that situation, the military -- it was given to young recruits. The rates of myocarditis in the military young men -- because it was mostly men in those days -- was 2 per 100,000. And after the Dryvax vaccine the rates were 7.8 cases of myocarditis in the 30 days afterwards. So there was a three-fold increase. And in fact, Dr. Tony Fauci wrote an editorial in that same issue of JAMA discussing these rates of myocarditis. So I am really concerned that the FDA may by not insisting on a full BLA, which to me means at least 12 months, maybe even 18 or 24 months of follow up in children and adolescents, before they are recommended to receive this vaccine. I do not feel we can justify a EUA including children under an Emergency Use Authorization. The burden of disease is so small, and the risks are just not clear. We don’t know.” June 10, 2021, VRBPAC meeting transcript, p. 62, p. 225- 228. <https://www.fda.gov/media/150815/download>

From the front lines in medical care

Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. “More VC Nurses Blow Whistle on ‘Overwhelming’ Numbers of Heart Attacks, Clotting, Strokes,” *The Conejo Guardian*, December 14, 2021. <https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/>

Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories.

<https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/>

Colette Martin, an RN of 17 years, testified in front of the Louisiana House about the harms of vaccine reactions that she has witnessed. She also stated that more children have died from the vaccine than from covid itself. Louisiana House of Representatives Health and Welfare Committee Hearing, December 6, 2021,

https://www.house.louisiana.gov/H_Video/VideoArchivePlayer?v=house/2021/dec/1206_21_HW (begin at 6:54:00)

In the first two and a half months after EUA was granted, 1,223 deaths were reported to Pfizer. This is a huge red flag that requires deep investigation. See Table 1, Page 7, showing fatal case outcomes in Pfizer’s “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021”

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>,

While critics commonly question the veracity of VAERS data, as reported on the U.S. government’s Healthy People 2020 site, 83% of the reporters to the Vaccine Adverse Events Reports System were health care workers or pharmaceutical and government-based sources during the years 1990-2010. “The majority of VAERS reports are submitted by vaccine manufacturers (37%) and health care providers (36%). The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parents/guardians, 7%) [sic], and other sources (10%).” Office of Disease Prevention and Health Promotion, Vaccine Adverse Reporting System, <https://www.healthypeople.gov/2020/data-source/vaccine-adverse-event-reporting-system>.

Further, 72% of a sampling of 250 of the 1,644 VAERS reports of early death received in the first three months of 2021 were filed either by health service employees or pharmaceutical employees. “We identified health service employees as the reporter in at least 67% of the reports, while pharmaceutical employees were identified as the reporter in a further 5%.” Even though the sample contained only people vaccinated early in the rollout, *i.e.*, those who were elderly or with significant health conditions, an adverse vaccine reaction could be ruled out in only 14% of the cases. Mclachlan, et al., *Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis*. 10.13140/RG.2.2.26987.26402. (2021)

“While it seems that the incidence of pericarditis during the vaccination campaign period is increased, a more comprehensive data collection on a wider scale should be done. We hope this report will raise awareness to the subject and will serve as a reminder to report events as part of the post-marketing investigations and allow for a thorough adverse events following immunization analysis.” *Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine*, https://journals.lww.com/pidj/Fulltext/2021/10000/Transient_Cardiac_Injury_in_Adolescents_Receiving.1.aspx

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before measles vaccine was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

Do any of the COVID-19 shots fulfill this criterion? No.

First, we must emphatically state that it is unethical to use children as shields for adults.

Peter Doshi, Ph.D: “I want to address this idea of vaccinating children to protect adults. I encourage the Advisory Committee to read Dr. Lavine et al.’s editorial to explain why, “Vaccinating children is likely to be of marginal benefit in reducing the risk to others.” And even if you think a small benefit is better than nothing, let’s not forget that it’s an unproven hypothetical benefit. We need confirmatory evidence, not just assumptions. And then there’s the ethics and the law. **FDA can only indicate a product for use in a**

given population if benefits outweigh risks in that same population. So if benefits don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021 <https://www.fda.gov/media/150815/download>, pp. 171-172. (emphasis added)

Children and young adults are at an extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," *The Lancet Children & Adolescent Health*, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

The *Forbes* article "The Hideous Truths of Testing Vaccines on Humans" examined the testing of hepatitis vaccines on the residents of Willowbrook, a home for severely disabled children. The author states: "In 1966, renowned medical ethicist Henry K. Beecher published an article titled, "Ethics and Clinical Research," which listed Willowbrook as an example of an unethical clinical experiment and concluded that "there is no right to risk an injury to one person for the benefit of others." *Forbes*, June 12, 2020,

<https://www.forbes.com/sites/leahrosenbaum/2020/06/12/willowbrook-scandal-hepatitis-experiments-hideous-truths-of-testing-vaccines-on-humans/>

Second, the measles example given in this criterion reveals that historically the BOH and DOH have never stepped back to consider the long term or unintended consequences of mass-vaccination campaigns. We agree that nearly everyone in the United States used to be exposed to measles, mostly in childhood when it's safest to experience, and they developed lifetime immunity. Merck's on-trial-for-fraud MMR vaccine does not confer lifetime immunity for a significant portion of the population, pushing susceptibility into the very young and into adult populations. We are nearing a time when more people in the U.S. will be susceptible to measles than before the vaccines were released. And studies show a third dose doesn't help. Was there perhaps a better way to reduce those 450 annual deaths and the cases of very severe illness, without sacrificing superior natural immunity for the vast majority (99.99%) of the population—and without exposing millions of children annually to the risks of the MMR? What about the failure of the mumps portion of the shot? More information can be found here: <https://informedchoicewa.org/measles/> To learn about the politics surrounding the loss of the personal exemption to the MMR, see this post:

<https://informedchoicewa.org/education/were-wa-lawmakers-deceived-about-measles-last-session-part-1/>

Is there perhaps a better way to protect those susceptible to severe disease and fatal COVID-19 outcomes, without sacrificing superior natural immunity for the >99.9% of the population who fully recover and develop natural immunity? Optimal nutritional support, early treatment protocols, and the benefits of natural immunity are tragically not part of public health's approach with any vaccine-targeted infection. With COVID, the neglect of these public health tools has cost many lives.

Third: as shown in our response to Criterion #1, the shots do not prevent transmission; any unethical attempt to use children as shields will fail.

As of January 6, 2022, the seven-day case rate in Washington State for ages 4-11 was 504.8 per 100,000. The seven-day hospitalization rate was 1.2 in 100,000. Compare this with the risk of myocarditis in vaccinated adolescents, which is 18.52 in 100,000 as seen in <https://pubmed.ncbi.nlm.nih.gov/34849657/>

Age Group	7-Day Case Rate	7-Day Hospitalization Rate	7-Day Testing Rate	7-Day Percent Positivity
Ages 4-10	504.8	1.2	--	--
Ages 11-13	558.1	0.7	--	--
Ages 14-19	731.8	1.8	--	--
Ages 0-11	480.7	2.3	--	--
Ages 12-19	692.4	1.5	--	--
Ages 20-34	869.9	10.7	--	--
Ages 35-49	724.5	12.0	--	--
Ages 50-64	444.2	20.0	--	--
Ages 65-79	227.3	30.9	--	--
Ages 80+	211.2	56.2	--	--

Cases, Hospitalizations, Testing and Percent Positive by Age

Graph from <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

Between January 4, 2020, and January 6, 2022, 573 children between the ages of 5-18 have died with COVID in the entire United States. CDC Deaths by Sex, Ages 0-18 years, <https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzy>

On December 31, 2021, Anthony Fauci stated, “ . . . [I]f a child goes into the hospital, they automatically get tested for COVID, and they get counted as a COVID-hospitalized individual, when in fact they may go in for a broken leg or appendicitis of something like that, so it's overcounting the number of children who are . . . hospitalized **with** COVID as opposed to **because** of COVID.” MSNBC interview, <https://twitter.com/TheEliKlein/status/1476917049435856925>

Vaccines and Related Biological Products Advisory Committee member Dr. Cody Meissner stated “[F]our per million [pediatric hospitalizations] certainly does not constitute an emergency, and there are significant questions about the safety of this product.” June 10, 2021, VRBPAC meeting transcript, p. 62.

<https://www.fda.gov/media/150815/download>

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, “activity” refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

Do any of the COVID-19 shots fulfill this criterion? No.

The Pfizer, Moderna, and Janssen products do not prevent transmission, serious disease, or death.

The CDC director says that vaccines do not prevent transmission. “Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says,” *CNN Health*,

<https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

“COVID-19 infections are increasing in Gibraltar, with 128 new infections reported on average each day. That’s 97% of the peak — the highest daily average reported on January 5. There have been 9,600 infections and 100 coronavirus-related deaths reported in the country since the pandemic began. . . Gibraltar has administered at least 108,323 doses of COVID vaccines so far. Assuming every person needs 2 doses, that’s enough to have vaccinated about 160.7% of the country’s population.” Reuters COVID-19 Tracker, accessed January 7, 2022,

<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/gibraltar/>

Vaccinated people can still spread the Delta variant. Vaccination does not stop the transmission of COVID. “Testing a subset of low-Ct samples revealed infectious

SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.” Riemersma, “Shedding of Infectious SARS-CoV-2 Despite Vaccination,” <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>

Individuals who have been previously infected do not show a need to be vaccinated. This is consistent with Chapter 246-105-020 WAC: “fully immunized” means an immunization status where a child has proof of acquired immunity . . . ’ It is unreasonable to mandate that those with natural immunity be “boosted” with a vaccine when there is not scientific evidence that this practice is safe or effective in the long term. Boosting an individual’s levels of antibodies to the vaccine-induced spike protein—which no longer matches the dominant strain now circulating—is experimental. Also see Shrestha, “Necessity of COVID-19 vaccination in previously infected individuals,” <https://doi.org/10.1101/2021.06.01.21258176>.

Children have sustained and robust natural immunity after contracting COVID. Dowel, “Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection,” *Nat Immunol* 23, 40–49 (2022). <https://doi.org/10.1038/s41590-021-01089-8>.

Long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, “Why are we vaccinating children against COVID-19?” *Toxicology Reports*, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>.

Barnstable County, Massachusetts, had an outbreak amongst a population of tourists that was approximately 74% vaccinated, which indicates that vaccination does not prevent contracting or transmitting COVID. Brown, “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings - Barnstable County, Massachusetts, July 2021,” *MMWR Morb Mortal Wkly Rep*, 2021 Aug 6;70(31):1059-1062. <https://pubmed.ncbi.nlm.nih.gov/34351882/>.

Despite 100% vaccination rate, consistent testing, and quarantining, a research station in Antarctica still had an outbreak of COVID cases. “COVID-19 Outbreak Hits Research Station in Antarctica,” WebMD News Brief, <https://www.webmd.com/lung/news/20220103/covid-19-outbreakohitsoresearchostation-in-antarctica>

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general public's acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246- 105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

Do any of the COVID-19 shots fulfill this criterion? No.

There has never been more opposition from the medical and scientific community or the public to any type of vaccine or vaccine policy than there is to the COVID-19 products and policies.

EXAMPLES OF MEDICAL AND SCIENTIFIC OPPOSITION

- Over 15,000 members of the [International Alliance of Physicians and Medical Scientists](#) published a declaration resolving that healthy children shall not be subject to forced vaccination. They state:
 - Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
 - Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
 - Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
 - Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether COVID vaccines assist herd immunity.

Supporting Evidence:

<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children>

- More than 500 scientists, medical doctors and health care and other professionals united as the [Canadian Covid Care Alliance](https://www.canadiancovidcarealliance.org). Their presentation *More Harm Than Good* reviews Pfizer's six-month data and reveals that Pfizer's COVID-19 inoculations cause more illness than they prevent. See the *More Harm than Good* video and PDF slides here: <https://www.canadiancovidcarealliance.org>

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. . . Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent."

1. The [Association of American Physicians and Surgeons](#), established in 1943, opposes COVID-19 vaccination mandates. In regards to children, AAPS states:
 - a. In the testing, only 1,518 children received the shots, and 750 received a placebo. This is far too few to see uncommon side effects, such as myocarditis/pericarditis, as Pfizer admits.
 - b. Follow-up was for two months in one group and only 2.5 weeks in another. The Pfizer application states that long-term sequelae of post-vaccination myocarditis/pericarditis in participants 5 to 12 years of age will be studied after the vaccine is authorized for children.
 - c. The children were not examined for mild, asymptomatic myocarditis, which might cause long-term damage, as by checking troponin levels or echocardiograms, or for blood clotting problems, as by checking platelet counts and D-dimers.
 - d. The only FDA-approved product, BioNTech's Comirnaty (not yet available in the U.S.) is required to do studies on myocarditis lasting 5 years.
 - e. Monthly safety report cards on the three available vaccines, which have different dosages, are supposedly required, but none have been produced or released.
 - f. The claim of 91% relative effectiveness against symptomatic COVID in children is based on 16 cases of COVID in the placebo group and three cases in the vaccinated group over the brief follow-up period. This is an absolute risk reduction of about 2%.
 - g. We do not and cannot know the long-term effects on cancer, fertility, or autoimmune diseases. "But we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes," stated committee member Dr. Eric Rubin, physician at Boston's Brigham and

Women's Hospital, immunology professor at the Harvard T.H. Chan School of Public Health, and current editor-in-chief of the New England Journal of Medicine. The alternative to giving a product to most of an entire generation is animal studies or restricting use to a defined group most likely to benefit, with close follow-up.

- h. The dosage for children is one-third the adult dose. Dosage in pediatrics is generally determined by weight. Not all children weigh the same, and their weight does not triple between age 11.9 and 12.0 years.
 - i. The COVID products are not shown to interrupt infection and transmission. Masking and distancing are still being recommended or required for adults. Thus, hopes for a return to normalcy once vaccinated are misplaced.
 - j. To give truly informed consent, parents need complete information about possible side effects, such as the outcome for Maddie de Garay, a 12-year-old whose public-spirited parents enrolled her in a trial. Post-shot, she experienced excruciating pain and a 2-month hospitalization, and is now in a wheelchair. Pfizer has not acknowledged a connection to the shot, nor did it fully disclose her injuries in it. The reaction may be "extremely rare," but many would decline to take even a 1-in-1 million chance of this outcome.
 - k. The government has already ordered 68 million doses, so authorization is anticipated, and likely will be followed by mandates.
 - l. Several Nordic countries have paused the use of COVID vaccines in persons under the age of 30. Persons at low risk for COVID complications are more likely to die from the shot than from COVID.
 - m. Dr. Harvey Risch, Yale epidemiologist, stated that he would home-school his children if public schools mandated this vaccine.
 - n. No one should administer a COVID shot to a child unless parents have given fully informed, completely voluntary consent, without threats or inducements.
 - o. SOURCE:
<https://aapsonline.org/aaps-statement-on-covid-shots-for-children/>
2. The [Physicians for Informed Consent](#) have compiled a Pfizer Vaccine Risk Statement for children that highlights FDA, CDC, and Pfizer clinical trial data finding:
- a. The clinical trial found there were zero cases of severe COVID-19 in children of any age who did not receive the vaccine. In contrast, the trial found that the vaccine causes severe (grade 3) and grade 4 systemic reactions in children.

- b. The clinical trial indicates that vaccine efficacy declines significantly in less than six months. Although a booster dose of the vaccine is authorized for individuals 16 years of age or older, the clinical trial states that efficacy was not evaluated for Phase 3 BNT162b2 booster group participants. Instead, vaccine efficacy was inferred based on antibody levels observed in only about 300 vaccinated subjects over a one-month time period.
- c. The clinical trial provided no evidence that the vaccine prevents asymptomatic infection or transmission of SARS-CoV-2 or COVID-19. In addition, recent studies have observed that a significant proportion of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.

SOURCE:

<https://physiciansforinformedconsent.org/physicians-for-informed-consent-updates-its-pfizer-covid-19-vaccine-risk-statement-analyzes-new-safety-data-for-children/>

- 3. The [World Council for Health](#), whose leadership includes Dr. Tess Lawrie (PhD, MD, Founder, Evidence-Based Medicine Consultancy LTD, Bath, United Kingdom, 10-year Senior consultant to the WHO supporting health policy recommendations for countries globally), issued a statement in December 2021:
 - a. There is now more than enough evidence to declare the novel Covid-19 vaccines unsafe for use in humans. Victim testimonies and adverse reaction reporting systems have revealed millions of adverse reactions to the experimental vaccines, including life-changing injury and death.
 - b. The inoculations are capable of causing immeasurable harm to those who received them, with children being more likely to die from the Covid-19 vaccines than from actual SARS-CoV-2 infection.
 - c. World Council for Health anticipates that unprecedented humanitarian efforts will be essential to assist the people harmed by this global vaccination experiment, due to the known and unknown harms.
 - d. The World Council for Health demands an end to this crisis and hereby declares it illegal and unlawful for anyone to participate, directly or indirectly, in this harmful experimental vaccination programme. The World Council for Health declares individuals, governments, and other corporations will be held liable for their involvement.
 - e. World Council for Health Calls for an Immediate Stop to the Covid-19 Experimental “Vaccines” DECLARATION:
<https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist/#full>

SOURCE: <https://worldcouncilforhealth.org/news/2021/12/covid-19-vaccines/14001/>

4. Paul E Alexander MSc PhD, Howard C. Tenenbaum DDS, Dip. Perio., PhD, Dr. Parvez Dara, MD, MBA: “We must not expose our children to ‘unnecessary’ harm. We must not expose them to a substance that has not been tested on children (or plan to be) in the way it should be and for as long as necessary. We must not expose children to a vaccine that based on their risk, is absolutely not needed. Moreover, they can become infected naturally, if their immunity is needed.”
<https://www.aier.org/article/why-we-must-not-be-forced-into-vaccinating-our-children-from-covid-beware/>
5. Dr. Robert Malone (MD, Northwestern School of Medicine, MS, UC San Diego and Salk Institute Molecular Biology and Virology Laboratories, Giannini Postdoctoral Research Fellow, UC Davis, Harvard Medical School fellow -- Global Clinical Research Scholar (2016), original inventor of the mRNA vaccine platform used in the Pfizer and Moderna COVID-19 vaccines as well as the DNA vaccine platform used by Inovio): Interview in which Dr. Malone voices his grave medical and scientific concerns for the use of any of the COVID shots, especially in children:
<https://unityprojectonline.com/news/dr-robert-malone-md-on-the-joe-rogan-experience/>
6. Dr. Peter McCullough (MD, FACC, FAHA, FASN, FNKF, FNLA, FCRSA, Chief Medical Advisor, Truth for Health Foundation; President, Cardiorenal Society of America; Editor-in-Chief, Reviews in Cardiovascular Medicine; one of the most highly published medical specialists in practice today and an authoritative commentator for major media on COVID-19). Dr. McCullough has been interviewed hundreds of times and testified to numerous legislatures and to Congress. He is a tireless proponent for early treatment to save lives, and although he at first administered the EUA shots to his patients, as information began to emerge, he stayed informed and up-to-date. He no longer supports use of any of the existing COVID-19 shots. His interview by Joe Rogan is extensive and can be found here:
<https://unityprojectonline.com/news/dr-peter-a-mccullough-on-the-joe-rogan-experience/>

In an [interview in August 2021](#), Dr. McCullough reviewed his five main points of education:

- a. COVID-19 is NOT spread asymptotically
- b. Asymptomatic people should not get tested

- c. Natural immunity is robust complete and durable
- d. COVID-19, no matter what variant, is easily treatable at home
- e. Current COVID-19 vaccines are obsolete and should be considered unfit for human use. “They [the vaccines] do not cover the new variants; patients are failing on these vaccines. They’re being hospitalized and getting sick despite having had the vaccines . . .the vaccines at this point in time have amounted to record mortality and injury and should be considered unsafe and unfit for human use.”

“Dr. Peter McCullough’s 5 most important truths about COVID-19,” LifeSiteNews, August 4, 2021,
<https://www.lifesitenews.com/news/dr-peter-mcculloughs-5-most-important-truths-about-covid-19/>.

EXAMPLES OF ETHICAL, LEGAL, AND SOCIAL ISSUES LISTED BY [THE UNITY PROJECT](#):

- [Why the CDC Ignores Natural Immunity](#), by Aaron Kheriaty
- [Judicial Precedents and Vaccine Mandates](#), by Aaron Kheriaty
- [Why I am Challenging in Court the University of California’s Vaccine Mandate](#), by Aaron Kheriaty
- [University Vaccine Mandates Violate Medical Ethics](#), by Aaron Kheriaty, *The Wall Street Journal*
- [Dear Pfizer: Leave the Children Alone](#), by Paul Alexander
- [Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial](#), by Paul Thacker
- [How College COVID Vaccine Mandates Put Students In Danger](#), by Bostom, McCullough, Kheriaty, Rietsch, Cretella, and Bradley
- [Scientists Sue the FDA for Data it Relied Upon to License Pfizer’s Covid-19 Vaccine](#), by Aaron Siri
- [Covid-19 Vaccine Manufacturers Can Harm You With Near Complete Impunity](#), by Aaron Siri
- [FDA Buries Data on Seriously Injured Child in Pfizer’s Covid-19 Clinical Trial](#), by Aaron Siri
- [Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS](#), by Aaron Siri
- [Vaccine Mandates: The Next Prohibition?](#), by Justin Hart
- [Jab Mandates Are Both Unethical and Fail the Cost/Benefit Test](#), by Michael Tomlinson

DATA DISASTER: A Call for an Investigation Into the CDC's Conduct During COVID-19. <https://standforhealthfreedom.com/cdc-investigation/>

EXAMPLES OF PUBLIC OPPOSITION - GLOBAL

- Paris, France:
<https://rumble.com/vr0wcf-france-yellow-vests-stage-rally-in-paris-against-covid-measures-18.12.2021.html>
- Austria: <https://rumble.com/vridjv-rising-up-in-austria.html>
- London, England:
<https://rumble.com/vrcp2h-britain-sees-massive-protest-against-vaccine-passports.html>
- Australia:
<https://rumble.com/vpld09-australia-nov20th-nationwide-massive-vaccine-protests-from-perth-melbourne-.html>
- New Zealand
<https://rumble.com/vqve38-thousands-protest-covid-19-rules-in-new-zealand.html>

EXAMPLES OF U.S. PUBLIC OPPOSITION

Evidence that half the country refusing; people willing to lose jobs rather than comply; large organizations of professionals publishing position papers; example of LA Unified School district; Enumclaw example?

<https://www.cityofenumclaw.net/DocumentCenter/View/6670/Res-1734---Covid-19-Vaccine-Verification-Discrimination>

Less than half of parents support a requirement for middle and high school students to be vaccinated for COVID. "About One in Five Americans Remain Vaccine-Resistant," Gallup, August 6, 2021,

<https://news.gallup.com/poll/353081/one-five-americans-remain-vaccine-resistant.aspx>

Healthcare workers are willing to lose their job rather than take the COVID vaccine.

"Roughly 3,000 hospital workers lost jobs over Washington's COVID-19 vaccine mandate," KING 5 News, November 17, 2021,

<https://www.king5.com/article/news/local/washington-hospitals-lose-roughly-3000-workers-over-covid-19-vaccine-mandate/281-b0ff14de-27b6-4b0a-bcca-ed924c314ca0>

As of October 19, 2021, nearly 2,000 state workers chose to be fired rather than take the vaccine. "Nearly 1,900 Washington state workers quit or are fired over COVID vaccine mandate," *The Seattle Times*, October 19, 2021,

<https://www.seattletimes.com/seattle-news/politics/nearly-1900-washington-state-workers-quit-or-are-fired-over-covid-vaccine-mandate/>

There have also been many stories in the news describing our service members who are being discharged secondary to their declination of the shots.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

Do any of the COVID-19 shots fulfill this criterion? No.

The burden on school nurses for tracking COVID cases and for managing all the COVID measures is already unreasonable. ICWA board member Heidi Hartnell is a teacher in Washington State and can speak to the amount of time schools already spend tracking COVID cases and close contacts. If the requirement of vaccination is added to the existing required measures, this would create an extensive amount of maintenance and updating of immunization records. She says, “With the demonstrated waning efficacy of the COVID vaccination in adults, it would seem that this would also be true with children. If children are required to be “up to date” with a booster every six months, this will be a huge burden on schools as vaccination records will constantly need to be checked and updated. Currently, a majority of the required vaccinations are completed by the time a child enters kindergarten and these forms do not require frequent updating. However, if the COVID shot and subsequent boosters were to be added, this would place a hardship on already wearied teachers and school personnel. Ultimately these shots do not prevent contracting or transmitting the virus, and so this work achieves nothing in the public health sense.”

The only thing that makes sense, given that >99.9% of children are at zero risk from COVID, is to simply enforce the “stay at home if symptomatic” rules that have served public health well for decades. We can never achieve, nor would we want to achieve, zero exposure schools. Children’s immune systems need exposure to the microbial world, including to viruses, to properly develop and protect them as adults. This is just as true for COVID, which has become endemic, so children will be encountering the virus and mutations for the rest of their lives. More than 140 studies demonstrate that natural immunity will serve them well and far longer than the shots, and it is their

parents who should make the risk-benefit decision, not the State of Washington. "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Public health would be even better served if the BOH would acknowledge natural immunity, and support and promote early treatment protocols, so that everyone of all ages and of any vaccination status could see better outcomes.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html> -

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

Do any of the COVID-19 shots fulfill this criterion? No.

Considering the risks discussed in Criterion #4 above, the burden of compliance on parents is unacceptable.

Considering that any injury sustained by a child is borne completely by the parents because the manufacturers are shielded under the Public Readiness and Emergency Preparedness (PREP) Act, the burden of compliance is unacceptable.

<https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

The shots are available everywhere, even grocery stores often without an appointment, so it is easy for most parents to find an opportunity to get their child a shot if they so choose, but for those parents who choose to opt out of a school vaccine requirement, the burden is out of balance.

Parents can't go to Safeway or Rite Aid for an appointment with a practitioner to get the required risk-benefit consultation and signature. They must make an appointment with a practitioner, take time off work, arrange transportation, etc. That first step is now the most burdensome. For the past several years, it has been increasingly difficult for parents to find any practitioner willing to give them the required risk-benefit consultation. Many doctors and clinics are kicking families out of their practices who do not vaccinate, or who do not fully vaccinate according to the CDC schedule. This has nothing to do with health or protection and everything to do with the financial incentives built into the

insurance and public health systems that reward high vaccination uptake. This practice is supported by the American Academy of Pediatrics, which has critical conflicts of interest associations with the pharmaceutical and medical industries. “The AAP recently issued a clinical report that stated it is an “acceptable option for pediatric care clinicians to dismiss families who refuse vaccines”

<https://www.infectiousdiseaseadvisor.com/home/topics/prevention/new-aap-policy-on-patient-dismissal-for-vaccine-refusal-may-erode-solidarity-among-pediatricians/>

The BOH’s criterion is based on the assumption that “a process exists to opt out of immunization requirements by children attending either child care or school.” If parents are unable to find a practitioner willing to provide the required risk-benefit consultation and sign an exemption form or letter stating that they have done so, then that opt-out does not exist.

And finally, a tremendous burden exists in the coercive aspect of any vaccine requirement. Parents who opt their children out of one or more vaccinations experience emotional and psychological stress because they know they face scrutiny by school staff, by health care providers, by surveillance systems, as well as cultural pressure. Children who lack one or more vaccinations are singled out at various times, excluded from school and extracurricular activities. If a vaccine is NOT on the schedule, a parent is able to choose what is best for their child without the added stress. It is an unreasonable burden to stress entire families with a requirement that should be a personal medical decision. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.” Harm to others cannot be prevented by requiring children attending school to take this vaccine.

From: Christian Fazio
Sent: 2/11/2022 5:02:16 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Lisa Poole
Sent: 2/9/2022 5:54:57 PM
To: DOH WSBOH
Cc:
Subject: Covid19 Vaccine

External Email

Dear Members of the Board of Health,

Regarding the Covid-19 Vaccine being added to the school schedule, please OPPOSE this action.

Thank you,

Lisa Poole
Seabeck, WA

From: Linda Hiemstra
Sent: 2/10/2022 2:46:44 PM
To: DOH WSBOH
Cc:
Subject: opposing views

External Email

There were no opposing views made today in the TAG meeting which seems completely disingenuous. I am floored that there would be any action to include such a controversial shot in childhood vaccination requirements.

There are those who do not share the same view as those who presented today and those voices should be heard.

Linda Hiemstra

From: Testify Online Survey
Sent: 2/10/2022 2:49:39 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

Covid vaccine for children

3.

Your Name:

Era Pogosova-Agadjanyan

4.

Do you have a professional title?

1. Yes

Research Scientist

5.

Are you representing an organization?

2. No

6.

Address:

15930 131st place se Renton, WA 98058

7.

Email:

era.pogosova@gmail.com

8.

Phone Number (Include Area Code):

4252086483

9.

Do you have any special expertise relevant to this topic?

1. Yes

Ability to read and interpret scientific data

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Requiring covid vaccine in schools

11.

Are you Pro or Con on the proposal?

2. Con

It is ridiculous that we have to defend our children against being forced to be injected with a vaccine that is still under EUA and being studied through 2025! What happened to Declaration of Helsinki that requires full informed consent? Or Nuremberg Code that protects an individual against forced medical procedures? Or medical code of ethics to do no harm? Lets see the long term outcome data from these poorly studied interventions that have already harmed plenty of people to raise eyebrows, yet we are choosing to ignore any data that doesn't go along with the common narrative. Lives matter more than dollars!

From: DOH WSBOH Immunizations
Sent: 2/11/2022 9:54:26 AM
To: DOH WSBOH
Cc:
Subject: FW: NO VACCINE MANDATE!

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Sent: Thursday, February 10, 2022 7:59 PM
To: DOH WSBOH Immunizations <Immunizations@sboh.wa.gov>
Subject: FW: NO VACCINE MANDATE!

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

From: Mariah Neighbors <mjneighbors@gmail.com>
Sent: Thursday, February 10, 2022 9:43 PM
To: Mariah Neighbors <neighml@puyallup.k12.wa.us>; Jeremie <milkmanj@gmail.com>

Subject: NO VACCINE MANDATE!

External Email

State Board of Health Representatives,

We do not support vaccine mandates of any kind within our state- vaccine passports, and vaccine requirements for school attendance and employment. Anything one puts into their body must remain personal choice, and even more so when the vaccine in question is still in early stages of use, without a vetted history of safety, and is showing much higher rates of vaccine injury and death than any other vaccine since the data has been tracked by VAERS.

If you choose to vote for vaccine mandates in our state it will not be well received by our citizens. I implore you to be mindful of the people's desires in this matter.

Mariah and Jeremie Neighbors

Sent from my iPhone

From: Amber Sutton
Sent: 2/10/2022 10:53:41 AM
To: DOH WSBOH
Cc:
Subject: "Vaccine" dangerous for children



attachments\046E9411EC1C4B93_CovidVaccinesInChildren_2ndOpinio_PRDTool_NAMETOOLONG.pdf

External Email

Board of Health,

Since there is no danger posed to children who catch Covid-19, purporting that the mRNA shots are important for children is a lie.
Children have no need of this experimental technology.

Please reject any new measures to encourage, advertise, or promote this dangerous concept.

Amber S.
Yakima, WA

https://childrenshealthdefense.org/wp-content/uploads/CovidVaccinesInChildren_2ndOpinion_Page2_2.9a_double_sided.pdf?eType=EmailBlastContent&ContentID=03cf-47b1-bcd3-770bdba7a912
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fwp-content%2Fuploads%2FCovidVaccinesInChildren_2ndOpinion_Page2_2.9a_double_sided.pdf%3FContentID%3D03cf-47b1-bcd3-770bdba7a912&data=04%7C01%7CWsboh%40sboh.wa.gov%7Caaf5e44749c2472b26fe08d9ecc68506%7C>

Sent from my iPhone

From: Michael Gleason
Sent: 2/11/2022 2:46:05 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Jordan Woods
Sent: 2/10/2022 1:17:03 PM
To: DOH WSBOH
Cc:
Subject: NO!! To Covid-19 kids shots

External Email

Kids should not be required as part of the school immunization shifts to introduce the Covid shot! More kids die from getting it than not. There has been 0 long term effects studies done to find out the long term affects and correct them. Don't be stupid.....VOTE NO!!!!

**Currently no published literature on pediatric Covid-19 vaccine effectiveness in K-12 school setting

**These are unapproved, emergency use authorization products

**Children have relatively zero risk from Covid-19 but tremendous risk from emergency use products with no long-term safety data

--

Sent from iPhone

Jordan Woods

From: DOH WSBOH Immunizations
Sent: 2/9/2022 1:55:14 PM
To: DOH WSBOH
Cc:
Subject: FW: Covid vaccines

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Sent: Wednesday, February 9, 2022 12:50 PM
To: DOH WSBOH Immunizations <Immunizations@sboh.wa.gov>
Subject: FW: Covid vaccines

From: Gina M. <gina-kevin@comcast.net <mailto:gina-kevin@comcast.net> >
Sent: Wednesday, February 9, 2022 12:04 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov
<mailto:Caitlin.Lang@sboh.wa.gov> >
Subject: Covid vaccines

External Email

I am beyond angry that covid vaccines for kids are even being considered to enter school. With no studies on long-term side effects of these basically experimental vaccines, the risk to children and especially young teenage boys is far greater than covid. Besides that, children have an almost 100% chance of recovery from Covid. This is not a childhood disease! I can tell you with absolute certainty there is NO WAY my healthy teenage son is ever getting another one of these Covid vaccines.

Gina Gallagher

From: Linda Nathan
Sent: 2/9/2022 8:02:48 PM
To: DOH WSBOH
Cc:
Subject: Covid tyranny over children

External Email

Dear Board Members,

As parents and grandparents in Washington State, my husband and I are outraged at the idea that you would impose tyrannical mandatory vaccinations on our children in spite of our objects.

You surely must know that the FDA has ONLY approved Covid vaccines for children ages 5-11 under Emergency Use and that they cannot be required or mandated under law. It is an individual's—and in this case, the parents'—choice. Vaccine Status Discrimination is unlawful.

We hope you will stand against any attempt to enforce covid vaccination upon school children.

Thank you.

Sincerely,
Richard and Linda Nathan
P. O. Box 735
Maple Falls, WA 98266

From: Daphne Ortiz
Sent: 2/10/2022 2:21:13 PM
To: DOH WSOH
Cc:
Subject: Vote NO!!! To require COVID vaccine for schools

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

Please vote NO!

Not enough studies done for school age children for this vaccine on long term affects, you can still spread COVID regardless if your vaccinated or not, just like the flu which is not a required vaccine...should be up to the parents and the child's doctor just like the flu shot

At least 3 to 4 other countries have stopped vaccinating school age children do to, too many adverse reactions and high level of heart inflammation.

Vaccine is proving to not be effective.

Mandates are being lifted we are THE ONLY STATE THAT STILL HAS MANDATES...THEY ARE PROVING NOT TO WORK.. IF YOU ARE FOLLOWING THE SCIENCE WE ARE COMING TO AN END WITH COVID...IF YOU ARE FOLLOWING THE SCIENCE KIDS ARE AT VERY LITTLE RISK...

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. There are well documented risks associated with myocarditis in young males associated with these shots. Myocarditis is not a mild illness. Statistics show that 2 in 10 people with myocarditis will die within 2 years and 5 in 10 die within 5 years. Dead heart tissue does not regenerate itself.

4. The spike proteins associated with these shots have been shown to settle in female's reproductive organs, potentially affecting future fertility. In fact, there is currently a

study focusing on changes in women's menstrual periods associated with the shots.
COVID-19 Vaccines and the Menstrual Cycle | NIH COVID-19 Research

5. Natural immunity has been shown to be much more robust than any immunity imparted by the vaccine, and there has been research that has shown, after a person gets the shots, they may never be able to achieve full natural immunity in the future. Please read this for 5 studies that show children already have robust natural immunity to this virus. Hands-off, CDC and Pfizer: Children are to be considered already COVID 'vaccinated' – Opinion – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

6. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

7. You may "enjoy" reading this analysis from a person who does risk-benefit analyses for a living. It is estimated that, even if 28 million children are vaccinated against COVID, at most 45 lives might be saved. And there are potentially huge long term risks. What is the Number Needed to Vaccinate (NNTV) to prevent a single COVID-19 fatality in kids 5 to 11 based on the Pfizer EUA application? (substack.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsubstack.com%2F&data=04%7C01>
)

8. In Pfizer's initial study for older 12-17 year old kids, adverse side effects were hidden. You may or may not be familiar with the story of Maddie De Garay who volunteered to be part of the initial trial because she wanted to do her part. She is now in a wheelchair with a feeding tube and likely will be for the rest of her life. Her side effects were hidden and listed as "abdominal pain". Even if there's an infinitesimal chance of this happening to another child, why take the risk? Comcast Censors Vaccine Paralyzed 13-Year-Old Girl (rumble.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frumble.com%2F&data=04%7C01>
)

9. It is impossible for someone to give informed consent when side effects from the vaccines are hidden. Perhaps before you make a decision that you'll regret, you should visit this website.
realnotrare.com
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frealnotrare.com%2F&data=04%7C01>

VOTE NO!

The let the people determine what's best for them and their kids...if you approve this you are confirming you are not for the people.

Always,
Daphne Ortiz
Very concerned parent

From: Suzanne

Sent: 2/9/2022 10:12:16 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Meeting tomorrow for COVID-19 for inclusion in Chapter 246-105 WAC

External Email

Hello everyone,

I find it really disheartening when I email the entire board I never get one response. I am totally ashamed of this state and how it operates. I would like to know why there is not accountability to the people of WA state?

I was at the last meeting you held regarding mandatory vaccinations for k-12 and they ended up not voting that day because they had so many people opposing this measure. The public made it very clear we oppose vaccinations for k-12. Why are you moving forward like this without public comment at the meeting tomorrow?

I would love a response but know it's highly unlikely at this point. Please prove me wrong.

With much appreciation,
Nicole Bishopp

From: Davis
Sent: 2/9/2022 1:16:49 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

To whom it may concern,

Under no circumstances should our state be able to mandate and force vaccines on our children!! It should be the parents choice.
We have rights in this country and in the past 2 years, they are slowly being taken away.

If the vaccine actually eradicated things, I might entertain it.. but it's not. And children aren't getting the same symptoms. Covid has a 98 % recovery rate, have you forgotten that? I'm tired of big Pharma and other entities making money off a vaccine that has more harm then good as far as I am concerned.
Once again it's my choice to decide what I put in my child's body, not some group who doesn't know me or my child.

Farrah Davis

Sent from my iPhone

From: Kimberly Rucker
Sent: 2/9/2022 1:30:24 PM
To: DOH WSBOH
Cc:
Subject: COVID Mandates

External Email

To Whom it May Concern: I am emailing to state my concerns about the continuation of the mask mandate and the possible vaccine mandate to attend school and daycare. Other states are easing off these mandates,even Oregon! It is time to follow their lead. It is time for our children to get back to normal. Wearing masks for 8 hours a day is cruel and abnormal. Children without commodities are not at risk from from the COVID virus and masks do not work to protect you from infection. It is time to actually follow the science and focus on other more pressing matters such as crime and the increasing homeless population. We need to get back to normal in this state and stop peddling fear and divisiveness.

Thank you for your time.

Sincerely,

Kimberly Rucker

From: Chris Rothwell
Sent: 2/11/2022 5:33:06 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Testify Online Survey
Sent: 2/10/2022 11:40:38 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/10/2022

2.

Agenda Item or Issue:

Vax Mandate

3.

Your Name:

Genessa Rose

4.

Do you have a professional title?

1. Yes

EMT/FF

5.

Are you representing an organization?

2. No

6.

Address:

32020 NE 142nd St duvall wa 98019

7.

Email:

genessao@gmail.com

8.

Phone Number (Include Area Code):

42258294833

9.

Do you have any special expertise relevant to this topic?

1. Yes

Common sense.

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Your studies are only based on kids that went to the hospital. Most kids are not vax and do not run to get a test nor do we run to the ER since surviving this cold has very little symptoms. Bottom line is, parents are going to do what is best for their children. If you mandate this, you will lose majority of your children attending school. Im more fearful of my child getting meningitis or TB over this common cold covid. The parents need to make the decision if they want to vax their children.. it should NOT be left up to you and your chosen science projects. Science is different depending on who does the science.

From: Kenneth Johnson
Sent: 2/11/2022 4:15:08 PM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

The Citizens of Washington State

From: Samuel Warren
Sent: 2/11/2022 1:48:15 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I want it to be known that I do not support any usage of the COVID 19 vaccination for public or private schools regardless of what Jay Inslee, Chris Reykdall or anyone else thinks.

The vaccine doesn't work, and kids have NEVER been to be abnormally affected by this virus in the first place. Adding something like this will cause irreparable harm to the relationship between parents and students. Jay Inslee is a thug and this state board of health needs to let parents make the decision for their kids.

Stop the madness, stop with the fear,

Samuel Warren

From: Lorinda Newton
Sent: 2/10/2022 5:23:19 PM
To: DOH WSBOH
Cc:
Subject: No to COVID shot for children

External Email

To whom to may concern,

Do not add the COVID shot to the childhood vaccine list.

1. This product is still an EUA medical procedure. Therefore, it ought not be added.
2. This product appears to not have any effect on Omnicron. Essentially, it is an out of date flu shot.
3. Coronaviruses alway mutate. Thus the saying, "There's no cure for the common cold."
4. Most importantly, this injection has had a record number of adverse reactions reported and we have no long-term studies that show what it does to developing bodies.

There is evidence that it will do more harm than good. See Dr. Malone's statements. He's the inventor of the mRNA injection. He says it is dangerous.

Therefore, DO NOT add this experimental gene therapy to the childhood vaccine schedule.

Lorinda Newton

From: Mariah Neighbors
Sent: 2/10/2022 7:43:32 PM
To: Mariah Neighbors,Jeremie
Cc:
Subject: NO VACCINE MANDATE!

External Email

State Board of Health Representatives,

We do not support vaccine mandates of any kind within our state- vaccine passports, and vaccine requirements for school attendance and employment. Anything one puts into their body must remain personal choice, and even more so when the vaccine in question is still in early stages of use, without a vetted history of safety, and is showing much higher rates of vaccine injury and death than any other vaccine since the data has been tracked by VAERS.

If you choose to vote for vaccine mandates in our state it will not be well received by our citizens. I implore you to be mindful of the people's desires in this matter.

Mariah and Jeremie Neighbors

Sent from my iPhone

From: Bill Osmunson
Sent: 2/24/2022 10:00:35 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Washington State Board of Health 2/24/22

For March 9 2022 Board Meeting.

Dear Board of Health Members,

Our understanding of nature (science) is constantly growing. Sometimes the new science shows policy is flawed and we need to adjust our policies to fit the science. We are now in an emergency need of change.

Current published peer reviewed research reports too many are ingesting, swallowing, too much fluoride, 70% with dental fluorosis a biomarker of excess fluoride.

Two Benchmark Dose Analysis published studies, Grandjean et al, 2021 (pre-print 2020), and Hirzy 2016. Both report about 0.2 ppm fluoride in urine (water is similar to urine) reduces IQ by 1 point. At water fluoridation concentrations of 0.7 ppm, 5 IQ are lost.

<https://pubmed.ncbi.nlm.nih.gov/33173917/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33173917/>

and <https://fluoridealert.org/studytracker/39766/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fstudytracker/39766/>

May I repeat, the best research indicates water fluoridation is adding to the excess exposure lowering IQ by 5 or more points.

Reducing the fluoride exposure for pregnant mothers and children is a public health emergency. We must protect the developing brains of our children and their children and their grandchildren. For those of us with high IQ, a loss of 5 IQ would be hard to detect. For a child with 75 IQ, dropping to 70 IQ is a serious problem for that child, parents, schools with increased special education rates, employment problems, increased divorce, and increased crime. When the brain does not work as well as it could, a person can become very frustrated and act out their frustration. We in public health are contributing to their grief and suffering.

Food and Water Watch et al vs. EPA cited overwhelming evidence (now 74 studies, including 11 at levels in fluoridated water. See 22 below) that fluoride can significantly lower IQ's and increase ADHD rates in children. The judge has already said there is "serious evidence" of neurotoxicity and the EPA should "take a second look."

<https://fluoridealert.org/news/epa-should-reexamine-fluoridated-water-risks-judge-says/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fnews%2Fepa-should-reexamine-fluoridated-water-risks-judge-says%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f66d901aa9f4382232908d9f7bf20bd%7C11d0>

The National Toxicology Program draft review of fluoride indicates fluoride is a presumed developmental neurotoxin, the highest rating without RCTs.

Low-income families can't afford expensive filters or bottled water to avoid fluoridated water – they have no choice. Moreover, low-income families use more infant formula. Mixed with fluoridated water, formula has 100 times the level of fluoride in breast milk, risking lowered IQ and increased ADHD rates in bottle-fed babies.

There are many sources of fluoride and if a person wants to ingest fluoride they can make that choice.
Most developed countries do not fluoridate public water.

Our protection of the most vulnerable is an emergency for your immediate action. Our request for rule changes submitted a decade ago still stand and are supported with many more peer reviewed published studies.

Sincerely,
Bill Osmunson MPH DDS
1418 -112th Ave, Bellevue, WA 98004 bill@teachingsmiles.com

23 studies, published from 2017 to 2021. See below an incomplete list of professionals in Washington State Opposed to fluoridation.

1. 2021 – Indonesia. 100 students, age 6-12 years old. Relationship between dental fluorosis and lower IQ.

Yani SI, Seweng A, Mallongi A, Nur R, Abdullah MT, Salmah U, Sirajuddin S, Basir-Cyio M, Mahfudz, Anshary A. 2021. The influence of fluoride in drinking water on the incidence of fluorosis and intelligence of elementary school students in Palu City

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fstudytracker%2Fstudy%2F1418-112th-Ave-Bellevue-WA-98004-bill-osmunson-mph-dds-teachingsmiles-com>

. Gaceta Sanitaria 35(Supplement 2):S159-S163.

Conclusions: "...

"The intelligence of children who suffered from fluorosis is lower than the intelligence of children who do not suffer from fluorosis."

"The level of intelligence of students who live in the high-fluorine area is lower than students who live in low fluorine area."

2. 2021 Philippe Grandjean

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Faction%2Fshow%2Fdocument%2F10.1111/j.1365-2214.2021.01211.x>

6. 2021 Zhao L, Yu C, Lv J, Cui Y, Wang Y, Hou C, Yu J, Guo B, Liu H, Li L. 2021. Fluoride exposure, dopamine relative gene polymorphism and intelligence: A cross-sectional study in China

. *Ecotoxicology and Environmental Safety* 209:111826. [Epub ahead of print].

Conclusions: "Our study examined the association between excessive fluoride exposure in prenatal and childhood periods and the intelligence of school-age children. We found that prenatal excessive fluoride exposure could cause lower IQ scores, especially the decreased odds of developing excellent intelligence. Meanwhile, a negative association between fluoride exposure and children's IQ scores was observed in children without prenatal exposure."

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F347>
Environ Res. 2021 Oct 29;112:296

8. 2020 Lou D, Luo Y, Liu J, Zheng D, Ma R, Chen F, Yu Y, Guan Z. 2020. Refinement Impairments of Verbal Performance Intelligent Quotient in Children Exposed to Fluoride Produced by Coal Burning

z&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f66d901aa9f4382232908d9f7bf20bd%7C11d0e217264
. Biological Trace Element Research.

9. 2020 Till C, Green R, Flora D, Hornung R, Martinez-Miller EA, Blazer M, Farmus L, Ayotte P, Muckle G, Lanphear B. Fluoride exposure from infant formula and child IQ in a Canadian birth cohort

Conclusions: "In summary, fluoride intake among infants younger than 6 months may exceed the tolerable upper limits if they are fed exclusively with formula reconstituted with fluoridated tap water. After adjusting for fetal exposure, we found that fluoride exposure during infancy predicts diminished non-verbal intelligence in children..."

Conclusions:" In boys, positive associations were observed between MUFcr and scores in 122 cognitive domains at the age of 4. These findings are inconsistent with those from some 123 previous studies and indicate the need for other population-based studies to confirm or overturn 124 these results at low levels of F in CDW." As an admitted outlier of studies, careful attention should be noted to the industrial air pollution differences in the communities.

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscienc>

Conclusions: The study suggests low-moderate fluoride exposure is associated with alterations in childhood thyroid function that may modify the association between fluoride and intelligence. In the current work, results demonstrated clearly that, across the full range of water and urinary fluoride concentrations and using a measure to focus on children's IQ scores, higher fluoride levels were associated with lower IQ scores."

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2FJAMA-Peds>
JAMA Pediatrics. Funded by NIEHS

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fedhub.ama-
assn.org%2Fjn-learning%2Faudio-
player%2F17802991&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f66d901aa9f4382232908d9f7bf20b

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience>
A school-based cross-sectional study. *Ecotoxicology and Environmental Safety*,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.omicsonline.org%2Fopen-access%2Frelationship-between-drinking-water-fluoride-and-intelligence-quotient-in-egyptian-school-children-2329-6879-1000278-104430.html&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C4f66d901aa9f4382232908d9f7bf20bd%7C1>. Occupational Medicine & Health Affairs,.

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Farticle.sapub.org%2F10.5923.j.ajm>
American Journal of Medicine and Medical Sciences,

Conclusions: "In conclusion, low fluoride in the water seemed to enhance the AWM (Auditory Working Memory). However, the AWM declined with an increase in the fluoride concentration in water."

16 2018. Mustafa DE, Younis UM, Elhag SA.. The relationship between the fluoride levels in drinking water and the schooling performance of children in rural areas of Khartoum State, Sudan (pdf)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fwp-content%2Fuploads%2Fmustafa-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fwp-content%2Fuploads%2Fmustafa-2018.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f66d901aa9f4382232908d9f7bf20bd%7C11d0)

2018.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C4f66d901aa9f4382232908d9f7bf20bd%7C11d0

. Fluoride. Results: "Negative correlation coefficients were found for the average score for all the subjects and for the overall score, with the result being statistically significant in five out of the eight subjects and in the overall score (Tables 4 and 5). ... significant correlations undoubtedly exist between the drinking water F level and the schooling performances in all the subjects except for one, technology, which might be due to the nature of the subject."

17. 2018 . Pang H, Yu L, Lai X, Chen Q. 2018. Relation Between Intelligence and COMT Gene Polymorphism in Children Aged 8-12 in the Endemic Fluorosis Area and Non-Endemic Fluorosis Area.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fstudytracker%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fstudytracker%2F)

Chinese Journal of Control of Endemic Diseases Study in Chinese translated into English.

Conclusions: "This study found that there was a great difference in the level of intelligence between children in the endemic fluorosis area and those in the non-endemic fluorosis area and such difference was statistically significant ($P < 0.05$). "The rate of mental retardation ($IQ < 69$) in children in the endemic fluorosis area was significantly higher than that in the non-endemic fluorosis area, and the difference was statistically significant ($P < 0.05$)."

18. 2018 Yu X, Chen J, Li Y, Liu H, et al. (2018). Threshold effects of moderately excessive fluoride exposure on children's health: A potential association between dental fluorosis and loss of excellent intelligence.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscienc](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience%2Farticle/pii/S0167636918300000)

Environment International,

Conclusions: "In conclusion, chronic exposure to excessive fluoride, even at a moderate level, was inversely associated with children's dental health and intelligence scores, especially excellent intelligence performance, with threshold and saturation effects observed in the dose-response relationships. Additionally, DF severity is positively associated with the loss of high intelligence, and may be useful for the identification of individuals with the loss of excellent intelligence."

19. 2017 Bashash M, Thomas D, Hu H, Martinez-Mier EA, Sanchez BN, Basu N, Peterson KE, Ettinger AS, Wright R, Zhang Z, Liu Y, Schnaas L, Mercado-García A, Téllez-Rojo MM, Hernández-Avila M. 2017. Prenatal Fluoride Exposure and Cognitive Outcomes in Children at 4 and 6–12 Years of Age in Mexico. Environmental Health Perspectives

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fehp.niehs.nih.gov%2Fdoi%2F10.1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fehp.niehs.nih.gov%2Fdoi%2F10.129%2Fehp.2017.125.100000)

, Funding from NIH, NIEHS, and EPA.

Conclusions: "In this study, higher prenatal fluoride exposure, in the general range of exposures reported for other general population samples of pregnant women and nonpregnant adults, was associated with lower scores on tests of cognitive function in the offspring at age 4 and 6–12 y."

20. 2017 Valdez Jiménez L, López Guzmán OD, Cervantes Flores M, Costilla-Salazar R, Calderón Hernández J, Alcaraz Contreras Y, Rocha-Amador DO. 2017. In utero exposure to fluoride and cognitive development delay in infants

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscienc](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience%2Farticle/pii/S0167636917300000)

. Neurotoxicology Mar;59:65-70.

Results: "In this study near to 60% of the children consumed contaminated water and the prevalence of children with IQ below 90 points was 25% in the control group (F urine 1.5 mg/g creatinine) in comparison with the 58% of children in the exposed group (F urine >5 mg/g creatinine) (OR = 4.1, CI 95% 1.3–13.2) (data unpublished). "Only 66.2% of the babies were at term. "We found higher levels of F in urine across trimester

in premature compared with full term 2.4 vs 1.6 mg/l (1st); 2.3 vs 1.8 mg/l (2nd); and 4.1 vs 2.8 mg/l (3rd) (data not shown)."

21. 2017 Chang A, Shi Y, Sun H, Zhang L. Analysis on the Effect of Coal-Burning Fluorosis on the Physical Development and Intelligence Development of Newborns Delivered by Pregnant Women with CoalBurning Fluorosis.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fstudytracker%2Fchina%2Fchina-fluoride-exposure-and-caries-prevalence-in-children-2015-2016>>
Chinese Journal of Control of Endemic Diseases,.

Conclusions: "Comparison of the mental development index (MDI) and psychomotor development index (PDI) (assessed using the Standardized Scale for the Intelligence Development of Children formulated by the Children Development Center of China [CDCC]) of newborns in the two groups at 3, 6, 9 and 12 months after birth showed that both the MDI and the PDI in the observation group were significantly lower than those in the control group ($P < 0.05$), which suggests that maternal fluorosis have a significant impact on the intelligence development of newborns."

22 2017 Jin T, Wang Z, Wei Y, Wu Y, Han T, Zhang H. Investigation of Intelligence Levels of Children of 8 to 12 Years of Age in Coal Burning-Related Endemic Fluorosis Areas.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fstudytracker%2F2022%2F02%2Ffluoride-alert-2022-02-01>
Journal of Environment and Health

Conclusions: "The intelligence of the 12-year-old group in the endemic area was lower than that of the control area, with the difference having statistical significance ($Z = 3.244$, $P = 0.001$)."

23. 2017 Razdan P, Patthi B, Kumar JK, Agnihotri N, Chaudhan P, Prasad M.. Effect of fluoride concentration in drinking water on intelligence quotient of 12-14-year-old children in Mathura District: A cross-sectional study.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC6789211/>
Journal of International Society of Preventive & Community Dentistry Conclusions:

"Concentration of Fluoride in the ingested water was significantly associated with the IQ of children. Outcome measures revealed that exposure to higher levels of F determined by dental fluorosis status of child inferred higher IQ deficit."

Washington professionals who have opposed fluoridation (incomplete)

Helen Abay, RDH, BS, Lynnwood * Sheila Adkins, RN, Prosser * Rebecca Allen, RN, Shoreline * Jodie Anderson, MAT, Seattle * Mary Lou Andersen, MS, LPN, CHT, Bellingham * Julie Anderson, ARNP, Seattle * Linda L Anderson, EdD Therapist, Medina * Maryann Andonian, RDH, BA, Battle Ground * Denel Andreas, ND, Seattle * Nathan Banks, DC, Redmond * James Bentz, DC, Anacortes * Teresa Berry, RN, Tacoma * Toni Best, DC, Redmond * Jeffrey T. Bland, PhD, Seattle * Mark Blessley, DC, NTS, BS, Vancouver * John Blye, DC, Lynnwood * Colleen Bolander, RN, Woodinville * Michael Breneman, DC, Arlington * Jon Burke, PhD, Union * Valerie Burke, RN, MSN, Union * Blair B. Burroughs, JD, Seattle * Mikayla Byers, DC, Auburn * Paul Byers, DC, Auburn * Janell Chandler, DC, Vancouver * Wenliang Chen, PhD, Vancouver * Beverly Clark, RN, BSN, Seattle * Lawrence A. Clayman, BS, DC, Seattle * Ann Clifton, RN, Olympia * Kevin Conroy, ND, Port Angeles * Louis Cook, DC, Des Moines * Deborah Cummings, OT, LMP, Snohomish * James Robert Deal, JD, Lynnwood * Armand V. DeFelice, DDS, Spokane * Resa Delany, PA-C, Shelton * Beth DiDomenico, ND, Federal Way * Debra DiPietro, RN, CGRN, Federal Way * Kenneth Dunning, MS, Mount Vernon * Richard Edlich, MD, PhD, Brush Prairie * Roger Eichman, DDS, Nordland * Karla Eilers, RN, Aberdeen * Dwight Erickson, DC, Colville * Sylvia Ericson, MS, Nutritionist, Mountlake Terrace * Daniel Eschbach, DC, Bellingham * Diana L. Estberg, PhD, Chemistry, Port Angeles * Gerald N. Estberg, PhD, Prof Physics, Port Angeles * Gayle Eversole, PhD, DHom, MH, NP, ND,

Spokane * Shannon Fisher, RD, Tacoma * Paul Framson, PhD, Seattle * Sharon Frederick, RN, Tacoma * Robert Gabriel, PhD, Olympia * Erwin Gemmer, DC, Silverdale * Jill Goetsch, RN, MSN, Kirkland * Brandy Gove, RD, CD, CNSD, Shoreline * Sharon Greene, BSN, RN, MS, Pateros * C. Jess Groesbeck, MD, Mount Vernon * James A. Gruber, former water superintendent, Soap Lake * Lois Gruber, RN, Seattle * Jose Gude, MD, Seattle * John B. Hallawell, DC, Harbor * Michael Hanson, PhD, Shoreline * Loraine Harkin, ND, Yakima * Ruth Hawkinson, RN, Colbert * Joan Hill, ND, RN, Seattle * Holly Hochstadt, DC, Seattle * Cynthia Hodges, JD, LL.M, MA, Edmonds * Debra Hopkins, DDS, Tacoma * Marlie Hostetter, RN, Redmond * Becki Hoyt, RN, Lynnwood * Charles W. Huffine, MA, Pullman * Shirley Jacobson, MSc, USPHS, Bellingham * David John, MD, Mercer Island * Duane Jones, DDS, Federal Way * Lynn Jonsson, PhD, Tacoma * Dora Keating, ND (naturopathic physician), Seattle * Elton Kerr, MD, FACOG, FRSM, Pasco * Marga Kerr, RN, BS, Pasco * Dietrich Klinghardt, MD, Seattle * Vernita C. Kontz, RN, BS, College Place * Brice Kovarik, DC, BS, Lynnwood * Michael Kucher, PhD, UW, Seattle * Grace Lasker, PhD, MS, Kirkland * Todd Lawson, DMD, Bellevue * Richard Levine, DC, Bellevue * Susan D. Liddel-Jones, RN, BS, Renton * Joanne Loudin, PhD, Fox Island * Cheryl Malcham, RD, Mercer Island * Avery N. Martin, BS, DC, Mt. Vernon * Elizabeth Martin, DC, Seattle * Matt McCann, DC, Marysville * Ben McCay, DC, Lynnwood * Carol McDowell, EFDA, DuPont * John McLean, Water System Manager, Camano Island * Mary Meier, RN, Seattle * Donald Miller, MD, Prof UW School of Medicine, Seattle * Matthew Miller, DC, Vancouver * Joshua Minks, BSN, Bothell * John Mishko, DC, Fircrest * Bill Misner, PhD, Author, Spokane * Jeffrey Morris, PhD, Olympia * Richard Morrison, PhD, Bellingham * Jon R. Mundall, MD, Dipl. ABCMT, CNS, Connell * Michelle Murphy, Sr. Electrical Engineer, Richland * Cheryl Murray, RN, Newcastle * Fred Neil, DC, Bellingham * Helene R. (Vaughn) Newbaker, RN, DC, Sedro Woolley * Judith Night, BA, BFA, MA, Ocean Park * Sheryl Nixon, RN, Toledo * Chris Nubbe, MA, BS, Olympia * Lalanias Olsby, RN, Seattle * Ann Olsen, LM, CPM, Enumclaw * Mike Pagan, CMPT, CCCE, PT, Seattle * Lisa Paulk, RN, Arlington * Margaret Piela, RN, Sammamish * Wendy Phillips Piret, BS USNA 93', Mercer Island * Terry K. Poth, DC, Bellingham * Jody Prusi, RDH, Seattle * Karen Ranheim, RN, Lake Stevens * Phillip Ranheim, MD, Lake Stevens * Danielle Reilly, BSN, RN, Bellevue * Jennifer Ricker, DC, BA, Edmonds * Patrick A. Robinson, DDS, Bellevue * Elizabeth Rosendahl, RN, Tacoma * Darryl W. Roundy, DC, Gig Harbor * Judith Royse, BSRDH, Spanaway * Paul G. Rubin, DDS, Seattle * Jessica P. Saepoff, DDS, Issaquah * David Schorno, Waste Water Operator, Sedro-Woolley * Ruth W. Shearer, PhD, Lacey * John Sheridan, MAT, Issaquah * John Sherman, ND, Renton * Barara Simons, PA-C, Freeland * Lucy Smith, ND, Shoreline * Samantha South, MS, Renton * Mark Stahl, DDS, Seattle * Katie Stamwitz, DC, Hoquiam * Gerald Steel, MS, PE, Esq., Olympia * Robert Stephan, DDS, BS, FAPD, Nine Mile Falls * Crystal Tack, ND, LAc, Sequim * Carol Taylor, PhD, Spokane * J. Miranda R. Taylor, LAc, MTCM, Seattle * Ruth Tudor, RN, Olympia * Joseph Ulrich, RRT, NPS, Vancouver * Christine Walker, RD, MS, CD, Bonney Lake * Stephen Walsh, MS, Research Scientist, Richland * Lee Whitmer, OD, Chattaroy * Richard S. Wilkinson, MD, Yakima * Shirley Williams, RN, Ferndale * Carla Witham, RDH, Bellingham * Keith Wollen, PhD, Port Angeles * Julie Woodbury, RN, Pascoe * Linda Zachariah, JD, Bellevue * Marina Zhrebneko, LMP, Vancouver

From: cuanabear
Sent: 2/16/2022 8:52:28 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group -BE ADVISED

External Email

https://www.doctorsandscience.com/?utm_content=13358116&utm_medium=Email&utm_name=Id&utm_

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doctorsandscience.com%2F>

Sent with ProtonMail

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

Secure Email.

From: Mike Isaacson

Sent: 2/15/2022 12:48:04 PM

To: Reykdal, Chris

(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org

Micheala,Plaja,

Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us

Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)

Cc:

Subject: SuperBowl and Mask Mandate



attachments\0FD570595A3047CE_image0.jpeg

External Email

☐

☐Washington Education and health leadership,

As a parent of two young daughters in the Lake Washington School District, I am asking you to take the steps necessary to eliminate the mask mandate in the state and our schools.

It as become apparent that masks do not prevent the spread of covid. 96% of states have eliminated mask mandates or have dates to do so(data below). PLEASE DO NOT END UP ON THE WRONG SIDE OF HISTORY!!

While watching the Super Bowl, which was held in a county WITH a mask mandate, I was overcome with disbelief at the hypocrisy of our system. City mayors, celebrities, people in leadership positions at education unions/county positions/state representatives, in addition to 75,000 fans completely ignored the mask mandate. Why may you ask?? Because they and WE all know that masks do not prevent the spread of covid.

My first grade daughter has NEVER had a day of school without a mask! Can you image that? Think of what kindergarten and 1st grade are all about.....while they learn reading/math/etc....much of what is taught is about interpersonal skills, interacting in groups, understand their emotions, "learning to learn", and getting along with other children. Without the ability to read facial cues, smiles, smirks, and frowns, I am worried about this generation of children.

Further, the mental health crisis in the school aged demographic has never been higher. This is an emergency....time is of the essence.

Our goal is for our children THRIVE, not survive.

Please take a look in the mirror, look at the covid data, look at the map below....and choose to support our kids.

Thanks,

Mike

Mike Isaacson | 206 595 5447 <tel:206%20595%205447>

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 6:05:38 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\D043E5FB14814120_20220214102209991.pdf

Arrived in the mail.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:22 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:22:09 (-0800)

Queries to: ricoh@doh.wa.gov

2801 Highway 395 S
Valley, WA 99181
February 1, 2022



Washington State Board of Health Members

- Keith Grellner
- Tom Pendergrass
- Elisabeth Crawford
- Temple Lentz
- Vazaskia Crockrell
- Fran Bessermin
- Bob Lutz
- Umair A. Shah

PO Box 47990
Olympia, WA 98504-7990

Dear Members of the WA State Board of Health,

My vision has been severely affected by the mandate to wear masks (because I originally complied with the mandate), and today I was denied surgery to fix my vision problem because I refused to wear a mask. The mask is what caused my vision problem in the first place. Why would I continue to do something that injures my body?

Here is the story: In mid-March of 2021, I developed a rash on the front of my chin, which I knew was the result of wearing a mask. I thought it would go away on its own, so I did not go to a dermatologist until May. By then, the rash was much worse and had spread to my right eye. The dermatologist gave me some oral antibiotics and an ointment. My rash did not respond to either prescription. I called when the antibiotics were done (about 10 days) and explained that the rash was now worse and had spread to my left eye as well. By the time I returned to the doctor's office, the rash had spread to several splotches on my neck and torso. It was clearly a staph infection, although the PA did not verbally confirm my assumption or counter with another diagnosis. Instead, I was told to keep using the ointment they gave me, plus a second ointment for the eyes. Neither ointment did a darn thing, but a friend gave me colloidal silver, which the rash responded to with the first application. The rash started clearing up right away with the colloidal silver, but it was a severe rash and was not totally gone until early July.

The rash was on both the upper and lower lids of both eyes, all the way to the lash lines. It was in the tear ducts and in the outer corners of both eyes. Ooze and flakes from the rash could have easily gotten inside both eyes.

In June, I started noticing that my vision was getting worse. Every day I felt like I had lost more vision from the day before. I figured I needed a new prescription, so decided I would make an appointment the next time I was at Costco. However, when I stopped by Costco in June, the receptionist would not make my appointment in person because of covid and said I need to call in. I thought that was stupid and decided to check later. In July I tried again and got the same response. Ditto for August, but by then I felt so blind that I called them and made an appointment for September. When I saw the doctor in mid-September, he said something might be wrong with my eyes because my vision didn't just change a little – it changed a lot, and he thought I might have an eye disease. So he referred me to a specialist. I saw the specialist in early October, and was told I had ectasia, which is deterioration of the corneas, and needed a surgery called Cross-Linking, which they only do one day per month. They said they needed pre-approval from my medical insurance and submitted it to BCBS. BCBS said they had up to 90 days to

make a decision and took every one of those 90 days, notifying the clinic in mid-January that I was approved.

Due to a cancellation, they fit me into their schedule for Feb. 1 (today). Remember, this is a procedure they only do one day per month. However, the clinic refused to let me in because I would not wear a mask.

You can see that I have been struggling for many months with a medical problem that was brought about by wearing a mask.

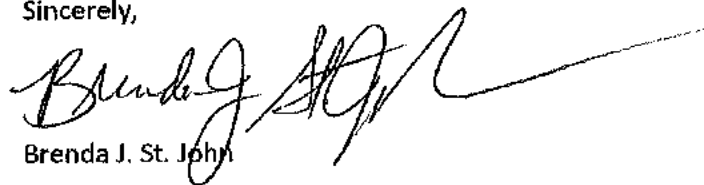
I went back to my eye doctor at Costco and told him of my situation and he is now looking for a clinic in Idaho that will take me without a mask.

I am very disappointed in all of you for this requirement you are placing on clinics and medical offices regarding the mask mandate. My eye doctor said he is starting to come across more and more articles in his professional magazines about eye problems resulting from mask-wearing.

Please stop the insanity and lift the mask mandates now! Meanwhile, my vision is still deteriorating and it is getting harder and harder to read but my eye doctor said it is not sensible to get new glasses until the corneal deterioration is halted.

THIS ALL STARTED FROM A MASK!!!

Sincerely,

A handwritten signature in black ink, appearing to read 'Brenda J. St. John', with a long, sweeping horizontal line extending to the right.

Brenda J. St. John

From: Lobat Kimiai
Sent: 2/15/2022 1:47:48 PM
To: Michelle Giles, Shannon Reynolds, David Rubino, Reykdal, Chris (DOHi)
Subject: Re: SuperBowl & The Big Game

External Email

Hi Michelle, it's never been about science. Also, why are you parents waiting for the mandates to be lifted? You can stop complying this minute.

A mandate is a voluntary participation to government's request. So, you don't have to "volunteer" anymore. □□

From: Michelle Giles <michelle_giles@live.com>
Sent: Tuesday, February 15, 2022 12:25:35 PM
To: Shannon Reynolds <shannontreynolds@outlook.com>; David Rubino <tigger@live.com>; superintendent@k12.wa.us <superintendent@k12.wa.us>
Cc: Julie Olsen <julie.olsen02@me.com>; Tanya Goodman <goodman_tanya@outlook.com>; sarrafans@bsd405.org <sarrafans@bsd405.org>; watsonc@bsd405.org <watsonc@bsd405.org>; shuij@bsd405.org <shuij@bsd405.org>; chewc@bsd405.org <chewc@bsd405.org>; arasj@bsd405.org <arasj@bsd405.org>; jarvisa@bsd405.org <jarvisa@bsd405.org>; pattersony@bsd405.org <pattersony@bsd405.org>; gallingerh@issaquah.wednet.edu <gallingerh@issaquah.wednet.edu>; weavers@ussaquah.wednet.edu <weavers@ussaquah.wednet.edu>; mullings2@issaquah.wednet.edu <mullings2@issaquah.wednet.edu>; mooorea@issaquah.wednet.edu <mooorea@issaquah.wednet.edu>; maraldom@issaquah.wednet.edu <maraldom@issaquah.wednet.edu>; thieler@issaquah.wednet.edu <thieler@issaquah.wednet.edu>; schoolboard@issaquah.wednet.edu <schoolboard@issaquah.wednet.edu>; jholmen@lwsd.org <jholmen@lwsd.org>; elaliberte@lwsd.org <elaliberte@lwsd.org>; mstuart@lwsd.org <mstuart@lwsd.org>; sbliester@lwsd.org <sbliester@lwsd.org>; ccarlson@lwsd.org <ccarlson@lwsd.org>; lchoi@lwsd.org <lchoi@lwsd.org>; boardmembers@lwsd.org <boardmembers@lwsd.org>; michaela.miller@k12.wa.us <michaela.miller@k12.wa.us>; jenny.plaja@k12.wa.us <jenny.plaja@k12.wa.us>; maria.flores@k12.wa.us <maria.flores@k12.wa.us>; cindy.rockholt@k12.wa.us <cindy.rockholt@k12.wa.us>; jon.mishra@k12.wa.us <jon.mishra@k12.wa.us>; veronica.gallardo@k12.wa.us <veronica.gallardo@k12.wa.us>; amber.palmer@k12.wa.us <amber.palmer@k12.wa.us>; kcexec@kingcounty.gov <kcexec@kingcounty.gov>; wsboh@sboh.wa.gov <wsboh@sboh.wa.gov>; maddy.thompson@gov.wa.gov <maddy.thompson@gov.wa.gov>; yutao.pku@gmail.com <yutao.pku@gmail.com>; gulick.alissa@gmail.com <gulick.alissa@gmail.com>; Alisaroseyuen@gmail.com <Alisaroseyuen@gmail.com>; ams0808@hotmail.com <ams0808@hotmail.com>; amyandrea30@hotmail.com <amyandrea30@hotmail.com>; amysahagian@msn.com <amysahagian@msn.com>; the5brainards@yahoo.com <the5brainards@yahoo.com>; amya@425fitness.com <amya@425fitness.com>; andrewgustafson@live.com <andrewgustafson@live.com>; angelap@siboguru.com <angelap@siboguru.com>; ahasheva@gmail.com <ahasheva@gmail.com>;

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Kristinnelson7@protonmail.com <Kristinnelson7@protonmail.com>;

krmashkek@yahoo.com <krmashkek@yahoo.com>; kristinevanbuskirk74@gmail.com
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<Monica.legatt@gmail.com>; Bowic999@gmail.com <Bowic999@gmail.com>;
newsdesk@973kiro.com <newsdesk@973kiro.com>
Subject: Re: SuperBowl & The Big Game

When you know better. You do better.

We now know better, so please DO better.

Remove the masks, remove the mandates. It's no longer science.

From: Shannon Reynolds <shannontreynolds@outlook.com>
Sent: Monday, February 14, 2022 5:21 PM
To: David Rubino <tigger@live.com>; superintendent@k12.wa.us
<superintendent@k12.wa.us>
Cc: Julie Olsen <julie.olsen02@me.com>; Tanya Goodman
<goodman_tanya@outlook.com>; sarrafans@bsd405.org <sarrafans@bsd405.org>;
watsonc@bsd405.org <watsonc@bsd405.org>; shuij@bsd405.org <shuij@bsd405.org>;
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elaliberte@lwsd.org <elaliberte@lwsd.org>; mstuart@lwsd.org <mstuart@lwsd.org>;
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newsdesk@973kiro.com <newsdesk@973kiro.com>
Subject: Re: SuperBowl & The Big Game

Enough is enough. End all the mandates now.

Perhaps if our kids were rich and famous they wouldn't have to wear their masks to school every day like the 70k fans at the super bowl last night. The hypocrisy is deafening.

Sent from my iPhone

On Feb 14, 2022, at 5:07 PM, David Rubino <tigger@live.com> wrote:

□

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com>
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super

bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education,
WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k
mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to
millions sitting at home watching that we have been played. We've been played by our
State Schools and Government.

We are no longer asking. We are demanding that immediately mask
mandates be rescinded from our schools and release our children from these harmful
practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Diane Frank
Sent: 2/11/2022 1:44:30 PM
To:
Cc:
Subject: Breaking News! Case decision on man who provenly died...

External Email

from complications relating to his covid vaccination. This was the final decision handed down by the court in Paris, France. This court decision has set a precedence all the courts in the world will be able to cite and win with...

Court in France's decision to support Life Insurance Company who refuses to pay out life insurance for someone who died after taking the injection. Reasons? They say the dead person knew the risks, the risks were published and therefore the dead person committed suicide. I kid you not.

Details here:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffreewestmedia.com%2F2022%2F01%2Finsurer-refuses-to-cover-vaccine-death%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce420dbd9a457493dca1708d9eda76632%2F>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnexusnewsfeed.com%2Farticle%2Fhealing%2Fvax-deaths-are-suicide-say-life-insurance-companies%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce420dbd9a457493dca1708d9eda76632%2F>

From: Darleen Christopher
Sent: 2/9/2022 9:25:00 PM
To: DOH WSOB
Cc:
Subject: Kansas Woman Died From Allergic Reaction to Moderna COVID Vaccine, Autopsy Confirms • Children's Health Defense

External Email

https://childrenshealthdefense.org/defender/jeanie-evans-died-allergic-reaction-moderna-covid-vaccine-autopsy/?utm_source=salsa&eType=EmailBlastContent&eId=4b643af3-8971-4b0f-ae2c-fbf461b62a0c
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/jeanie-evans-died-allergic-reaction-moderna-covid-vaccine-autopsy%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26eId%3D4b643af3-8971-4b0f-ae2c-fbf461b62a0c&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C>

Kansas Woman Died From Allergic Reaction to Moderna COVID Vaccine, Autopsy Confirms

Jeanie Evans, 68, of Effingham, Kansas, died of "anaphylaxis due to COVID-19 vaccination," according to her autopsy report. Evans died March 24, 2021, one day after her first dose of Moderna's vaccine.

Megan Redshaw
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/megan-redshaw%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C>>

<<https://childrenshealthdefense.org/wp-content/uploads/Jeanie-Marie-Evans-Covid-vaccine-death-feature-800x417.jpg>>

Miss a day, miss a lot. Subscribe to The Defender's Top News of the Day
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. It's free.

Jeanie Evans died
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.beckerdyer.com%2Fmemorial-service-for-jeanie-evans%2F4568489%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C>>
of "anaphylaxis due to COVID-19 vaccination," according to her autopsy report acquired by the Topeka Capital-Journal
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cjonline.com%2Fstory%2Fnews/jeanie-evans-kansas-autopsy-died-allergic-reaction-covid-vaccine-anaphylaxis%2F6709782001%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C>>

Evans, 68, of Effingham, Kansas, died March 24, 2021, one day after receiving Moderna's COVID vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-cdc-approval-moderna-spikevax-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C114510696.html>&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C114510696.html

in Jefferson County.

According to the autopsy report

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnews.yahoo.com%2Fkansas-woman-jeanie-evans-died-114510696.html>&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C114510696.html

, obtained from the Shawnee County coroner's office through a Kansas Open Records Act request, Evans said her airway felt blocked about 15 to 20 minutes after she received her first dose on March 23, 2021.

She was taken by ground ambulance at 5:21 p.m. to Stormont-Vail hospital, where she died at 11:55 a.m. the next day.

Evans had a medical history of hypertension, environmental allergies, allergic disorders and reactive airway disease. She previously experienced an anaphylactic reaction to the drug Albuterol, the report said.

According to Mayo Clinic

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mayoclinic.org%2Fdiseases-conditions%2Fanaphylaxis%2Fsymptoms-causes%2Fsycc-20351468>&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C114510696.html

, anaphylaxis is a "severe, potentially life-threatening allergic reaction" that can occur within seconds or minutes of exposure to something you're allergic to.

The Centers for Disease Control and Prevention's (CDC) website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Fsafety%2Fadverse-events.html>&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C114510696.html

states anaphylaxis after COVID vaccination is rare and occurs in approximately five people per 1 million vaccinated in the U.S.

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According to the most recent data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-cdc-moderna-spikevax-covid-vaccine-injuries%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C114510696.html>

from the Vaccine Adverse Event Reporting System

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C114510696.html>

— co-managed by the U.S. Food and Drug Administration (FDA) and CDC — there have been 2,300 reports

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindings>

of anaphylaxis following COVID vaccines, where the reaction was life-threatening, required treatment or resulted in death.

injuries%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C1
to COVID treatments and vaccines through a program called the Countermeasures Injury
Compensation Program

The CICIP in December 2021 approved

grows%2F&data=04%7C01%7Cwsboh%40sbh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C110
its first COVID countermeasure claim, one of 65 claims related to anaphylaxis and
anaphylactic reactions following COVID vaccines. The claim is pending review of eligible
expenses.

[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hrsa.gov%2Fcicp&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hrsa.gov%2Fcicp&data=04%2601%2601%2601) outlines the parameters of the program, which provides compensation for medical expenses, lost employment income and survivor death benefits as “the payer of last resort,” covering only what remains unpaid or unpayable by other third parties, such as health insurance.

Children's Health Defense

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeby-vaccine-how-to-report->


it%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca607fb25770d41fb185108d9ec55763b%7C11d0e2

External Email

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F>
for Windows

From: Jessica Rose from Unacceptable Jessica <mailto:jessicar@substack.com>
Sent: Wednesday, February 23, 2022 11:19 AM
To: Zana Carver <mailto:Zana@zanacarver.com>
Subject: Autopsies in VAERS

<<https://mailgun.substack.com/api/v1/email/open?token=eyJtIjojPDlwMjIwMjIzMTkxODI4LjIuODU4OTg4Zg>

What did they find? 

Autopsies in VAERS

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2
Lh84K5NmwhIa0ryJiP5cpX8JV5FEo-
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3zolK9haz8raZYCFcs7ENRMMzmSf8BsqrBwWR_hSiYoSjw_MAJMUkeGz5JWbZeJD3iu4FjB4vBuhT9R-
cvC THzO&data=04%7C01%7CWsBOH%40sBoH.WA.GOV%7Cc6ed6f87a5a840cb4ca408d9f70b7ec2%7C

What did they find?

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2GZx4xrTMXLO9TaP3gpuQKKhmJ6N0Y0UVQNdfBCaaUmMnMyay_Z0Njx6Zef24XjbSHDfwRUzM0l1yf3EFzpbz31UyfxTKLz3biIU&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc6ed6f87a5a840cb4ca408d9f70b7ec2

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FgZx4xrTMXL09TaP3gpuQKKhmJ6N0Y0UVQNdfBCaaUmMnMyay_Z0Njx6Zef24XjbSHDfwRUzM0l1yf3EFzpbz31UyfxTKLz3biIU&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc6ed6f87a5a840cb4ca408d9f70b7ec2

Jessica Rose

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FgZx4xrTMXL09TaP3gpuQKKhmJ6N0Y0UVQNdfBCaaUmMnMyay_Z0Njx6Zef24XjbSHDfwRUzM0l1yf3EFzpbz31UyfxTKLz3biIU&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc6ed6f87a5a840cb4ca408d9f70b7ec2

Feb 23

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F3Gm4Nz2I-3aQVmTyNTYAW3gNISgFPSWHqDPpKBegAOfBIElqBNgHuSWHLKiB6iZrKjV6bySnCnZN9r5IeRb12oC9xxwBM1yOmSAYeBX3pgfGpmBIzqrYEg3MYV4jj3XjAVRlFW5TcY5Jc1yQZb5J_i-5iGXWn19hP5uWYzNdoPT8OcbOqjvvEYftIGx_pdriM5U2y_dIx74_k-obMvW_Sxe3H66rjZC03cnUT-1gl6QJv5iWe7DnZycmf17vLkWy7HLuyeLPP65ftsPi5OuanE6RFug_ul-_vGy91Foff4y_tbevD0Qtx-ILOsK9VnQ2t7jmYbj7n8E9fg5C6nrqc2rckxQ6eDkERCnFoYzv0wigMBSpcVER5QGxF9J_8_HGfuU59Rv8N1urpr

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FnOnQa-MsR27mAaiCq27BGBidScOYS0H9EiCBCUNHUDfEPCwcqfNyBOiYbKkzTEUrOTOyV4_XKIjiwDITUpTc8wBCXCIVC09GzMoFfk0wrvrdWgta0_bvRUaMN4s-F9Z_HBOptMP2gJei3V-sJg1Ba04Q6UsRX2pm9ArcgO5IfE8XF-x22T1D3K7gnJ6pRk81Xyl_gu9vHwe5sE2a6Zs12K0t1JJ117FhZL305uZj29N7d0e5Xs3WbXveRfjvLb269bVld-JhOdqAydZBIk6vOfk4Ph3fF8Ij-GAnuyPGzaaMDf1-5he1s38-s-99XeF9v5Xv2s469NitheuemLuILsVziYTJfrho52N9_NP4P70DIqVu6WgRwJMUuXoygGEU42uBN5EdxFAlUeqiMFNXtvtvLcrkL_TdIZ6Z0pZiPLZedsdXjgVtd8GeWkpJlzUKxoQVAzTuCY59Y8-PMKFIx2m0TODEWB5wceia2-bvhU2O6EF2OP-G7gWGLR2yxFP1T9CwX420s&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc6ed6f87a5a840cb4ca40

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2FjJmLoZkB8DPHXjDE3j7td-Y_PGMH7xuSodr50xa1TdSGheZPVyZaBd2NSaMmuU1RwGZPwDNMBRz0sQ0paOPx7_F3JVGahM731iGhxlvp_T1XIjVl0r2W4aOHZbnTfI2X39MWnfXhc1J0u5lotW7OZm9THB6_EFz2UrOdIK5y_5LL2LV9T93k3PYIZcc7II_VM5226v6_DIMNuP32fR9T-wm9CTFAe4HQSIKcOjPpkmaZIIIdAjRiC1j4htiv_Lj7T4Ig_KI_qulp-mdVcyd9IurtFPiwZ2yrjZlaStpugwqlhcgqNEWPPsm0cVsyNUoF0_iYwZ6vQeRiFJkdM5fmrsuiJMcUiGQeS5xEK56_oHIGPcsg&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc6ed6f87a5a840cb4ca408d9f70b7ec2%7

There are now 378 autopsies in VAERS. This is good news! Perhaps we can use the cause of death information in these reports to assess whether or not the injections caused the deaths.

Contrary to classical approaches, I decided to reduce the size of my data frame by extracting only the VAERS IDs with 'Autopsy' as a reported adverse event that were filed

within 1 day which reduced the entry number to 145, and in people less than 30 years of age which reduced the entry number to 8. I really want to check the cases that appear to be outliers.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F_ZBkNZJIGxv7WMd2psKS8IPvqVR0qqk-d9ARfsoKtUJGR4E8Ba-5IGKkQiCvB0GcsCiUac4AmwmrRvth1-BMDSlev_Eo1YjetfMKnKSYK_CcSEW9p3zwRs5KeWHVDWoOHYA60PAN-ZkioFW_17qXB317kL9NnI99OWypxn32Lm0tFDazQLMzVPd-2tampgf583U79G1Jybf3vE57TkuGUsI3tHipAHuruCEIP0H4CdOUPdwntHzuYODWOSk6awztGBXQKY5IZ7ylxIO0N5s5pWi-Sn3XK3HTcblXkOWyx0pUGw57ubRiI4RZTvpMe6wVaMlcsZutpMchl-iZP-xw4KCJgM5hWKfJZE96SWXSraymeFZWUH7So8vu_y-HmzYFvwfRyjrI4mmZU7jTG7kXvE239TsdRQnxNEY1fwuuYDUL1P4drqtECE3E7ET6ZqPDI-MqowZoO419YWzRRhbaEjasA-taqoP06eG9o_SHHEyA&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc6ed6f87a5a840cb4ca408d9f7

So with a measely 8 entries, let's see what the autopsies revealed, if anything. Conveniently in VAERS, there's something called a 'SYMPTOM_TEXT' column where you can find a lot of information not included in the other columns.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2F_I-LhpJkmaAJpe-_XD0IWI1n2wcY-Im1vK8wpP82eSkWnGutzBxPhp6xQK2R0FMjjEoxQVEmmFAoGK-qVQ0sZpwyw2WU1aD_cunhblxSv30TqQaIP47BScvIYO-YDbYnUERGsjARLpz2_Se0RFogeDHxDfqYIaDUfte7lwd4e9E8TH2JfDleq9Z-9T1tzLZudodkJqv84bStT040-f92Avc0phfae1nHPac5QyvINzV8qwn4ybgoqThJx0jTIDv8JLZ47wMI5r3nnrGUdZwq6QRDd2eAYdaDUoHIfWG80rR_pS7r1bjHsYFrybLBYUfJEzBdbyBjocBd9pi6Kh1YnLKBen1SAWhv5qIfo8zWgzF9BRGBqKp7mmvhR60DmTiFe_tbf2Ox2xKU-R4jWrRBMzQegek_CtdVxhgi5nUgYbTVeciE5GwjhWN1ra4vmA-VMYIkacUgtK5q_55wb2z8PFcT6&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cc6ed6f87a5a840cb4c

I want to point out the most shocking thing about each entry (to me anyway) and a summary. Just a reminder, these entries each represent a young person who died within 24 hours of being injected with these COVID-19 products. Each one died after injection #2 is this list.

1. 1845034 (Pfizer): 15 year old male; no reported cause of death; spontaneous bronchospasm occurred - this is typically associated with mast cell degranulation in asthmatics - no history of asthma reported
2. 1160526 (Pfizer): 27 year old female; died 5 hours after 2nd shot; multicentric reticulohistiocytosis (typically only in 50+), history of hypothyroidism; labs ongoing
3. 1206323 (Janssen): 21 years old male; reported as having vomited and then died in his sleep

4. 1206330 (Moderna): 27 year old male; history of cardiomegaly
5. 1247997 (Pfizer): 26 year old male; reported as having vomited and then died in his car
6. 1365485 (Moderna): 30 years old male; absolutely no history ailment-wise; suffered 'injection site pain' and shortness of breath before dying
7. 1302844 (Moderna): 29 year old male; history of hypertension, non-insulin dependent diabetes; on hydroxyzine pamoate; suffered shortness of breath before dying
8. 1346657 (Moderna): 19 year old male; history of autism, on clonidine, vyvanse and vraylor; COVID-19 ruled out; labs ongoing; cause and manner of death undetermined

Looks like young people dying for no reason. Remember, these are simply the reports I could find and we all know that autopsies are not being done commonly due to this fear-mongering around COVID-19 autopsies. They shouldn't have that excuse now. So maybe we will see more autopsies and solidify our claim that these injections are killing people.

My assessment:

1. don't get injected with these products if you have an enlarged heart
2. don't get injected with these products if you have pre-existing health conditions
3. don't get injected with these products if you are young (<50 in my books)
4. don't get injected with these products if you are older (>50 in my books) - weaker immune systems due to senescence
5. don't get injected with these products

These products are causing harm and doing ZERO good.

If any of my lovely readers would like to check the larger lists for anything specific, please write it down in the comments. I will do my best to respond. I do get a lot of personal emails from people asking about cause of death potentials so I can search for patterns if you give me a starting point. aka - a personal story would be good. Thanks guys.

Like

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Comment

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<https://email.mg1.substack.com/o/eJwIUftuxCAQO035jHglwAdnQQNMUtqE7PJomz192V1pJEueke1xgIbbVCjg2bZIudFCsOYpIpESxUPypNU3VrwdW_Jrfs9BWjpzC5FO7NFm4V8WkkFgGdxSEizKqNECJwZHmg0SoIkT1MYLnOjG96CEndpZjpQpLIID9HMMM01xOf9KyN1pGtkq3GKzE10e9--3>

From: April Yancey
Sent: 2/21/2022 8:55:25 PM
To: DOH WSOH
Cc:
Subject: Please research what the vaccine does to people

External Email

Please read this article. <https://amgreatness.com/2022/02/17/funeral-directors-and-embalmers-alarmed-by-weird-freakishly-large-blood-clots-clogging-veins-in-vaccinated-bodies/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famgreatness.com%2F2022%2F02%2Ffuneral-directors-and-embalmers-alarmed-by-weird-freakishly-large-blood-clots-clogging-veins-in-vaccinated-bodies%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca9a2299269424576b86708d9f5bf5ce3%7C11>>

My family is experiencing first hand issues of myocarditis with my mother in law. She did not have this before receiving the COVID vaccines. It is not a mild situation that just goes away like the TAG is being told. My mother in law has had it for six months now. Heart issues started occurring a week after her booster. She is not able to travel as she can't wear any type of shoe because her legs are so swollen which doctors are saying it is because of her heart. This is horrible to know this is happening and didn't before COVID vaccines and seems this will now be permanent for her.

My mother has also experienced issues after her vaccines. She is now on pancreatic medication. Again not something she has had issues with before.

I am sure the TAG is only supplied numbers from people being treated at the hospital. If you want real facts, then research needs to go beyond just numbers and conversations need to occur with people who are experiencing after affects of the vaccine.

I would not want my daughter to experience heart issues after a vaccine, though they say is temporary, sure sounds like it could be permanent.

April Yancey

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 3:34:55 PM
To: DOH WSBOH, Pskowski, Samantha L (SBOH)
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\D4BC2484B3A24976_20220214102625422.pdf

Hi team,

I checked the mail today and scanned all the letters. I'll forward such letters to the WSBOH inbox. This was the immunizations survey in letter form, so I'll include Sam for situational awareness.

Thanks,

Melanie Hisaw
Executive Assistant
Washington State Board of Health
melanie.hisaw@sboh.wa.gov
360-236-4104
360-688-3719 (cell)
Website, Facebook, Twitter

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:26 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:26:25 (-0800)
Queries to: ricoh@doh.wa.gov

I am mailing this to you because the on-line form that you provided would not accept my submission. Instead, the on-line form responded that "the maximum number of people have already responded to this form."

WASHINGTON STATE BOARD OF HEALTH

Caregivers & Parents Survey: COVID-19 Vaccine as a School Requirement

Under state law (RCW 28A.210.140), the State Board of Health (Board) has the authority to create immunization requirements for child care and school entry. Since 2006, the Board has relied on multi-disciplinary technical advisory groups (TAG) to review vaccines against nine criteria to recommend to the Board whether an immunization should be added to the list of requirements. The Board recently directed its staff to work with the Department of Health to begin the process to collect the information necessary to convene a TAG to evaluate COVID-19 vaccine. The TAG will utilize the 9-criteria framework established by the Board to assess and evaluate the COVID-19 vaccine as a requirement for child care and school entry and provide a recommendation to the Board. As the preparation to convene the TAG is underway, Board and Department of Health staff would like your insight and feedback regarding the burden an additional school immunization requirement may create for parents, families, and caregivers.

We recognize that getting kids vaccinated can include transporting children to medical appointments, taking time off work for those medical appointments, maintaining the child's immunization records, etc. Vaccine requirements for child care and school entry may also impact the health decisions that parents, families, and caregivers make on their child's behalf because parents must, at the very least, take the required vaccine into account. Since parents, families, and caregivers are often involved in obtaining vaccines for children, your feedback on this topic is essential. **Knowing that adding COVID-19 vaccine as a requirement for school entry will impact families across the state, we are asking for your input on the barriers you may face to getting your kids vaccinated and how burdensome a COVID-19 vaccine requirement may be for you and your family.**

Feedback provided by survey respondents will be presented to the TAG for their consideration during review and discussion. However, the purpose of the TAG is to evaluate a vaccine against the established criteria to develop and provide a recommendation to the Board. The recommendation is then presented to the Board at one of its regularly scheduled meetings for consideration. The Board, at their discretion, may or may not approve the TAG's recommendation.

1. Organization or Community Affiliation

I am the parent of a child enrolled in public school.



RIM, HARDY
13104 139th AVE NW
GIG HARBOR, WA 98329

2. Would adding COVID-19 vaccine as a requirement for school entry make you more or less likely to get your child vaccinated?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Not at all likely

More likely

3. How burdensome would an additional immunization requirement for school entry be for you and your family?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Not at all burdensome

Extremely burdensome

4. What are some of the barriers you face to getting your child vaccinated against COVID-19?

This injection that they are calling a "vaccine" does not contain an antigen as has classically been the case with other vaccines and instead is touted as containing artificially created mRNA gene therapy which is intended to cause one's body to continue producing a "spike protein" which is the very poison introduced by the virus that we are trying to protect against. Secondly, it is unreasonable to insist that we inject our children with an experiment cocktail for which the manufacturer holds no liability if harm occurs. Thirdly, the manufacturer has indicated an unwillingness to divulge the contents of the injection, wanting to delay disclosure for 75 years. It is unreasonable to burden the parent/caregiver with compliance for the "vaccine" because it is experimental, without manufacturer liability, and without full disclosure of the contents and controlled double-blind peer-reviewed studies."

5. What are some of the benefits you see to vaccination? Do the possible benefits of vaccinating your child against COVID-19 reduce the impact of identified burdens of obtaining the vaccine?

There are no benefits, only contraindications. The injection causes the immune system to ignore the spike protein and therefore not attack the virus, or begin attacking the body which has been caused by the injection to produce tissues with spike protein embedded in the tissues, causing the body to attack itself. This is causing inflammation and degradation of vital organs throughout the body.

6. Do you believe adding COVID-19 vaccine as an immunization requirement for school entry is reasonable? Why or why not?

Children statistically suffer a near zero complication and death rate from contraction of the virus. It is unreasonable to burden parents/ caregivers with incurring the risk of severe harm or death to their children. This vaccine does not provide immunization (immunity) against contracting the disease that it is intended to protect

against. Stephanie Sinep, at ResearchGate.com article titled, Innate Immune Suppression by SARS-CoV-2 mRNA Vaccination. "These vaccines were not designed to provoke long term T-cell immunity. So, you cannot use them to get to herd immunity. They are leaky, as Dr. Malone says. This vaccine is causing impairment. The science could not be more clear."

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WSDOH
1610 NE 150th Street
Shoreline, WA 98155-9701

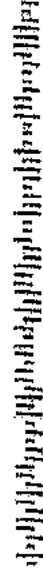
SPOKANE WA 990

27 JAN 2022 PM 4 1



WSDOH
PO Box 47990
Olympia, WA 98504-7990

98504-7990



From: Kasha Sonntag
Sent: 2/18/2022 4:12:09 PM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

<https://www.lifesitenews.com/news/vaticans-vaccine-mandate-violates-codes-of-bioethics-and-must-end-now-covid-19-expert-says/>

Please review the above article for input from a leading cardiologist and epidemiologist with over 50 published papers on Covid 19 alone. Dr. McCullough gives critical insight into the risks of the vaccine that must be considered.

Kasha Sonntag

Sent from my iPhone

From: Morna Gilbert
Sent: 2/10/2022 10:01:24 AM
To: DOH WSBOH
Cc:
Subject: ?? for TAG

External Email

what is your definition of UNVAXXED?

1 jab = unvaxxed?

2 jab = unvaxxed?

no booster = unvaxxed?

2 jabs plus one booster = vaxxed? is this your definition?

M Gilbert

From: Jane P

Sent: 2/9/2022 11:30:06 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: How many times do We The People need to remind you of keeping your hands off our kids???

External Email

Hi WA SBOH employees,

I highly recommend you all to read this doc about Nuremberg Code. And enjoy your meeting tomorrow!!!

BRITISH MEDICAL JOURNAL No 7070 Volume 313: Page 1448,
7 December 1996.

CIRP Introduction

The judgment by the war crimes tribunal at Nuremberg laid down 10 standards to which physicians must conform when carrying out experiments on human subjects in a new code that is now accepted worldwide.

This judgment established a new standard of ethical medical behavior for the post World War II human rights era. Amongst other requirements, this document enunciates the requirement of voluntary informed consent of the human subject. The principle of voluntary informed consent protects the right of the individual to control his own body.

This code also recognizes that the risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided.

This code recognizes that doctors should avoid actions that injure human patients.

The principles established by this code for medical practice now have been extended into general codes of medical ethics.

The Nuremberg Code (1947)

Permissible Medical Experiments

The great weight of the evidence before us to effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally. The protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society that are unprocurable by other methods or means of study. All agree, however, that certain basic principles must be observed in order to

satisfy moral, ethical and legal concepts:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

For more information see Nuremberg Doctor's Trial

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fbmj.com%2Fcontent%2Fvol313%2Fbmj.1996.313\(7070\):1445-75](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fbmj.com%2Fcontent%2Fvol313%2Fbmj.1996.313(7070):1445-75)>
, BMJ 1996;313(7070):1445-75.

Cite as:

* The Nuremberg Code (1947) In: Mitscherlich A, Mielke F. Doctors of infamy: the

story of the Nazi medical crimes. New York: Schuman, 1949: xxiii-xxv.

From: Kris Duncan
Sent: 2/20/2022 9:51:41 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

MASK

I do not believe mask mandates improve health as it relates to the Corona virus. I have looked for peer reviewed research. Quality peer reviewed data & scientific research is very slow to be released due to all the steps to complete. From completing the research study & writing the manuscript describing "purpose " to pre-submission formal review & ensuring no CONFLICT OF INTEREST is involved. Anything rushed is to be scrutinized.

The public knows it takes time to authenticate & replicate research properly.

What we have today is an experiment and mandates should not be allowed for an experiment (see Nuremburg code).

I do believe masking sets back our infants & toddlers in development regarding speech, emotion and social development. This is not ethical and will become a problem in 5-15 years.

I believe reducing our humanity through enforced masking is unethical & immoral. It encourages acts of criminal behavior through anonymity. The first thing a criminal does is hide the identification of oneself.

Integrity is questioned here. Ethics & morality is also.

COVID "VACCINE"

This COVID SHOT should not be mandatory as it has NOT been proven through rigorous testing, research and efficacy data. To give this experiment to humans without full safety & long term animal testing is immoral. To attempt to force humans or TRICK humans into accepting it is simply wrong (again see Nuremburg code). Any elected official or person in an office with the "power" to enforce accepting this injection on the public is also subject to laws for unethical & immoral purposes.

Stop illegal & harmful masking & injection of an experimental substance on humans immediately.

-Kris Duncan

From: Hoff, Christy Curwick (DOH)
Sent: 2/27/2022 8:11:06 AM
To: DOH WSBOH
Cc:
Subject: FW: Proposed policies



attachments\4F3DCC6677984AA0_IMG_1101.jpg

From: Me Zee <mzee636@gmail.com>
Sent: Thursday, February 24, 2022 10:24 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Proposed policies

External Email

On Fri, Jan 14, 2022 at 10:38 AM Me Zee <mzee636@gmail.com>
<mailto:mzee636@gmail.com> > wrote:

<https://stevekirsch.substack.com/p/new-big-data-study-of-145-countries>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fnew-big-data-study-of-145-countries&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ca8c599bf748c4f94151008d9fa0bc1e0%7C1>>
countries&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ca8c599bf748c4f94151008d9fa0bc1e0%7C1

On Thu, Jan 6, 2022 at 5:55 AM Me Zee <mzee636@gmail.com>
<mailto:mzee636@gmail.com> > wrote:

As a resident of Washington State I oppose these proposed policies!

Involuntary detainment, examination, testing, treatment, counseling and vaccination has already been determined to be illegal.

Just because additional language has been added to the WAC Codes does not mean that that language has been challenged in the courts and confirmed to be contrary to Washington State Constitution, United States Constitution and various international laws and treaties which is obviously the case!

These proposed policies MUST NOT be adopted and enacted!

Each and everyone of you bear the responsibility to protect these constitutions as well as the rights of the people of Washington State!

Thank you,

Michael Frazee

From: Pskowski, Samantha L (SBOH)
Sent: 2/22/2022 10:22:05 AM
To: DOH WSBOH
Cc:
Subject: FW: Remove the masks

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

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

From: Marleenkerri <joshandmarleen@gmail.com>
Sent: Friday, February 18, 2022 11:17 PM
Subject: Remove the masks

External Email

To Whom it May Concern,

I am asking you not to vote for School required covid vaccines - It does not fit the statutes you are using. Current vaccines listed stopped further spread, and covid vaccine has not stopped anything. Break through cases are everywhere. There is much more evidence that the masks are damaging our children. As someone who works with kids from trauma, I can tell you that there has been more trauma in the last two years due to the masks than covid itself. Please think of our children and stop this madness.

Marleen Payment

From: Testify Online Survey
Sent: 2/18/2022 9:31:19 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/24/22

2.

Agenda Item or Issue:

Mask and vaccine mandates

3.

Your Name:

Sharon Kaw

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1006 120th Pl Long Beach, Wa 98631

7.

Email:

Sharon582@verizon.net

8.

Phone Number (Include Area Code):

3109639484

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Mask and vaccine mandates

11.

Are you Pro or Con on the proposal?

2. Con

Mask and vaccine mandates are unconstitutional and harmful to society. We the people have had enough of our freedoms being taken away. Stop the irrational insanity. You are NOT following the science, there is so much information out there that contradicts what our quote unquote scientists/propagandist are saying. Nothing makes sense and you have lost our trust. Please do the right thing and give us our freedom back.

From: Debra Wells

Sent: 2/17/2022 10:28:50 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Difference between unvaccinated and vaccinated

External Email

Due to the changes in definitions being so fluid, the datasets should also include the number of shots instead of the labels of vaccinated or unvaccinated. The number of shots, regardless of when the shots are received. I realize that someone isn't counted vaccinated until 2 weeks after their shots. This is why the number of shots will produce a better dataset for analysis than using labels of vaccinated or unvaccinated. Also, if someone hasn't received any shots, they should fall under vaccine free individuals. This is to get a better dataset for the best data analysis. The only reason not to do this is to hide information and to blame a group that maybe shouldn't be blamed.

Debra Wells

On Thursday, February 17, 2022 10:23 AM, Debra Wells <debrakwells@startmail.com> wrote:

Data from Israel, the CMS database, GB's yellow card system and the military database should also be taken into account for a more well rounded data indicators for adverse reactions, injuries and death.

Also, 20% of myocarditis result in death in 5 years. This is not mild.

Debra Wells

On Thursday, February 17, 2022 10:20 AM, Debra Wells
<debrakwells@startmail.com> wrote:

There have been reports that VEARS isn't allowing reports or is timing out at 30 minutes. Basically, discouraging reporting. Also, VEARS only represents 1 to 10 percent of events. So, considering the low reporting percentage must be taken into account.

Debra Wells

On Thursday, February 17, 2022 10:06 AM, Debra Wells
<debrakwells@startmail.com> wrote:

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information should have been given to people prior to getting the vaccine and informed consent should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths caused by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

Debra Wells

On Thursday, February 17, 2022 9:09 AM, Debra Wells
<debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra Wells

<debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells <debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C92c1d2ba3716403b89aa08d9f24355a1%7C11d>>

All Cause Mortality in the United States During 2021

aier.org/article/all-cause-mortality-in-the-united-states-during-2021/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C92c1d2ba3716403b89aa08d9f24355a1%7C11d

January 30, 2022

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk
Gilbert G. Berdine, M.D
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C92c1d2ba3716403b89aa08d9f24355a1%7C11d0e2

– January 30, 2022

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-search-results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C92c1d2ba37164
Reading Time: 5 minutes

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

The CEO of the OneAmerica insurance company recently disclosed
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-age-people-up-40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C92c1d2ba3716403b89aa08d9f24355a1%7C11d0e>>
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the deaths were not attributed to Covid.

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk

Figure 1: US weekly deaths by age group. Data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2F>>
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%2F>>
for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021 by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2F>>
in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This

diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C92c1d2ba3716403b89aa08d9f24355a1%7C11d0e2>

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and

life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

M.D and AIER

Get notified of new articles from Gilbert G. Berdine,

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: johan mitchell
Sent: 2/20/2022 10:52:52 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

What science is the board relying upon that explains why more Americans are dying than any other 1st world nation ? Why are we blindly accepting what Jay Inslee proclaims to be true? What research has the board done concerning prophylactic meds? I am not a crazy cat lady. John Mitchell

Sent from my iPhone

From: Pskowski, Samantha L (SBOH)
Sent: 2/15/2022 10:43:16 AM
To: DOH WSB OH
Cc:
Subject: FW: Oath

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Me Zee <mzee636@gmail.com>
Sent: Tuesday, February 15, 2022 10:24 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Oath

External Email

<https://meridian.allenpress.com/aplm/article/doi/10.5858/arpa.2021-0435-SA/477788/Autopsy-Histopathologic-Cardiac-Findings-in-Two>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmeridian.allenpress.com%2Faplm/477788/Autopsy-Histopathologic-Cardiac-Findings-in-Two&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9f7bc6298a524aa1e7b108d9f0b306ce%7C11d0e>>

On Fri, Feb 4, 2022 at 10:51 AM Me Zee <mzee636@gmail.com>
<<mailto:mzee636@gmail.com>> > wrote:

Medical Intervention, Including Mandated Vaccination. Government Agents and those Acting Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Vaccination. Furthermore, this includes mask mandates and PCR testing. Children under the age of eighteen years of age need a parent's signature on any and all documents that deal with medical testing and this includes PCR testing in school.

On Tue, Jan 25, 2022 at 9:34 AM Me Zee <mzee636@gmail.com>
<mailto:mzee636@gmail.com> > wrote:

The oath you took to uphold the laws includes these laws.

Requirements for vaccinations should never include an experimental gene altering injection.

We now know that these COVID injections do a great deal of harm to children. Can you live with that on your conscience?

18 USC 241: Conspiracy against rights:

If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or

If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured-

They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.

18 USC 242: Deprivation of rights under color of law:

Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title

or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

From: Betsie Elliott
Sent: 2/14/2022 4:33:17 PM
To: DOH WSBOH
Cc:
Subject: Comments Immunization TAG

External Email

Oh but it's safe...

<https://meridian.allenpress.com/aplm/article/doi/10.5858/arpa.2021-0435-SA/477788/Autopsy-Histopathologic-Cardiac-Findings-in-Two>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmeridian.allenpress.com%2Faplm%2F477788%2FAutopsy-Histopathologic-Cardiac-Findings-in-Two&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C34bc337f1f854348fdda08d9f01aaebc%7C11d0e2172>>

From: Dan Stearns
Sent: 2/18/2022 11:12:35 AM
To: DOH WSBOH
Cc:
Subject: " Vaccine "

External Email

WSBOH;
The UK government just said the Covid "vaccine" is a health hazard in opposition the all
hype here
in the good ole USA . Do you think y'all might take another look at all this ?
Please advise,
Dan Stearns
3628 147th Pl SE
Mill Creek, WA.,98012

From: Morna Gilbert
Sent: 2/10/2022 10:13:06 AM
To: DOH WSBOH
Cc:
Subject: ?? for TAG

External Email

1. "asymptomatic" was a term that was never used as a POTENTIAL HAZARD until the c19 became a political agenda - if there are no symptoms then there is no virus - please stop confusing the masses
2. if c19 has a 99% recovery rate - why is there a need for vax?

From: Debra Wells

Sent: 2/24/2022 9:30:31 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Board Member of large German insurance company blows the whistle on Covid Vaccines

External Email

https://stevekirsch.substack.com/p/board-member-of-large-german-insurance?utm_source=url

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fboard-member-of-large-german-insurance%3Futm_source%3Durl&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f71>

Translated article

This is a machine translation of a good summary (Tichys Einblick)

<https://www.tichyseinblick.de/daili-es-sentials/krankenversicherung-alarm-impfnebenwirkungen/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tichyseinblick.de%2Fdaili-es-sentials%2Fkrankenversicherung-alarm-impfnebenwirkungen%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f71>>

By the end of 2021, the Paul Ehrlich Institute (PEI) had recorded around 245,000 vaccination side effects. But the actual number of these side effects is likely to be many times higher. At least that is what the results of an analysis by the health insurance company BBK ProVita suggest, as reported by Die Welt. One had become "clairaudient", when ever more occurring diagnoses suggested a vaccination side effect. Therefore, the databases of all BBK health insurance companies were searched. The data collection paints a completely different picture than the figures from the Ministry of Health.

From January to August 2021, for example, around 217,000 of just under 11 million BBK policyholders had to be treated for vaccination side effects - while the Paul Ehrlich Institute keeps only 244,576 side effect reports based on 61.4 million vaccinated. "According to our calculations, we consider 400,000 doctor visits by our insureds due to vaccination complications to date to be realistic," Andreas Schöffbeck, BKK board member, told Die Welt. "Extrapolated to the total population, this figure would be three million." Thus, the number of vaccine side effects would be more than 1,000 percent higher than the PEI reports.

Schöfbeck cites the reporting system as the main explanation for the massive discrepancy. Physicians often have to report vaccination side effects in their spare time - a time-consuming activity that then goes unpaid. "It is simply impossible to report everything."

With his analysis, Schöfbeck turned to a wide range of institutions - from the German Medical Association and the StiKo to the Paul Ehrlich Institute itself. He said the figures were a "strong alarm signal" that "absolutely must be taken into account in the further use of vaccines."

His figures could be validated by the same data analyses of other health insurance companies, he says. It is "ethically wrong not to talk about it."

Since "danger to human life cannot be ruled out," he set a deadline of 6 p.m. Tuesday to respond to his letter. As this passed, they turned to the public.

Debra Wells

On Thursday, February 24, 2022 9:25 AM, Debra Wells <debrakwells@startmail.com> wrote:

Since the last meeting it has come out that the CDC has not been releasing the data related to the covid vaccines. This will limit the validity of the data that has been presented to the SBOH and TAG groups from the presenters. A hold should be in place until the data is released so that it can be analyzed in it's entirety. Our children's safety is paramount, even from well meaning efforts that could harm them in the long run. I believe that if a pause is not enacted in relation to covid vaccines, great harm will come to our kids from the vaccines for covid.

PS. I am not an anti-vaxxer. I have received many vaccines over my life to include many that most don't receive. However, as I shared before in earlier emails, this particular vaccine is very concerning with the evidence of harm already available, even with the data withheld from the CDC.

As a side note, concerning the CDC withholding data, it hasn't gone unnoticed that if the data supported the efforts of the CDC, the data wouldn't have been withheld at all. This means that the data that is being withheld from the public and those that would be analyzing it, is likely showing that the vaccine is not working and likely causing more harm than good. So a pause needs to be in place until further information is released so that everyone can make truly informed decisions both personally and in relation to policy.

Debra Wells

On Thursday, February 17, 2022 5:07 PM, Debra Wells
<debrakwells@startmail.com> wrote:

Natural immunity exist and is finally being recognized by the CDC.

Below is the citation and a copy of the article. I have also attached the pdf from the CDC as it is easier to read.

2022

Title : MMWR. Morbidity and mortality weekly report, Vol. 71, January 28,

Corporate Authors(s) : Centers for Disease Control and Prevention (U.S.)

Published Date : 01//28/2022

Series : MMWR. Morbidity and mortality weekly report ; v. 71, no. 4

URL : <https://stacks.cdc.gov/view/cdc/113858>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113858>

COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November

2021

Tomás M. León, PhD1; Vajeera Dorabawila, PhD2; Lauren Nelson, MPH1; Emily Lutterloh, MD2,3; Ursula E. Bauer, PhD2; Bryon Backenson, MPH2,3; Mary T. Bassett, MD2; Hannah Henry, MPH1; Brooke Bregman, MPH1; Claire M. Midgley, PhD4; Jennifer F. Myers, MPH1; Ian D. Plumb, MBBS4; Heather E. Reese, PhD4; Rui Zhao, MPH1; Melissa Briggs-Hagen, MD4; Dina Hoefer, PhD2; James P. Watt, MD1; Benjamin J. Silk, PhD4; Seema Jain, MD1; Eli S. Rosenberg, PhD2,3

On January 19, 2022, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr&data=04> >).
>).

By November 30, 2021, approximately 130,781 COVID-19–associated deaths, one in six of all U.S. deaths from COVID-19, had occurred in California and New York.*COVID-19 vaccination protects against infection with SARS-CoV-2 (the virus that causes COVID-19), associated severe illness, and death (1,2); among those who survive, previous SARS-CoV-2 infection also confers protection against severe outcomes in the event of reinfection (3,4). The

relative magnitude and duration of infection- and vaccine-derived protection, alone and together, can guide public health planning and epidemic forecasting. To examine the impact of primary COVID-19 vaccination and previous SARS-CoV-2 infection on COVID-19 incidence and hospitalization rates, statewide testing, surveillance, and COVID-19 immunization data from California and New York (which account for 18% of the U.S. population) were analyzed. Four cohorts of adults aged ≥18 years were considered: persons who were 1) unvaccinated with no previous laboratory-confirmed COVID-19 diagnosis, 2) vaccinated (14 days after completion of a primary COVID-19 vaccination series) with no previous COVID-19 diagnosis, 3) unvaccinated with a previous COVID-19 diagnosis, and 4) vaccinated with a previous COVID-19 diagnosis. Age-adjusted hazard rates of incident laboratory-confirmed

COVID-19 cases in both states were compared among cohorts, and in California, hospitalizations during May 30–November 20, 2021, were also compared. During the study period, COVID-19 incidence in both states was highest among unvaccinated persons without a previous COVID-19 diagnosis compared with that among the other three groups. During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower

among vaccinated persons without a previous diagnosis; 7.2-fold (California) and 9.9-fold lower (New York) among unvaccinated persons with a previous COVID-19 diagnosis; and 9.6-fold (California) and 8.5-fold lower (New York) among vaccinated persons with a previous COVID-19 diagnosis. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These relationships

* [https://covid.cdc.gov/covid-data-](https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100klast7days)

[tracker/#cases_deathsper100klast7days](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23cases_deathsper100klast7days&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dad)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23cases_deathsper100klast7days&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dad)

[tracker%2F%23cases_deathsper100klast7days&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dad](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23cases_deathsper100klast7days&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dad)

changed after the SARS-CoV-2 Delta variant became predominant (i.e., accounted for >50% of sequenced isolates) in late June and July.

By the week beginning October 3, compared with COVID-19 cases rates among unvaccinated persons without a previous COVID-19

diagnosis, case rates among vaccinated persons without a previous COVID-

19 diagnosis were 6.2-fold (California) and 4.5-fold

(New York) lower; rates were substantially lower among both groups with previous COVID-19 diagnoses, including 29.0-fold

(California) and 14.7-fold lower (New York) among unvaccinated persons with a previous diagnosis, and 32.5-fold (California) and

19.8-fold lower (New York) among vaccinated persons with a previous

diagnosis of COVID-19. During the same period, compared

with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California

followed a similar pattern. These results demonstrate that vaccination

protects against COVID-19 and related hospitalization, and

that surviving a previous infection protects against a reinfection and

related hospitalization. Importantly, infection-derived protection

was higher after the Delta variant became predominant, a time when vaccine-induced immunity for many persons declined because of

immune evasion and immunologic waning (2,5,6). Similar cohort

data accounting for booster doses needs to be assessed, as new variants,

including Omicron, circulate. Although the epidemiology of

COVID-19 might change with the emergence of new variants,

vaccination remains the safest strategy to prevent SARS-CoV-2

infections and associated complications; all eligible persons should

be up to date with COVID-19 vaccination. Additional recommendations for

vaccine doses might be warranted in the future as

the virus and immunity levels change.

Four cohorts of persons aged ≥ 18 years were assembled via

linkages of records from electronic laboratory reporting databases and

state-specific immunization information systems.[†]

[†] Statewide immunization databases in California are the California

Immunization

Registry, Regional Immunization Data Exchange, and San Diego

Immunization

Registry; the laboratory system is the California COVID Reporting System

(CCRS). In New York, immunization information systems include Citywide

Immunization Registry and the New York State Immunization Information

System; the laboratory system is the Electronic Clinical Laboratory

Reporting

System (ECLRS). California data were matched between the immunization

and

case registries using a probabilistic algorithm with exact match for zip code

and date of birth and fuzzy match on first name and last name. New York data were matched to the ECLRS with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19-associated hospitalizations. Morbidity and Mortality Weekly Report 126 MMWR / January 28, 2022 / Vol. 71 / No. 4 US Department of Health and Human Services/Centers for Disease Control and Prevention

Persons were classified based on whether they had had a laboratory-confirmed SARS-CoV-2 infection by March 1, 2021 (i.e., previous COVID-19 diagnosis)[§]; had received at least the primary COVID-19 vaccination series[¶] by May 16, 2021; had a previous COVID-19 diagnosis and were fully vaccinated^{**}; or had neither received a previous COVID-19 diagnosis by March 1 nor received a first COVID-19 vaccine dose by the end of the analysis period. The size of the unvaccinated group without a previous diagnosis was derived by subtracting the observed groups from U.S. Census estimates.^{††} To maintain each defined cohort, persons who received a COVID-19 diagnosis during March 1–May 30, 2021, or who died before May 30, 2021, were excluded (to maintain eligibility for incident cases for all cohorts on May 30, 2021),^{§§} as were persons who received a first vaccine dose during May 30–November 20, 2021. During May 30–November 20, 2021, incident cases were defined using a positive nucleic acid amplification test (NAAT) result from the California COVID-19 Reporting System (CCRS) or a positive NAAT or antigen test result from the New York Electronic Clinical Laboratory Reporting System. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19-associated hospitalizations. A lifetable method was used to calculate hazard rates (average daily cases during a 7-day interval or hospitalizations over a 14-day interval), hazard ratios, and 95% CIs for each cohort. Rates were age-adjusted to 2000 U.S. Census data using direct standardization.^{¶¶}

Supplementary analyses stratified case rates by timing

§ For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 nucleic acid amplification test (NAAT) or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result.

¶ Fully vaccinated with the primary vaccination series is defined as receipt of a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021.

** Because of the timing of full vaccination, the cohort definitions, and analysis timeframe, this cohort consisted nearly exclusively of persons who had previously received a laboratory-confirmed diagnosis of COVID-19 and later

were fully vaccinated (California: 99.9%, New York: 99.7%), as opposed to

the reverse order.

†† Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus the number of persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC

National

Center for Health Statistics Bridged Race file for U.S. Census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

each

§§ In California, a person-level match was performed to exclude deaths in

cohort before May 30, 2021. In New York, COVID-19 deaths were removed

previous

in aggregate from the starting number of unvaccinated persons with a

COVID-19 diagnosis on May 30, 2021.

¶¶ <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fdata%2F>

of previous diagnoses and primary series vaccine product.

SAS (version 9.4; SAS Institute) and R (version 4.0.4; The R Foundation) were used to conduct all analyses. Institutional review boards (IRBs) in both states determined this surveillance activity to be necessary for public health work, and therefore, it did not require IRB review.

Approximately three quarters of adults from California

(71.2%) and New York (72.2%) included in this analysis were vaccinated and did not have a previous COVID-19 diagnosis;

however, 18.0% of California residents and 18.4% of New

York residents were unvaccinated with no previous COVID-19

diagnosis (Table 1). In both states, 4.5% of persons were vaccinated and

had a previous COVID-19 diagnosis; 6.3% in

California and 4.9% in New York were unvaccinated with a

previous diagnosis. Among 1,108,600 incident COVID-19

cases in these cohorts (752,781 in California and 355,819 in

New York), the median intervals from vaccination or previous COVID-19

diagnosis to incident diagnosis were slightly

shorter in California (138–150 days) than in New York

(162–171 days).

Before the Delta variant became predominant in each state's

U.S. Department of Health and Human Services region

(June 26 in Region 9 [California] and July 3 in Region 2

[New York]),*** the highest incidence was among unvaccinated

persons without a previous COVID-19 diagnosis; during this

time, case rates were relatively low among the three groups

with either previous infection or vaccination and were lowest

among vaccinated persons without a previous COVID-19 diagnosis

(Supplementary Figure 1, <https://stacks.cdc.gov/view/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2F&data=04%7C>

[cdc/113253](https://stacks.cdc.gov/view/113253)) (Supplementary Figure 2, [https://stacks.cdc.gov/view/](https://stacks.cdc.gov/view/113253)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C>

view/cdc/113253). During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated persons without a previous diagnosis; rates were 7.2-fold (California) and 9.9-fold (New York) lower among unvaccinated persons with a previous COVID-19 diagnosis and 9.6-fold (California) and 8.5-fold (New York) lower among vaccinated persons with a previous COVID-19 diagnosis (Table 2).

As the Delta variant prevalence increased to >95% (97% in Region 9 and 98% in Region 2 on August 1), rates increased more rapidly among the vaccinated group with no previous COVID-19 diagnosis than among both the vaccinated and unvaccinated groups with a previous COVID-19 diagnosis (Supplementary

Figure 1, <https://stacks.cdc.gov/view/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2F&data=>

cdc/113253) (Supplementary Figure 2, <https://stacks.cdc>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C113253>

gov/view/cdc/113253). For example, during the week of

*** <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23variant-proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C113253>

Morbidity and Mortality Weekly Report
US Department of Health and Human Services/Centers for Disease Control
and Prevention MMWR / January 28, 2022 / Vol. 71 / No. 4 127

TABLE 1. Cohort sizes and cohort-specific incident laboratory-confirmed
COVID-19 cases in California (N = 752,781) and New York (N = 355,819)
and hospitalizations in California (N = 56,177) — May 30–November 20,
2021
California

Vaccinated

Previous COVID-19 diagnosis

968,167 (4.5)

3,471 (3.6)

138 (95–181)

262 (218–322)

273 (0.3)

No previous diagnosis

15,484,235 (71.2)

240,045 (15.5)

150 (112–189)

NA

10,737 (0.7)

Unvaccinated

Previous COVID-19 diagnosis

1,370,782 (6.3)

6,805 (5.0)

NA

277 (229–356)

378 (0.3)

No previous diagnosis

3,911,146 (18.0)

502,460 (128.5)

NA

NA

44,789 (11.5)

New York

Vaccinated

Previous COVID-19 diagnosis

485,649 (4.5)

2,355 (4.9)

162 (118–201)

276 (227–348)

NA

No previous diagnosis

7,809,968 (72.2)

142,388 (18.2)

171 (133–203)

NA

NA

Unvaccinated

Previous COVID-19 diagnosis

527,140 (4.9)

3,250 (6.2)

NA

295 (242–427)

NA

No previous diagnosis

1,993,709 (18.4)

207,826 (104.2)

NA

NA

NA

* Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry, and the laboratory system is the California COVID Reporting System; in New York, Immunization Information Systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System. California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the Electronic Clinical Laboratory Reporting System with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from the California COVID Reporting System and supplemental hospitalization reports were used to identify COVID-19-associated hospitalizations.

† For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 NAAT or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result. Fully vaccinated is defined as having received a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021. Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

§ Cumulative cases per 1,000 persons.

¶ These summaries of cumulative incidence are estimated across a period of variability in the epidemic for all cohorts.

** Hospitalization data for New York are not included in this analysis.

October 3, compared with rates among unvaccinated persons without a previous COVID-19 diagnosis, rates among vaccinated persons without a previous diagnosis were 6.2-fold lower (95% CI = 6.0–6.4) in California and 4.5-fold lower (95% CI = 4.3–4.7) in New York (Table 2). Further, rates among unvaccinated persons with a previous COVID-19 diagnosis were 29-fold lower (95% CI = 25.0–33.1) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 14.7-fold lower (95% CI = 12.6–16.9) in New York. Rates among vaccinated persons who had had COVID-19 were 32.5-fold lower (95% CI = 27.5–37.6) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 19.8-fold lower (95% CI = 16.2–23.5) in New York. Rates among vaccinated persons without a previous COVID-19 diagnosis were consistently higher than rates among unvaccinated persons with a history of COVID-19 (3.1-fold higher [95% CI = 2.6–3.7] in California and 1.9-fold higher [95% CI = 1.5–2.3] in New York) and rates among vaccinated persons with a history of COVID-19 (3.6-fold higher [95% CI = 2.9–4.3] in California and 2.8-fold higher [95% CI = 2.1–3.4] in New York). COVID-19 hospitalization rates in California were always highest among unvaccinated persons without a previous

COVID-19 diagnosis (Table 2) (Figure). In the pre-Delta period during June 13–June 26, for example, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 27.7-fold lower (95% CI = 22.4–33.0) among vaccinated persons without a previous COVID-19 diagnosis, 6.0-fold lower (95% CI = 3.3–8.7) among unvaccinated persons with a previous COVID-19 diagnosis, and 7.1-fold lower (95% CI = 4.0–10.3) among vaccinated persons with a previous COVID-19 diagnosis. However, this pattern also shifted as the Delta variant became predominant. During October 3–16, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 19.8-fold lower (95% CI = 18.2–21.4) among vaccinated persons without a previous COVID-19 diagnosis, 55.3-fold lower (95% CI = 27.3–83.3) among unvaccinated persons with a previous COVID-19 diagnosis.

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TABLE 2. Hazard ratios for incident laboratory-confirmed COVID-19 cases — New York and California and hospitalizations* — California, May 30–November 20, 2021

Cases, California

May 30–Jun 5

20.9 (18.9–22.9)
8.2 (6.6–9.9)
10.6 (8.1–13.2)
0.4 (0.3–0.5)
0.5 (0.4–0.6)

Jun 6–12

17.9 (16.2–19.5)
8.6 (6.8–10.4)
10.5 (7.9–13.0)
0.5 (0.4–0.6)
0.6 (0.4–0.7)

Jun 13–19

16.0 (14.7–17.4)
10.8 (8.5–13.2)
10.6 (8.2–13.1)
0.7 (0.5–0.8)
0.7 (0.5–0.8)

Jun 20–26

12.3 (11.4–13.1)
14.5 (11.2–17.8)
17.3 (12.8–21.8)
1.2 (0.9–1.5)
1.4 (1.0–1.8)

Jun 27–Jul 3

9.7 (9.2–10.2)

16.6 (13.5–19.7)
20.9 (16.0–25.8)
1.7 (1.4–2.0)
2.2 (1.6–2.7)

Jul 4–10

8.7 (8.4–9.0)
24.0 (20.1–28.0)
29.3 (23.1–35.6)
2.8 (2.3–3.2)
3.4 (2.6–4.1)

Jul 11–17

7.8 (7.5–8.0)
29.0 (25.0–32.9)
33.4 (27.3–39.4)
3.7 (3.2–4.2)
4.3 (3.5–5.1)

Jul 18–24

7.4 (7.2–7.6)
31.8 (28.1–35.6)
35.2 (29.8–40.6)
4.3 (3.8–4.8)
4.7 (4.0–5.5)

Jul 25–31

7.5 (7.4–7.7)
26.5 (24.1–29.0)
38.6 (33.3–43.9)
3.5 (3.2–3.8)
5.1 (4.4–5.8)

Aug 1–7

7.8 (7.6–7.9)
32.6 (29.5–35.6)
42.2 (36.7–47.7)
4.2 (3.8–4.6)
5.4 (4.7–6.1)

Aug 8–14

8.1 (7.9–8.2)
33.4 (30.4–36.5)
43.1 (37.6–48.6)
4.1 (3.8–4.5)
5.3 (4.7–6.0)

Aug 15–21

8.4 (8.3–8.6)
31.3 (28.5–34.1)
42.0 (36.7–47.3)

3.7 (3.4–4.0)
5.0 (4.3–5.6)

Aug 22–28

8.4 (8.3–8.6)
31.3 (28.4–34.3)
41.0 (35.5–46.5)
3.7 (3.4–4.1)
4.9 (4.2–5.5)

Aug 29–Sep 4

8.5 (8.3–8.6)
31.2 (28.1–34.3)
42.0 (36.1–48.0)
3.7 (3.3–4.1)
5.0 (4.3–5.7)

Sep 5–11

8.3 (8.1–8.5)
35.0 (31.0–39.0)
48.0 (40.2–55.9)
4.2 (3.7–4.7)
5.8 (4.8–6.7)

Sep 12–18

8.4 (8.2–8.6)
33.8 (29.9–37.8)
48.0 (39.8–56.2)
4.0 (3.6–4.5)
5.7 (4.7–6.7)

Sep 19–25

8.0 (7.8–8.2)
27.0 (23.8–30.1)
37.8 (31.5–44.1)
3.4 (3.0–3.8)
4.7 (4.0–5.5)

Sep 26–Oct 2

7.7 (7.5–7.9)
28.6 (24.9–32.2)
34.8 (28.9–40.7)
3.7 (3.2–4.2)
4.5 (3.7–5.3)

Oct 3–9

7.2 (7.0–7.4)
30.0 (26.0–34.1)
33.5 (28.5–38.6)
4.1 (3.6–4.7)
4.6 (3.9–5.3)

Oct 10–16

7.2 (7.0–7.4)
31.2 (26.8–35.7)
33.9 (27.8–40.0)
4.3 (3.7–5.0)
4.7 (3.9–5.5)

Oct 17–23

7.1 (7.0–7.3)
31.9 (27.6–36.1)
40.7 (33.3–48.1)
4.5 (3.9–5.0)
5.7 (4.7–6.7)

Oct 24–30

7.1 (6.9–7.3)
26.6 (23.3–29.9)
40.1 (32.9–47.3)
3.7 (3.3–4.2)
5.6 (4.6–6.6)

Oct 31–Nov 6

6.8 (6.6–7.0)
33.1 (28.7–37.6)
37.9 (31.0–44.7)
4.9 (4.2–5.5)
5.5 (4.5–6.6)

Nov 7–13

7.1 (6.9–7.3)
30.6 (26.3–35.0)
41.2 (33.0–49.5)
4.3 (3.7–4.9)
5.8 (4.6–7.0)

Nov 14–20

7.3 (7.0–7.5)
25.4 (21.4–29.3)
32.5 (25.5–39.5)
3.5 (2.9–4.0)
4.5 (3.5–5.5)

Cases, New York

May 30–Jun 5

19.4 (16.9–21.8)
10.9 (7.5–14.3)
9.5 (6.7–12.4)
0.6 (0.4–0.7)

0.5 (0.3–0.7)

Jun 6–12

15.2 (13.2–17.2)

8.0 (5.5–10.6)

10.4 (6.6–14.3)

0.5 (0.4–0.7)

0.7 (0.4–0.9)

Jun 13–19

12.8 (11–14.5)

8.2 (5.3–11.2)

5.4 (3.7–7.0)

0.6 (0.4–0.9)

0.4 (0.3–0.6)

Jun 20–26

10.1 (8.8–11.4)

7.9 (5.1–10.7)

6.0 (4.0–8.0)

0.8 (0.5–1.1)

0.6 (0.4–0.8)

Jun 27–Jul 3

7.3 (6.5–8.1)

8.8 (5.8–11.8)

11.2 (6.7–15.7)

1.2 (0.8–1.6)

1.5 (0.9–2.2)

Jul 4–10

6.1 (5.6–6.7)

17.8 (10.6–25.0)

11.5 (7.5–15.6)

2.9 (1.7–4.1)

1.9 (1.2–2.6)

Jul 11–17

4.5 (4.2–4.8)

11.7 (8.5–15.0)

14.7 (9.9–19.6)

2.6 (1.9–3.3)

3.2 (2.2–4.3)

Jul 18–24

4.7 (4.5–5.0)

21.7 (15.6–27.8)

14.1 (10.5–17.7)

4.6 (3.3–5.9)

3.0 (2.2–3.8)

Jul 25-31

5.1 (4.9-5.3)
16.1 (13.1-19.2)
18.3 (14.1-22.6)
3.2 (2.6-3.8)
3.6 (2.8-4.4)

Aug 1-7

5.3 (5.2-5.5)
19.2 (15.9-22.6)
18.3 (14.7-21.9)
3.6 (3.0-4.2)
3.4 (2.7-4.1)

Aug 8-14

5.3 (5.2-5.5)
16.2 (13.8-18.6)
19.2 (15.6-22.7)
3.0 (2.6-3.5)
3.6 (2.9-4.3)

Aug 15-21

5.5 (5.3-5.7)
19.5 (16.5-22.6)
22.7 (18.4-26.9)
3.6 (3.0-4.1)
4.1 (3.4-4.9)

Aug 22-28

5.4 (5.2-5.6)
19.2 (16.4-22.1)
26.5 (21.2-31.8)
3.6 (3.0-4.1)
4.9 (3.9-5.9)

Aug 29-Sep 4

5.5 (5.3-5.6)
17.9 (15.3-20.5)
20.9 (17.2-24.6)
3.3 (2.8-3.8)
3.8 (3.1-4.5)

Sep 5-11

5.4 (5.2-5.5)
18.9 (16.1-21.6)
22.3 (18.3-26.4)
3.5 (3.0-4.0)
4.2 (3.4-4.9)

Sep 12-18

5.8 (5.6-5.9)

15.0 (13.1–16.9)
23.2 (19.1–27.4)
2.6 (2.3–2.9)
4.0 (3.3–4.8)

Sep 19–25

5.6 (5.4–5.7)
15.4 (13.3–17.5)
23.8 (19.3–28.3)
2.8 (2.4–3.1)
4.3 (3.5–5.1)

Sep 26–Oct 2

5.4 (5.2–5.5)
18.4 (15.5–21.2)
24.2 (19.3–29.1)
3.4 (2.9–4.0)
4.5 (3.6–5.4)

Oct 3–9

5.5 (5.3–5.7)
15.7 (13.6–17.9)
20.8 (17.2–24.5)
2.9 (2.5–3.3)
3.8 (3.1–4.4)

Oct 10–16

5.5 (5.3–5.6)
17.2 (14.7–19.8)
25.9 (20.6–31.1)
3.2 (2.7–3.6)
4.7 (3.8–5.7)

Oct 17–23

5.4 (5.2–5.6)
18.9 (15.7–22.1)
27.6 (21.2–34.0)
3.5 (2.9–4.1)
5.1 (3.9–6.3)

Oct 24–30

5.2 (5.0–5.4)
21.0 (17.2–24.7)
25.9 (20.2–31.6)
4.0 (3.3–4.7)
5.0 (3.9–6.1)

Oct 31–Nov 6

4.8 (4.6–4.9)
17.3 (14.7–20.0)
20.1 (16.3–23.8)

3.6 (3.1–4.2)
4.2 (3.4–5.0)

Nov 7–13

4.8 (4.7–4.9)
23.9 (20.1–27.6)
24.5 (20.1–28.9)
5.0 (4.2–5.8)
5.1 (4.2–6.1)

Nov 14–20

4.8 (4.6–4.9)
22.6 (19.4–25.7)
23.0 (19.3–26.6)
4.7 (4.1–5.4)
4.8 (4.1–5.6)

See table footnotes on the next page.

persons with a previous COVID-19 diagnosis, and 57.5-fold lower (95% CI = 29.2–85.8) among vaccinated persons with a previous COVID-19 diagnosis.

Among the two cohorts with a previous COVID-19 diagnosis, no consistent incidence gradient by time since the

previous diagnosis was observed (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253>).

When the vaccinated cohorts were stratified by the vaccine product received, among vaccinated persons without a previous COVID-19 diagnosis, the highest incidences were observed among persons receiving the Janssen (Johnson & Johnson), followed by

Pfizer-BioNTech, then Moderna vaccines (Supplementary Figure 4, <https://stacks.cdc.gov/view/cdc/113253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253>).

No pattern by product was observed among vaccinated persons with

a previous COVID-19 diagnosis.

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TABLE 2. (Continued) Hazard ratios for incident laboratory-confirmed COVID-19 cases — New York and California and hospitalizations* —

California, May 30–November 20, 2021

Hospitalizations, California

May 30–Jun 12

29.8 (23.5–36.1)
3.7 (2.5–5.0)
7.2 (4.2–10.1)
0.1 (0.1–0.2)
0.2 (0.1–0.3)

Jun 13–26

28.7 (23.4–34.0)

7.0 (4.3–9.7)
8.1 (5.0–11.3)
0.2 (0.1–0.3)
0.3 (0.2–0.4)

Jun 27–10

30.1 (26.1–34.0)
16.4 (10.0–22.8)
16.0 (10.0–22.1)
0.5 (0.3–0.8)
0.5 (0.3–0.7)

Jul 11–24

25.8 (23.7–28.0)
45.0 (27.6–62.4)
41.5 (25.2–57.8)
1.7 (1.1–2.4)
1.6 (1.0–2.2)

Jul 25–Aug 7

28.8 (27.1–30.6)
41.7 (29.2–54.1)
72.9 (44.4–101.4)
1.4 (1.0–1.9)
2.5 (1.5–3.5)

Aug 8–21

29.7 (28.0–31.4)
49.0 (35.0–62.9)
64.0 (43.0–85.1)
1.6 (1.2–2.1)
2.2 (1.4–2.9)

Aug 22–Sep 4

29.1 (27.4–30.8)
62.4 (41.4–83.3)
63.9 (42.2–85.5)
2.1 (1.4–2.9)
2.2 (1.4–2.9)

Sep 5–18

26.3 (24.6–28.1)
74.4 (40.9–107.9)
96.4 (48.3–144.4)
2.8 (1.5–4.1)
3.7 (1.8–5.5)

Sep 19–Oct 2

25.0 (23.1–26.9)
61.9 (34.5–89.3)
99.4 (43.8–155.0)

2.5 (1.4–3.6)
4.0 (1.7–6.2)

Oct 3–16

20.8 (19.2–22.4)
56.3 (28.3–84.3)
58.5 (30.2–86.8)
2.7 (1.4–4.1)
2.8 (1.4–4.2)

Oct 17–30

21.5 (19.9–23.0)
56.5 (31.5–81.5)
92.1 (39.1–145.1)
2.6 (1.5–3.8)
4.3 (1.8–6.8)

Oct 31–Nov 13

22.7 (20.8–24.6)
70.7 (32.0–109.4)
86.1 (34.2–138.1)
3.1 (1.4–4.8)
3.8 (1.5–6.1)

* Life tables estimated at 7-day intervals for cases and 14-day intervals for hospitalizations.

† Hazard ratios and 95% CIs reported in this table differ numerically from presentation of corresponding results in the text as “X-fold lower” rates (i.e., a hazard rate of 1.0 is zero-fold lower).

For example, a hazard ratio of 20.9 (95% CI = 18.9–22.9) for those “Unvaccinated–no previous COVID-19 diagnosis” versus “Vaccinated, no previous COVID-19 diagnosis” is equivalent to a

19.9-fold lower (95% CI = 17.9–21.9) rate for those “Vaccinated, no previous COVID-19 diagnosis” relative to those “Unvaccinated, no previous COVID-19 diagnosis.”

FIGURE. Incident laboratory-confirmed COVID-19-associated hospitalizations among immunologic cohorts defined by vaccination and previous diagnosis histories — California, May 30–November 13, 2021*,†

	Unvaccinated, no previous COVID-19 diagnosis	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Estimated hazard rate	20.9 (18.9–22.9)	1.0	2.7 (1.4–4.1)	2.8 (1.4–4.2)
Vaccinated, previous COVID-19 diagnosis	2.7 (1.4–4.1)	2.8 (1.4–4.2)	2.7 (1.4–4.1)	2.8 (1.4–4.2)
Unvaccinated, no previous COVID-19 diagnosis	2.7 (1.4–4.1)	2.8 (1.4–4.2)	2.7 (1.4–4.1)	2.8 (1.4–4.2)
Vaccinated, no previous COVID-19 diagnosis	2.7 (1.4–4.1)	2.8 (1.4–4.2)	2.7 (1.4–4.1)	2.8 (1.4–4.2)

May 30 Jun 13 Jun 27 Jul 11 Jun 25 Aug 8 Aug 22 Sep 5 Sep 19 Oct 3 Oct

er for certain
18 yrs in certain
r for Janssen
ts

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Summary

What is already known about this topic?

Data are limited regarding the risks for SARS-CoV-2 infection and hospitalization after COVID-19 vaccination and previous infection.

What is added by this report?

During May–November 2021, case and hospitalization rates were highest among persons who were unvaccinated without a previous diagnosis. Before Delta became the predominant variant in June, case rates were higher among persons who survived a previous infection than persons who were vaccinated alone. By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone.

What are the implications for public health practice?

Although the epidemiology of COVID-19 might change as new variants emerge, vaccination remains the safest strategy for averting future SARS-CoV-2 infections, hospitalizations, long-term sequelae, and death. Primary vaccination, additional doses, and booster doses are recommended for all eligible persons.

Additional future recommendations for vaccine doses might be warranted as the virus and immunity levels change.

Discussion

This analysis integrated laboratory testing, hospitalization surveillance, and immunization registry data in two large states during May–November 2021, before widespread circulation of the SARS-CoV-2 Omicron variant and before most persons had received additional or booster COVID-19 vaccine doses to protect against waning immunity. Rate estimates from the analysis

describe different experiences stratified by COVID-19 vaccination status and previous COVID-19 diagnosis and during times

when different SARS-CoV-2 variants predominated. Case rates were initially lowest among vaccinated persons without a previous COVID-19 diagnosis; however, after emergence of the Delta variant and over the course of time, incidence increased sharply in this

group, but only slightly among both vaccinated and unvaccinated persons with previously diagnosed COVID-19 (6). Across the entire study period, persons with vaccine- and infection-derived immunity had much lower rates of hospitalization compared with those in unvaccinated persons. These results suggest that vaccination protects against COVID-19 and related hospitalization and

that surviving a previous infection protects against a reinfection. Importantly, infection-derived protection was greater after the highly transmissible Delta variant became predominant, coinciding with early declining of vaccine-induced immunity in many

persons (5). Similar data accounting for booster doses and as new variants, including Omicron, circulate will need to be assessed.

The understanding and epidemiology of COVID-19 has shifted substantially over time with the emergence and circulation of new SARS-CoV-2 variants, introduction of vaccines,

and changing immunity as a result. Similar to the early period of this study, two previous U.S. studies found more protection from vaccination than from previous infection during periods before Delta predominance (3,7). As was observed in the present study after July, recent international studies have also demonstrated increased protection in persons with previous infection, with or without vaccination, relative to vaccination alone^{†††}, §§§ (4). This might be due to differential stimulation of the immune response by either exposure type.^{¶¶¶} Whereas French and Israeli population-based studies noted waning protection from previous infection, this was not apparent in

the results from this or other large U.K. and U.S. studies****
(4,8). Further studies are needed to establish duration of protection from
previous infection by variant type, severity, and
symptomatology, including for the Omicron variant.

The findings in this report are subject to at least seven limitations.
First, analyses were not stratified by time since vaccine receipt, but
only by time since previous diagnosis, although earlier studies have
examined waning of vaccine-induced immunity (Supplementary
Figure 3, <https://stacks.cdc.gov/view/cdc/113253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253>
) (2). Second,

persons with undiagnosed infection are misclassified as having no
previous COVID-19 diagnosis; however, this misclassification likely
results in a conservative bias (i.e., the magnitude of difference in
rates would be even larger if misclassified persons were not included
among unvaccinated persons without a previous COVID-19 diagnosis).

California seroprevalence data during this period indicate

that the ratio of actual (presumptive) infections to diagnosed cases
among adults was 2.6 (95% CI = 2.2–2.9).†††† Further, California
only included NAAT results, whereas New York included both
NAAT and antigen test results. However, antigen testing made up
a smaller percentage of overall testing volume reported in California
(7% of cases) compared with New York (25% of cases) during the
study period. Neither state included self-tests, which are not easily
reportable to public health. State-specific hazard ratios were generally
comparable, although differences in rates among unvaccinated persons
with a previous COVID-19 diagnosis were noteworthy. Third,
potential exists for bias related to unmeasured confounding (e.g.,
behavioral or geographic differences in exposure risk) and uncertainty in
the population size of the unvaccinated group without a
previous COVID-19 diagnosis. Persons might be more or less likely
to receive testing based on previous diagnosis or vaccination status;
however, different trajectories between vaccinated persons with and
without a previous COVID-19 diagnosis, and similar findings for
cases and hospitalizations, suggest that these biases were minimal.

Fourth, this analysis did not include information on the severity of
††† <https://www.medrxiv.org/content/10.1101/2021.09.12.21263461v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.09.12.21263461v1>

§§§ <https://www.medrxiv.org/content/10.1101/2021.11.29.21267006v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.11.29.21267006v1>

¶¶¶ <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fscience%2Fscience-briefs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C11c>

vaccine-induced-immunity.html#anchor_1635540449320

**** <https://www.medrxiv.org/content/10.1101/2021.12.04.21267114v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.12.04.21267114v1>

†††† <https://www.medrxiv.org/content/10.1101/2021.12.09.21267565v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.12.09.21267565v1>

and mortality represented by the groups with previous infections. Fifth, this analysis did not ascertain receipt of additional or booster COVID-19 vaccine doses and was conducted before many persons were eligible or had received additional or booster vaccine doses, which have been shown to confer additional protection.¶¶¶¶ Sixth, some estimates lacked precision because of sample size limitations. Finally, this analysis was conducted before the emergence of the Omicron variant, for which vaccine or infection-derived immunity might be diminished.¶¶¶¶ This study offers a surveillance data framework to help evaluate both infections in vaccinated persons and reinfections as new variants continue to emerge. Vaccination protected against COVID-19 and related hospitalization, and surviving a previous infection protected against a reinfection and related hospitalization during periods of predominantly Alpha and Delta variant transmission, before the emergence of Omicron; evidence suggests decreased protection from both vaccine- and infection-induced immunity against Omicron infections, although additional protection with widespread receipt of booster COVID-19 vaccine doses is expected. Initial infection among unvaccinated persons increases risk for serious illness, hospitalization, long-term sequelae, and death; by November 30, 2021, approximately 130,781 residents of California and New York had died from COVID-19. Thus, vaccination remains the safest and primary strategy to prevent SARS-CoV-2 infections, associated complications, and onward transmission. Primary COVID-19 vaccination, additional doses, and booster doses are recommended by CDC's Advisory Committee on Immunization Practices to ensure that all eligible persons are up to date with COVID-19 vaccination, which provides the most robust protection against initial infection, severe illness, hospitalization, longterm sequelae, and death.***** Additional recommendations for vaccine doses might be warranted in the future as the virus and immunity levels change.

Acknowledgments

Dana Jaffe, California Department of Public Health; Rebecca Hoen, Meng Wu, New York State Department of Health; Citywide Immunization Registry Program, New York City Department of Health and Mental Hygiene.

§

Debra Wells

The datasets were displayed in percentages rather than numbers and percentages. This means that percentages can be deceptive.

Debra Wells

On Thursday, February 17, 2022 2:13 PM, Debra Wells
<debrakwells@startmail.com> wrote:

I want to make the board aware that many people are not getting tested or going to the hospital if they get covid. There are a couple of reasons for this. One, if everyone around you has gotten tested and they have covid, there is no need to get tested yourself as it is likely that you have the same issue. This is true with the Omicron outbreak. The first week of January it seemed like Omicron exploded in the Puget Sound area and across the USA. I don't think I knew anyone that didn't have Omicron regardless of vaccination status (to include the booster). So the actual numbers of infections of Omicron are less than what is reported and many didn't go to the hospital.

I had a few days where it was difficult and probably should have gone to the hospital. However, I will not go to the hospital on my own because of the loss of a family member to covid in the hospital and the protocol that hospitals are using to treat covid patients. I have asthma and had my oxygen level go down to 90%. I sought alternative care and within a few days I was better. The hospital protocol using Remdesivir is killing people as it did with our family member. Our family is not the only family member that suffered death from Remdesivir. I know others personally that have been affected by Remdesivir poisoning. This is why you aren't seeing more in the hospital as those that I know are of the same mind. This is happening across the entire USA. Remdesivir and the current covid protocol should be stopped immediately and alternative treatments deployed. Our trust in the medical community has been broken. Our family

member is dead. That is real and tangible to entire families that are affected.

When considering vaccines and treatments, rebuilding trust with the community that you serve should also be high on the list of considerations. Forcing new vaccines and treatments on a community doesn't build trust but further diminishes it.

Debra Wells

On Thursday, February 17, 2022 1:39 PM, Debra Wells
<debrakwells@startmail.com> wrote:

Stop firing people because of vaccine status. We as a nation need to recognize natural immunity as other countries do.

Debra Wells

On Thursday, February 17, 2022 1:12 PM, Debra Wells <debrakwells@startmail.com> wrote:

After 2 years with everything everyone has done and the list of variants that have occurred, we are no longer in a pandemic. Covid is endemic and we all need to get on with the business of life and learn to live with Covid.

Debra Wells

On Thursday, February 17, 2022 1:08 PM, Debra Wells <debrakwells@startmail.com> wrote:

EUA products should not be required or forced on children under 18 years old. Our kids are not lab rats for experiments.

Debra Wells

On Thursday, February 17, 2022 1:05 PM, Debra Wells <debrakwells@startmail.com> wrote:

Unfortunately, the licensed product is not available to the public. Only the EUA product is being given to the public, which from a legal perspective is significant because if someone is injured by the EUA product, they are unable to hold the company liable for the injury. That means that people are bearing 100% of the cost of injury from these vaccines. If the product was fully licensed and the licensed product available, you would probably have less push back because the public would have someone to hold accountable for the vaccine injuries/reactions.

Debra Wells

On Thursday, February 17, 2022 11:41 AM, Debra Wells <debrakwells@startmail.com> wrote:

Also, it took 3 months for the blood clots to show up. Since there are indications that these vaccines cause blood clots, the window to be considered should be extended to at least 3 months in relation to blood clots. This would also follow with heart attacks, strokes and other related medical conditions related to blood clots.

Debra Wells

On Thursday, February 17, 2022 10:06 AM, Debra Wells <debrakwells@startmail.com> wrote:

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that

the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information should have been given to people prior to getting the vaccine and informed consent should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths caused by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

Debra Wells

On Thursday, February 17, 2022 9:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra Wells <debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an

important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells <debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C11d>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C11d>

January 30, 2022

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Gilbert G. Berdine, M.D
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert
g-berdine-m-
d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C11d0e2

– January 30, 2022

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-
search-
results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41
Reading Time: 5 minutes

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
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age-people-up-
40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C11d0e
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Figure 1: US weekly deaths by age group. Data
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The
gray curves are data for 2015-2019.

what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb3010dadf66a41ae8d6508d9f7bb5646%7C11d0e2>

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

M.D and AIER

Get notified of new articles from Gilbert G. Berdine,

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 6:01:41 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\0E2E93A9B46B49C9_20220214102240440.pdf

Received via mail.

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

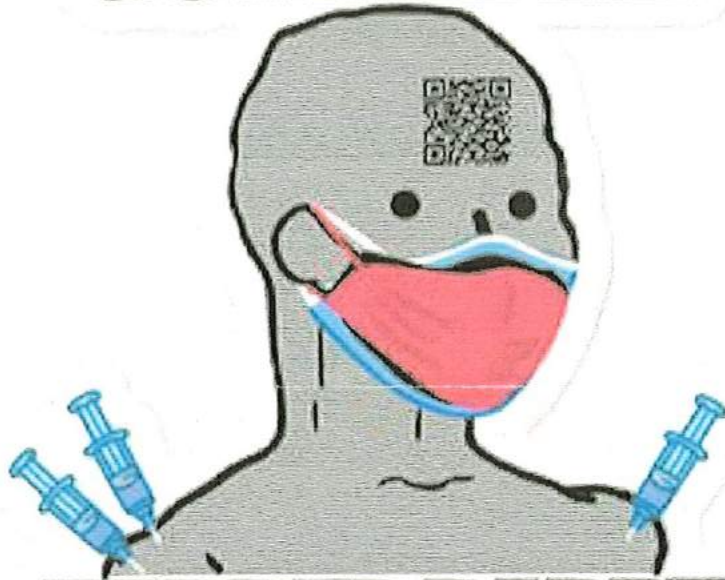
From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:23 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

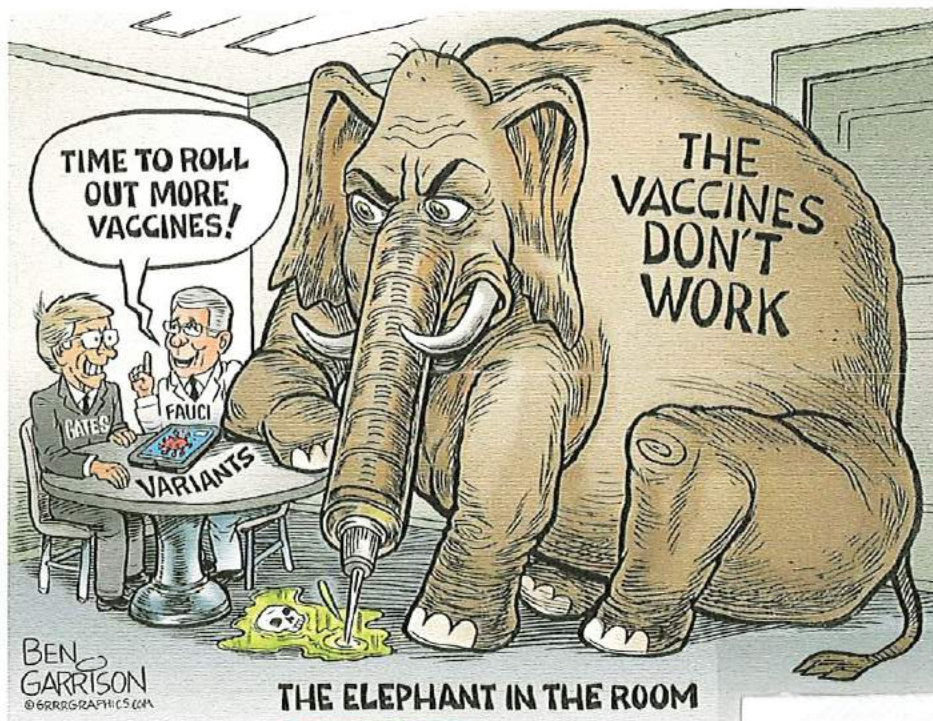
Scan Date: 02.14.2022 10:22:40 (-0800)

Queries to: ricoh@doh.wa.gov

GOVERN ME



HARDER DADDY



THE ELEPHANT IN THE ROOM

RECEIVED

FEB 14 2022

WA State Board of Health

WSDOH
1610 NE 150th Street
Shoreline, WA 98155-9701

From: Sarah Abraham
Sent: 2/17/2022 9:16:20 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Im listening to the zoom meeting that is currently going on. I have to question the about how much the public role actually has? I disappointed at how little the public actually able to partake in these meetings. These individuals do not represent the whole public.

Sarah Abraham

From: Nevada Smith
Sent: 2/9/2022 2:50:16 PM
To: DOH WSBOH
Cc:
Subject: FW: Washington Residents Howard Platter, MD and Gordon Hale, MD - PR Smith 044-22



attachments\40245B55CD194813_Nevada Smith Open Records Request-02-09-22.pdf

External Email

From: Nevada Smith
Sent: Wednesday, February 09, 2022 4:46 PM
To: 'DSHSPublicDisclosure@dshs.wa.gov' <DSHSPublicDisclosure@dshs.wa.gov>
Subject: FW: Washington Residents Howard Platter, MD and Gordon Hale, MD - PR Smith 044-22

From: Nevada Smith
Sent: Wednesday, February 09, 2022 4:43 PM
To: DSHSPublicDisclosure@dshs.wa.gov.
Subject: FW: Washington Residents Howard Platter, MD and Gordon Hale, MD - PRR Smith 044-22

February 9, 2022

RE: See attached open records request

FROM

Nevada Smith, Records Requester

PO Box 294

Morristown, MN 55052

Email: nevadasmith@subliminalqt.com <mailto:nevadasmith@subliminalqt.com>

TO

Washington State Department of Social and Health Services

From: COM Public Disclosure <publicdisclosure@commerce.wa.gov>
Sent: Wednesday, February 09, 2022 3:12 PM
To: Nevada Smith <nevadasmith@subliminalqt.com>; COM Public Disclosure
<publicdisclosure@commerce.wa.gov>
Subject: RE: Washington Residents Howard Platter, MD and Gordon Hale, MD - PRR
Smith 044-22

Dear Requestor:

The Department of Commerce is in receipt of your public disclosure request for:

See attached request

It has been assigned the following reference number – 044-22. This reference number has been inserted into the subject line of this email for tracking purposes.

The Department of Commerce does not maintain records regarding your request. You might consider sending your request to the Washington State Department of Health or the Department of Health and Human Services. Here are links to their sites for your reference:

<https://www.dshs.wa.gov/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dshs.wa.gov%2F&data=04%>

https://www.doh.wa.gov/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2F&data=04%

We are closing the file on your request.

We are sorry we are unable to assist you more.

Please let me know if you have any questions or if I can be of further assistance.

From: Nevada Smith <nevadasmith@subliminalqt.com
<mailto:nevadasmith@subliminalqt.com> >
Sent: Wednesday, February 9, 2022 7:10 AM
To: COM Public Disclosure <publicdisclosure@commerce.wa.gov
<mailto:publicdisclosure@commerce.wa.gov> >
Subject: Washington Residents Howard Platter, MD and Gordon Hale, MD

External Email

February 9, 2022

See attachment, Nevada Smith Open Records Request

FROM

Nevada Smith, Open Records Requester

PO Box 294

Morristown, MN 55052

Email: nevadasmith@subliminalqt.com <mailto:nevadasmith@subliminalqt.com>

TO

State of Washington

Washington State Disability Determination Services

And Whatever Agency that is above them

Debra Quinn

Public Records Officer

Washington State Department of Commerce

1011 Plum Street SE

P.O. Box 42525

Olympia, WA 98504-2525

Email: Publicdisclosure@commerce.wa.gov <<mailto:Publicdisclosure@commerce.wa.gov>>

From: Gayle Baker
Sent: 2/10/2022 9:53:47 AM
To: DOH WSOH
Cc:
Subject: Re: Reminder: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC starts in 1 hour

External Email

Why were we not informed that this is a three (3) day meeting? Where is the Agenda for days 2 & 3? Also, I did not receive confirmation that my letter to the board was received and forwarded to the TAG.

On Thu, Feb 10, 2022 at 7:55 AM Zoom <no-reply@zoom.us <mailto:no-reply@zoom.us> > wrote:

<<http://us02web.zoom.us/j/89036106373?pwd=Oa8b1a2e453e.png>>

Hi Gayle,

This is a reminder that "Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC" will begin in 1 hour on:
Date Time: Feb 10, 2022 09:00 AM Pacific Time (US and Canada)

Join from a PC, Mac, iPad, iPhone or Android device:

Click Here to Join

<https://us02web.zoom.us/j/84038243635?tk=eqb0FliEZd_VdCUBodiLBbCeJRXgAhjxIfu8u21d8aI.DQMAATQ>

Note: This link should not be shared with others; it is unique to you.

Passcode: 390357

Add to Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/ics?user_id=uEZJ3YL9Sw6>

Add to Google Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/calendar/google/add?user_id=uEZJ3YL9Sw6>

Add to Yahoo Calendar

<https://us02web.zoom.us/webinar/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/ics?user_id=uEZJ3YL9Sw6>

Or join by phone:

US: +1 669 900 9128 or +1 253 215 8782 or +1 301 715 8592 or +1 312 626 6799 or
+1 346 248 7799 or +1 646 558 8656

Webinar ID: 840 3824 3635

Passcode: 390357

International numbers available: <https://us02web.zoom.us/j/kchZi1TdJz>

<<https://us02web.zoom.us/j/kchZi1TdJz>>

You can cancel

<<https://us02web.zoom.us/webinar/register/tZAtdOGqqjgsGdECrbBFMtmbJpsVuv9tVxrj/success?act=cancel>
your registration at any time.

From: Debra Wells

Sent: 2/17/2022 10:08:06 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Why I am fighting so hard against these vaccines.

External Email

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information should have been given to people prior to getting the vaccine and informed consent

should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths caused by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

Debra Wells

On Thursday, February 17, 2022 9:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra Wells <debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells
<debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too
high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra
Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A
certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3a37037ca8492fae0d08d9f24042ab%7C11d0>>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3a37037ca8492fae0d08d9f24042ab%7C11d0>>

January 30, 2022

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<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk
Gilbert G. Berdine, M.D
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-
g-berdine-m-
d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3a37037ca8492fae0d08d9f24042ab%7C11d0e21

– January 30, 2022

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-
search-
results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3a37037ca849
Reading Time: 5 minutes

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The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-
age-people-up-
40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3a37037ca8492fae0d08d9f24042ab%7C11d0e2
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

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Figure 1: US weekly deaths by age group. Data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F>
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The
gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset
of the US population. The CDC collects mortality data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F>
for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021
by age group. Several generalizations are readily apparent. The years 2015-2019 were
very similar for all age groups forming a tight band of usual expectation. The tightness of
the band for 2015-2019 means that relatively small increases in mortality are very
significant events. There has been nothing unusual about mortality for the Under-25 age
group during the Covid period compared to recent history. The last 10 weeks of data for
2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality
for the Over-25 age groups have been higher than historic norms starting in about March
of 2020 and continuing to the present time with one big exception for the 85+ age
group.

There is a very interesting interval from Week 10
(March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER
than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during
2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for
Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher)
during 2021. Daily Covid deaths (7-day moving average)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa%2F>
in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This
time period was the decline phase of the winter outbreak that peaked around January 18,
2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot
plausibly attribute the above average deaths for the 25-44 age group during this time
period to Covid. What was responsible for these deaths?

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNK

Figure 2: Weekly US mortality by Cause Group. Data
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fdeaths%2Fby%2Fage%2Fgroup%2F>
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The
gray curves are data for 2015-2019.

Clearly there is a very significant above average

number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike

protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cfb3a37037ca8492fae0d08d9f24042ab%7C11d0e21>

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Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

M.D and AIER

Get notified of new articles from Gilbert G. Berdine,

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Nancy the Soul Dancer

Sent: 2/17/2022 4:14:59 PM

To: Helseth, Jennifer (DCYF), Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), londeck@nasn.org, Helseth, Jennifer (DCYF)

Subject: questions for the WSBOH after today's meeting

External Email

Questions for the WSBOH and affiliates to consider:

1. Does the WSBOH know the difference between relative risk factors and absolute risk factors in regard to the data reported for COVID 19 vax? It is very important to know the difference and to take a closer look at this distinction. It is a game changer. The quoted "90+%" benefits and effectiveness becomes less than 1% effective.

2. Is the WSBOH aware that there is a "revolving door" of staff between the CDC and Pfizer and other Big Pharma leadership positions?

3. Is the WSBOH aware that there is a similar "revolving door" between FDA officials and Big Pharma, Monsanto etc. ?

4. Could that warrant the WSBOH to look into independent, peer reviewed studies, which are not funded by the CDC, Pfizer, etc.?

5. Who is paying for these studies and trials? The companies who will profit from the sale of their products? Does this parallel the "fox guarding the hen house"?

6. Is the WSBOH aware that Pfizer has the worst criminal record of Big Pharma companies for bribery, deception of facts, etc.?

7. Does the WSBOH know that Pfizer refuses to divulge the total list of ingredients of their Covid shot for 55 years? Why is that? What are they hiding?

8. Is the WSBOH aware that Dr. F@ci. has a patent on the COVID virus (manmade) and on the Pfizer vax? Do you know that Dr. F. has financial interest in the Moderna vaccine as well? He has made billions of \$\$\$ as a result of him recommending it. Could that be a conflict of interest?

9. Is the WSBOH aware that a state of emergency cannot last for 2 years without Wa. legislature renewing it? (Which they have not done). This unlawful EUA has allowed the roll out of an improperly tested, experiment product on hundreds of thousands misinformed, mislead and outright deceived Americans.

10. Is the WSBOH aware that the Pfizer Biotech shot has never been approved by the FDA??? They approved cominary, a drug that is not even available in the U.S. A.

11. Is the WSBOH aware that early, effective treatment recommended by many renown doctors has been systematically suppressed from the beginning of the pandemic? It has been estimated that 500,000 lives could have been saved if this early, effective treatment was made known. Do you realize that this was not been done in order to roll out a false EUA and the big money making plan by Big Pharma and other agencies and the people who stand to profit in the millions and billions of \$\$\$.

12. Has the learned professionals consider that this above sited situation has greatly contributed to the overburden health care system, not to mention the fact that many medical personnel lost their jobs because they refused to being coerced to take a experimental product against their better judgement and informed consent?

13. Does the WSBOH see anything suspect in the fact that the Big Pharma lobbyists were successful in influencing the U.S. Congress in 1986 to pass a law that relieved the Big Pharm from ANY liability of injury or death from their vax products?

14. Is the WSBOH aware that Gov. Inslee's daughter works for the Bill Gates Foundation? One of the admitted agenda items of Mr. Gates is to reduce the population by 15%. Did you know that the mRNA ingredient was initially used in a study to control animal population? Did you know that the miscarriage rate at a local hospital is 5x what it was before the vax roll out? i.e. this vax is a noteworthy, contributing factor of ending life in the womb...during all a 3 terms and even causing some stillbirths! What other science do we really need?

15. Does it seem curious to anyone on the WSBOH that one of today's presenters has been appointed by the Govenor., who has a solid interest , financial and political, to run this agenda and coerced mandates roughshod over the people he has sworn an oath to represent?!

16. Has the WSBOH considered that your TAG team is a group people who are all aligned with the same scenario, even the same CDC charts and studies sited by the 3 presenters? Does that mean that the more the same studies are sited over and over again, that will make them more true and believable?

17. Does the WSBOH understand that they have "stacked the deck" through the choice of presenters and TAG members in favor of one point of view, that of the mainstream narrative, from government agencies meant to protect the people who are now the ones the people need protection from their propaganda, distorted information and official acts?

18. Does the WSBOH realize that they are not fooling us (well informed citizens) with your supposed "independent" presenters and tedious meetings?

19. When will the WSBOH stand up and wake up to what is really going on and has been for a very long time?

From: Natalie
Sent: 2/10/2022 3:49:13 PM
To: DOH WSOBH
Cc:
Subject: Re: Now Available: Agenda for the Feb. 10 Technical Advisory Group (TAG)
Meeting to Consider COVID-19 for Inclusion in chapter 246-105 WAC



attachments\A2F2DC6C44D54C6D_image001.png

External Email

I attended some of the TAG meeting today, unfortunately I could not devote the entire day.

Is there going to be information that presented today available to the public? Including where specifically data is coming from and what criteria it must have to be used as valid.

Specifically I'm trying to understand how the vaccine fits criteria 5.

Thank you
Natalie Poulson

Sent from ProtonMail for iOS

On Mon, Feb 7, 2022 at 3:07 PM, DOH WSOBH <WSOBH@SBOH.WA.GOV
<mailto:WSOBH@SBOH.WA.GOV> > wrote:

The agenda is now available
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2F02-07-140544-847&data=04%7C01%7CWSOBH%40SBOH.WA.GOV%7Ca0ca40b9ec414cddf17908d9ecef6e1%7C11d0e2>>
for the Technical Advisory Group (TAG) meeting to consider COVID-19 for inclusion in chapter 246-105 WAC. The TAG will meet on Thursday, Feb. 10 from 9:00 a.m. – 3:00 p.m. via the Zoom Webinar platform.

To may access the meeting in the following ways:

1. Use your computer or laptop (requires registration):
 - a.
https://us02web.zoom.us/webinar/register/WN_GUcotbr6Swa1Jwm8cfX-TQ
<https://us02web.zoom.us/webinar/register/WN_GUcotbr6Swa1Jwm8cfX-TQ>
2. Dial-in using your phone:
 - a. Call in: +1 (253) 215-8782 (not toll-free)
 - b. Webinar ID: 840 3824 3635
 - c. Webinar Passcode: 390357

This is an online meeting via the Zoom Webinar platform. TAG members will participate online. The public may observe the meeting. The TAG will not receive public comment. This is a meeting of a technical advisory group convened by the Board and intended to develop recommendations for the full Board. If you have comments you would like to share with the full TAG, please email the Board
<mailto:wsboh@sboh.wa.gov?subject=Comments%20for%20the%20Immunizations%20Technical%20Adv your comments.

Thank you,

Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

Location

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Fmaps%2Fpla
122.9083621%2C17z%2Fdata%3D!3m1!4b1!4m5!3m4!1s0x549173f074205aa3%3A0x552ddc5f79ee44b6:
122.9061681%3Fhl%3Den&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ca0ca40b9ec414cddf17908
· Website
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01%
· Email <mailto:wsboh@sboh.wa.gov> · Facebook
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.facebook.com%2FWashington
· Twitter
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FWASBOH&data=0
· Subscribe
<mailto:wsboh@sboh.wa.gov?subject=Please%20Add%20My%20Name%20to%20the%20WSBOH%20Em

Please send us an email with the subject "unsubscribe" if you no longer wish to receive communications from us.

This email was also sent to the Board's general distribution list. Please excuse any duplication.

From: Testify Online Survey
Sent: 2/23/2022 5:31:49 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2.

Agenda Item or Issue:

Vaccine mandates

3.

Your Name:

Penny Berg

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

7.

Email:

8.

Phone Number (Include Area Code):

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

From: Michelle Van Diest
Sent: 2/15/2022 1:00:12 PM
To:
Subject: Please read.

External Email

In plain sight they admit that mRNA Covid 19 vaccinations completely alter and suppress your immune system. We already know it impairs DNA repair. These two papers alone should support enough evidence STOP THE PROGRAM!

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Flabs%2F>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34696>

Sent from my iPhone

From: Jeanelle Parrott
Sent: 2/15/2022 10:43:34 AM
To: DOH WSBOH
Cc:
Subject: Covid Vaccine mandate/s

External Email

Hello,

My name is Jeanelle Parrott and I wanted to take the time to reach out to you to express my complete disdain for the mandatory policies that protect only big pharmaceutical companies with no recourse or protection for families. I have personally suffered a vaccine injury from a DPT shot taken at the age of 33. When I went to my doctor to get help, I was told that I couldn't prove that I got sick from the vaccine. That was the extent of help I got from big medicine. I suffered until I found a Chinese Medicine practitioner who gave me some herbs that cost me \$3.00 for reactions to vaccines. These herbs were to detox the body from the vaccine. Within days, I felt better. However, my experience taught me about the kind of support I can expect from mainstream medicine around my health and vaccines. Since that time, I have obtained my Master's in Chinese Medicine and I know many ways to treat the body without using abrasive drugs or injections.

We have all been a part of the worldwide pandemic, and we all have access to the data. It has been great news that the virus has mutated and it is no longer as severe. The Danish government has the best epidemiology in the entire world and they have dropped all mandates and restrictions even as cases rise. That is because they have also measured the cost that all the mandates and restrictions have had on public health. In our case, after protecting my vulnerable mother while living with her and my small child, I was then forced to remove my daughter from public school because of restrictions being set within the district. This all pointed to forced vaccinations for the children. The stress has been insurmountable for me and my 6 year old child. She has been forced out of King County establishments, faced even more isolation and all this in her young developing life. Now, as we should be celebrating the end of the pandemic, our public health institutions are still putting mandates on the table to be discussed. All of this, for a pandemic that had the lowest risk for young children. This all smells of political motivation and has nothing to do with actual public health.

What I have wanted to see from the beginning of the pandemic is for public health to take the costs of mental and emotional health seriously. These policies have stuck it to working families that are just trying to raise healthy, happy kids. I just got off the phone with my local school district and the program we were hoping to be a part of next year is also being sacrificed because of these draconian mandates. It needs to stop. You all need to stop forcing things down people's throats when the science does not support your measure, mental and emotional health does not support your measure nor do the financial and social implications for families support your measure. The only motivation I can see gained by your institutions is more power and probably a money train from big pharma. There are very few populations around the country that support these vaccine mandates. I am disappointed I came back to Washington after living in Hawaii. I was hoping for more opportunities for my young child. She has now effectively been castrated in her county of King County. We may be able to move around to other districts. But, I totally oppose a statewide mandate for children and vaccines.

You have already crippled me and my industry of massage and acupuncture. Leave my child alone.

Thank you,

Jeanelle Parrott

From: LINDA HERMAN
Sent: 2/16/2022 12:34:27 PM
To: DOH WSBOH, Karen Bowerman
Cc:
Subject: Important article, Please read

External Email

<https://www.tabletmag.com/sections/science/articles/how-the-cdc-abandoned-science>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fscience%2Farticles%2Fhow-the-cdc-abandoned-science&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Caf1872a1b2e14df9060008d9f18bb8e7%7C11d0e2>>

Vinay Prasad is a hematologist-oncologist, associate professor of epidemiology and biostatistics at the University of California, San Francisco, and author of *Malignant: How Bad Policy and Bad Evidence Harm People with Cancer*.
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjhupbooks.press.jhu.edu%2Ftitle%2Fmalignant>>

From: Jane P

Sent: 2/16/2022 3:12:32 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),DOH Secretary's Office,Kwan-Gett, Tao (DOH),Todorovich, Jessica L (DOH),Bayne, David M (DOH),Becker, Leslie (DOH),DOH Secretary's Office,Perez, Elizabeth (DOH),Peterson, Kristin I (DOH),Weed, Nathan (DOH),Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH)

Cc:

Subject: Forcing experimental medical treatment is a pure evil criminal act. We The People will go after each of you who supports it!!!

External Email

Forcing experimental medical treatment is a pure evil criminal act. We The People will go after each of you who supports it!!!

From: Morna Gilbert
Sent: 2/10/2022 11:06:39 AM
To: DOH WSBOH
Cc:
Subject: Lora Davis presentation

External Email

Just a curious question:
with the graphs showing feb 2021 through jan 2022 of delta and omicron 'cases' - how
about showing this graph along WITH the roll out of vax? Is there a chance vax is giving
people the virus?

From: Deanna Leslie
Sent: 2/10/2022 12:44:32 PM
To: DOH WSBOH
Cc:
Subject: Criteria # 5 Comments

External Email

Dear Washington State Board of Health,

Here are three reasons that I would like you to consider when deciding whether covid-19 vaccines

fulfill criteria #5 The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

#1 Children and young adults are at an extremely low risk of mortality from COVID-19.

When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," The Lancet Children & Adolescent Health, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FPIIS2352-4642\(21\)00066-3%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C50dd6c5b47a4443e690808d9ecd6225f%7C](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FPIIS2352-4642(21)00066-3%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C50dd6c5b47a4443e690808d9ecd6225f%7C)

#2 There are side effects (like myocarditis) that are greater than risk of covid.

As of January 6, 2022, the seven-day case rate in Washington State for ages 4-11 was 504.8 per 100,000. The seven-day hospitalization rate was 1.2 in 100,000. Compare this with the risk of myocarditis in vaccinated adolescents, which is 18.52 in 100,000 as seen in <https://pubmed.ncbi.nlm.nih.gov/34849657/>

#3 It is unethical to use children as shields for adults.

FDA can only indicate a product for use in a given population if benefits outweigh risks in that same population. So if benefits

don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021, <https://www.fda.gov/media/150815/download>, pp. 171-172. (emphasis added)

For these three reasons, I believe the covid-19 vaccines do not meet criteria #5.

Sincerely,

Deanna Leslie

From: Suzanne

Sent: 2/9/2022 10:01:16 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

External Email

To Whom it May concern,

I would like to know if this is a vote that the community will be able to have a say? I don't see any option for public comment for this meeting like the last one. Please advise.

Thanks

Nicole Bishopp

From: Shawn Preston
Sent: 2/10/2022 11:04:42 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My concern is everyone keeps mentioning "CASES" this doesn't mean anything what is your definition of cases?

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Fwlink%2F%2F)
for Windows

From: Catherine Janicki
Sent: 2/14/2022 1:04:12 PM
To: DOH WSBOH
Cc:
Subject: Stop with forcing vaccines

External Email

You people are so blind.

From: Laurie Friedl
Sent: 2/15/2022 11:03:49 AM
To: Reykdal, Chris
(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org,
Micheala,Plaja,
Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us,
Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)
Cc:
Subject: End the School Mask Mandates

External Email

Dear Issaquah, Bellevue and Lake WA School Districts, OSPI, WA State Education,
WSBOH, and King County Commissioner,

It was extremely disheartening to see all the celebrities at the Super Bowl going maskless, while meanwhile, my 5 year old still has to wear a mask at school. Our children have been harmed by this seemingly never-ending mask mandate. Mental health issues, drug use and suicide rates are through the roof.

I have friends in other states whose children have been un-masked at school since 2021. The evidence hasn't shown a greater risk of harm to these kids.

I respectfully request that the mask mandate be removed from K-12 schools ASAP.

Thank you,

Laurie Friedl
-a concerned parent whose children were formerly at ISD schools and are now in private school

From: j
Sent: 2/9/2022 2:10:52 PM
To: j
Cc:
Subject: NEWS FLASH!!! THE TRIAL AGAINST FAUCI, GATES, etc. HAS BEGUN!!

External Email

Dear Ones,

The International TRIAL for CRIMES AGAINST HUMANITY has BEGUN in GERMANY!!!
LISTEN TO THE OPENING STATEMENTS!!!!

<https://www.bitchute.com/video/d29yTTXU9Wsa/>

From: Jean Mendoza
Sent: 2/26/2022 5:01:16 PM
To: Bardi, Janna,DOH HSQA CHS General Rural Health,DOH WSBOH
Cc:
Subject: Yakima Clean Air

External Email

Dear DOH & BOH,

I am writing with a request for your help. Would you be willing to share this job announcement with air quality specialists in your network?

Job Announcement – Air Pollution Control Officer/Executive Director

Yakima Regional Clean Air Agency

<https://www.yakimacleanair.org/notices/employment/job.html?jobid=19>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.yakimacleanair.org%2Fnotices/employment/job.html?jobid=19>>

The previous Air Pollution Control Officer for the Yakima Regional Clean Air Agency resigned last October, and the agency is searching for a replacement. I represent the Friends of Toppenish Creek, an environmental advocacy group in Yakima County. We believe that the current search is too limited in scope. We are working on recruiting a large pool of highly qualified applicants for this position.

Yakima County has serious air pollution problems, largely due to a heavy concentration of concentrated animal feeding operations (CAFO dairies) in our community. The population in the impacted area is about 80% Latino and about 25% speak little English. Yakima County has suffered high rates of morbidity and mortality from COVID 19 and there is sound research showing a correlation with poor air quality.

If you know people who could lead the YRCAA into the future and effectively address our air issues, would you please share this announcement with them?

Thank you.

Jean Mendoza

Executive Director, Friends of Toppenish Creek

From: Papa Rich
Sent: 2/10/2022 10:29:45 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

During your presentations, when referring to vaccine please refer to it as experimental, emergency use, not fully approved vaccine, whatever the case may be. It is essential that the categorization of what the Covid shot is and is not be stated. Be truthful and transparent. Why hide the truth?

Thanks
Rich Wickline

From: Bergener, Terry (DOH)
Sent: 2/23/2022 10:27:51 AM
To: DOH WSBOH
Cc:
Subject: technical advisory group messages



attachments\54C8F4EAC4A1439C_20220222115725777.pdf

Not sure if you have already received these comments as well.

Message was attached to: technical advisory group messages

From: Bergener, Terry (DOH)

Sent: 2/22/2022 12:13:52 PM

To: DOH Secretary's Office

Cc:

Subject: this may be a duplicate - Irene Randall

Message was attached to: technical advisory group messages

From: tinagregory
Sent: 2/23/2022 9:34:30 AM
To: DOH Secretary's Office
Cc:
Subject: forced so called vaccinations

External Email

PLEASE STEP UP AGAINST THESE FORCED COVID SHOTS IN OUR SCHOOLS. THERE ISN'T AN FDA APPROVED ONE ON THE MARKET & WE DON'T KNOW THE SIDE EFFECTS YET. PLEASE RESPOND SO I KNOW IF YOUR GOING TO STAND AGAINST THEM.

Sent from Mail for Windows

Irene Randall
421 NW Westmont Lane
Bremerton WA 98311
2/11/2022

Umar A Shah MD MPH
Secretary of Health
WA State Dept of Health

Dr. Shah I was unable to attending the meeting on 2/10/2022. So I wanted to write you and give my input.

According to the Lancet Study 600 children have died from the Covid vaccine. A healthy child has no Covid risk. The vaccinated children are dying unnecessarily. Most of the children reacted adversely to the Pfizer Covid vaccine. The idea of forcing the vaccine on healthy children is unethical.

The CDC found in July 2021 that fully vaccinated people who contact the infection have as much as high a viral load in their nasal passages as unvaccinated people who get infected.

In October 2021 Israel's medical authorities at Meir Medical Center in Sheba found that 23% of patients and 10% of staff were infected with Covid despite a 96% vaccination rate in the country.

Received

FEB 15 2022

Department of Health
Office of the Secretary

(1)

The CDC hides vaccine mortalities in the USA data by counting all people as unvaccinated unless their death occur more than 2 weeks after the second vaccination shot. The CDC double down on this fraud by counting vaccine deaths as Covid deaths. They do this to promote the vaccines.

Maddie d baray, a 14 year old participated in the Pfizer trial and suffered neurological injuries, including seizures and perment paralysis.

Pfizer manipulated trial data by reporting that Maddie had suffered only a stomach ache.

According to Vaccine Adverse Event Reporting System, VAERS, there have been greater than 7000 cases of myocarditis or pericarditis following vaccines. More than 5000 from Pfizer. In 2019 there were 4 cases of myocarditis in the USA. In 2020 to 2021 there were > 7000 cases. Life expectancy is 5 years in 50% of these cases.

The 476 cases of myocarditis in 12-17 year olds is 14 x the expected cases. That is 50 times greater than vaccinated males over age 65 years.

A teen or child has effectively zero risk of dying from Covid but a substantial risk of death from vaccination.

In October of 2021 Sweden, Denmark and Finland paused the Moderna vaccine for children under 18 years of age because of this.

Covid is waning, mutating all the time. The vaccine to day will not work in children a month or 3 months from now. The children are more at risk from the vaccine than the virus, which is mutating and less deadly all the time.

According to the Office of National Statistics (ONS) data showed a rise in deaths among 15 to 19 year olds in the summer of 2021. There were 9 Covid deaths of unvaccinated children but 9 times as many deaths in the 15 to 19 year olds of vaccinated teens, 81 vaccinated deaths compared to 9 unvaccinated children.

According to the (ONS) the deaths among teens in the United Kingdom increased to 47% due to the Covid vaccine,

Covid 19 vaccine is 98 ~~more~~ times more deadly than flu vaccines according to VARES Report Trial Site News August 28, 2021

Why vaccinate children? Fauci is pushing this.
Why? The Big Pharma Companies are creating Public
Health accross our nation and through out the World.

I believe they are lining their pocketbooks with
out regard for the health of our children.

By making the vaccine mandatory, the children
and their parents will be unable to sue for
damages, They will have no recourse when harm
comes to them.

Please look at the big picture, don't follow
the narrative Big Pharma and Fauci are saying.

The first rule of Medicine is "first do
no harm."

Please first do no harm. You can always
revisit this issue in 6 months or a year
and make a decision then.

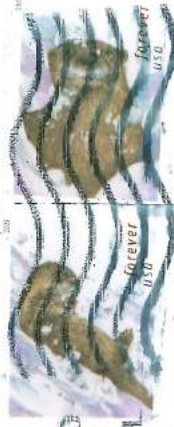
Thank you Irene Randall

Irene J. Randall
421 N.W. Westmont Ln.
Bremerton, WA 98311

R

SEATTLE WA 980

12 FEB 2022 PM 6 L



Dr Umair A Shah Secretary of Health
Washington State Dept of Health,
P O Box 47890
Olympia Washington 98504-7890

98504-7890

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 6:07:28 PM
To: DOH WSBOH
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\D86A3EDC7E544D5A_20220214102113690.pdf

Received in the mail today.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:21 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:21:13 (-0800)
Queries to: ricoh@doh.wa.gov

**Notice of Dishonor, Estoppel by Acquiescence, Opportunity to Cure, and Intent to Sue
Notice to Agents is Notice to Principals; Notice to Principals is Notice to Agents**

February 7, 2022

rebecca ann: gaston-jones
rural route 7804 69th Ave E
Puyallup, Washington [98371]



**Derek Young, District 7 Council Chair
Catherine Ushka, Deputy Mayor Position 4
Bruce Dammeier, Executive
Kiara Daniels, Council Member At Large Position 6
Marty Campbell, District 5, Vice Chair
Nicholas Rajacich, MD Board Member
Dave Morell, District 1 Executive Pro Tempore
Robert (Bob) Baggett, Board Member
Joe Bushnell, Council Member Position 5
Steve O'Ban, Senior Counsel
Stephen Cook, MD, FAAFP
Jani Hitchen, District 6 Councilmember
Michelle Davis
Melanie Hisaw
Michelle Davis
Melanie Hisaw
All Washington State Board of Health Members
PO Box 47990
Olympia, Washington 98504-7990
info@tpchd.org**

By Registered Mail:

Dear Washington State Board of Health Members,

As of today February 7, 2022 you are now given a Notice of Liability and received my Notice via hand delivery. In that Notice was provided a notarized affirmation and demanded rebuttal or remedy for your deprivations of rights under color of law and breach of duty and allegiance.

Under Federal Rules of Evidence 902 once I record that Notice it is self-authenticating. Your failure to rebut is admission to the truth of the Affirmations and judgment on the Remedy contained therein without your or your agent's objection due to estoppel by acquiescence.

You have a further five (5) business days from the date of this Notice to cure your breach of Notice of Liability and to do so by February 14, 2022.

If you do not, I will immediately provide you and all the Pierce County Commissioners with the following, without limitation:

1. Complaints against your faithful performance bonds
2. Criminal referrals under Title 18 US code 241-242
3. Civil action for deprivation of rights
4. Demand for a common law grand jury dependent upon the results of the foregoing.

I reserve all rights and remedies available to me in any jurisdiction or venue.

By: rebecca ann: gaston-jones
rebecca ann: gaston-jones, *sui juris*
All rights reserved.
Without prejudice.
Without recourse.

From: Deb B
Sent: 2/19/2022 7:51:12 PM
To: DOH WSBOH
Cc:
Subject: NO for the mandayed experimental C shot

External Email

This is not something that should be passed!! Experimental should NOT be mandatory!!

From: Linda Hagan
Sent: 2/28/2022 9:17:15 AM
To: DOH WSBOH
Cc:
Subject: Dr. Luc Montagnier

External Email

Hello WA State BOH members,

Nobel Prize winner for his lead in the discovery of HIV, Dr. Montagnier whose specialty is virology, was scheduled to testify against the alleged criminals guilty of crimes against humanity and genocide, is now deceased as is another scheduled witness. (Scientists have developed many methods to secretly murder individuals.) I speak and understand French and can verify that the translation in the included video is truthful and to the point.

Please also listen to the equally brilliant 4X nominated for the Nobel-Prize, Dr. Vladimir (Zev) Zelenko, MD, whose early treatment protocols for the Wuhan virus have saved hundreds of thousands of lives worldwide, thereby saving millions of lives, beginning clear back at the beginning, in early March of 2020, before the lockdowns. Here Dr. Zelenko is testifying to the Rabbinical Court of Israel: "Wake up! This is World War III ... this is genocide."

<http://journalpulp.com/2021/09/10/nobel-prize-virologist-dr-luc-montagnier-ill-refhttp://journalpulp.com/2021/09/10/nobel-prize-virologist-dr-luc-montagnier-ill-refuse-the-mandatory-vaccine/ use-the-mandatory-vaccine/<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fjournalpulp.com%2F2021%2F09%2Fprize-virologist-dr-luc-montagnier-ill-refuse-the-mandatory-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C8a6371de1ea74a4de50008d9faddfda1%7C1>

Thank you,

Linda Jeanne Hagan, MA Organizational Leadership and Ed. Admin.

From: Diana Amirehteshami
Sent: 2/11/2022 11:34:45 AM
To: DOH WSBOH
Cc:
Subject: RE: February 10, 2022 TAG meeting



attachments\4B3C880E2D9C42A3_8735FE2461CA443587D36DB0A83334C8[4013128].png

External Email

I attended the February 10th TAG meeting. I appreciate the committee using Zoom so the public can stay informed.

I am inquiring as to when will the meeting minutes be available to read and when is the next scheduled meeting?

I have looked all over your website and cannot find this information. It may be too soon for the minutes, I understand.

I have signed up for your emails so I may stay informed.

Thank you.

Graciously,

Diana Amirehteshami

Director, Conservative Ladies of Washington

562-331-0081

From: Julianna meeden
Sent: 2/22/2022 2:37:31 PM
To: DOH WSBOH
Cc:
Subject: Oppose the mandates

External Email

Inslee should not be able to mandate adults to get vaccinated and especially NOT the children. Covid has less affects on children than adults and the current mandates have not changed the amount of people that have contracted covid. Other states and countries are doing away with the mandates all together. Why are we still enforcing a vaccine that has zero difference in whether we can get covid in the first place. It does not prevent the sickness like other vaccines do. Covid can still be contacted and spread through vaccinated participants. It does not work so the mandates make zero sense. The vaccine has not been tested long enough to know the possible side effects nor has it been proven to not cause other health related issues.

Get a better vaccine that kills covid and don't push it on your citizens. Then more people would consider getting it.

The children have survived 2 years of covid and are surviving. Why mandate a vaccine that doesn't stop or even slow the spread?

Our state and country deserves better. It's been 2 years we have all come into contact with covid. Vaccinated or not.

Let people decide what is right for them and their family.

From: Gayle Baker
Sent: 2/10/2022 11:49:13 AM
To: DOH WSBOH
Cc:
Subject: Public Comment to TAG



attachments\E9BD6973288041AD_Attachment B - Nuremberg Code.pdf



attachments\AC4FFF3924434ADD_Letter to TAG Criteria 5 and 6 02.09.22.pdf



attachments\EA2FA28F66454566_Attachment A - VAERS Report Children 5 - 11.xlsx

External Email

To TAG:

I submitted public comment on February 9, 2022. I did not receive confirmation of my submission, therefore I have resubmitted my comment. Please confirm that BOH Technical Advisory Group has received my letter and two attachments.

As I listen to the group today via Zoom it is obvious that this meeting is little more than a dog and pony show to support what BOH has already committed to doing--the vaccination of our children with an untested, unnecessary vaccine that by definition is not a vaccine. You are focusing on the higher incidence of Omicron cases as reason for vaccination. You will be using a deadly vaccine to suppress what is essentially a mild cold.

I don't know who or what has power over you, but I hope you can sleep at night knowing that children will be dying, maybe not immediately, but this "vaccine" has no history, so certainly we will be seeing unprecedented cases of unexplained mortality in children and young adults in the coming years. These kids are human guinea pigs for the benefit of Big Pharma.

If this goes through you will all be guilty of Crimes Against Humanity.

Again, please confirm that you have received my comment to TAG.

Gayle Baker

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

VIA Electronic Mail
wsboh@sboh.wa.gov

February 09, 2022

Re: Washington State Board of Health
Technical Advisory Group
Comments to Public Meeting
Agenda Items # 5 & 7 – Review of Criteria 5 & 6

To Technical Advisory Group (TAG):

The experimental COVID “vaccines” do not meet Criteria numbers: 2, 4, 5, 6, & 7, of the "Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030" (CRAPI). Science and children’s inherent immunities do not support the implementation of COVID “vaccines” for K-12. It is beyond understanding why it is taking so long to deliberate something that is as straightforward as this. COVID “vaccines” absolutely, irrefutably, unconditionally do not meet the Criteria under discussion today, nor did they meet the Criteria under discussion at the last public TAG meeting.

But let’s focus on what is in today’s Agenda:

Criteria 2 - *“The vaccine containing this antigen is effective as measured by immunogenicity...”* **False:** The COVID "vaccine" should not be considered a vaccine because it is not effective at PREVENTING transmission of the disease, so says the Director of the CDC.¹

Criteria 4 - *“Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects.”* **False:** The COVID "vaccines" have passed the one-million mark for adverse effects. For the negative effects on just children ages 5-11, please see attached data spreadsheet “Attachment A - VAERS Report Children 5 – 11,” (an excerpt from the VAERS data report for 2021)². The report is shocking and illuminating in that many “accidents” are reported as occurring as a result of the administration of the shot, thus making the jab by untrained personnel almost as dangerous as the “vaccine”. Also in this report are the suicides; sixty-six children, ages 5-11, committed suicide in 2021, their deaths counted as COVID.

Why is TAG and BOH taking such unnecessary risks with our children when our children are not in danger of dying from the disease,³ or of experiencing much more than flu like symptoms?⁴ That’s the million-dollar question: WHY ARE YOU DOING THIS TO OUR CHILDREN?

How many members of the Technical Advisory Group adopt science based, critical thinking in your decision making? Have any of you carried out any research into alternatives to the “vaccine”? (It is estimated that 500,000 people have died in the last eighteen months because they were denied (by Fauci) preventative

¹ <https://www.msn.com/en-us/health/medical/cdc-director-covid-vaccines-cant-prevent-transmission-anymore/ar-AASDndg>

² <https://vaers.hhs.gov/data.html>

³ <https://petition-central.com/new-data-covid-was-never-more-dangerous-to-young-adults-and-children-than-seasonal-flu/>

⁴ <https://www.newsweek.com/risk-kids-covid-miniscule-do-not-let-them-mandate-vaccines-opinion-1638576>

treatments like Ivermectin and hydroxychloroquine.)⁵ How many in this Group have conducted research into the corrupt and sociopathic practices of Anthony Fauci and Bill Gates, amongst others? (Gates, Fauci and other world leaders are currently being investigated in preparation to present before a Grand Jury, in an International Court for Crimes Against Humanity.^{6 7}

Fact, every doctor, nurse, health care worker, politician, educator, and others in positions of power that promotes the COVID “vaccine” as the ONLY effective treatment against COVID is guilty of Crimes Against Humanity under the Nuremberg Code. Mandating this “vaccine” breaks not one but every one of the ten “crimes” under the Nuremberg Code (Attachment B). Current scientific studies do not support you and your position in the Technical Advisory Group will not protect you if you approve this “vaccine” for children.

On Thursday, February 10, 2022, you will be deciding the future of the children of the State of Washington—will 99.996% of them live if they get COVID or will some of them die unnecessarily from the “vaccines” adverse effects? That’s not a question asked for dramatic impact. Your recommendation to Washington State Board of Health holds weight and children’s lives are dependent upon you doing the right thing by them. And let’s be clear, to say that parents can opt out of the “vaccine” is as hollow as proclaiming the rest of us have that luxury. Two years of draconian mandates have declared otherwise.

Your recommendation to BOH should be a resounding **NO to the COVID “vaccine” K-12** mandate.

Sincerely,

Gayle Baker
gaylebaker7458@gmail.com

⁵ <https://coronaneews123.wordpress.com/2021/11/26/as-cases-rise-inventor-of-mrna-vax-says-fauci-killed-500000-people-by-blocking-ivermectin-hcq/>

⁶ <https://www.lifesitenews.com/news/big-pharma-execs-gates-fauci-uk-officials-charged-with-crimes-against-humanity-in-international-court/>

⁷ <https://truth11.com/2022/02/09/international-group-of-attorneys-proceed-with-covid-19-crimes-against-humanity-grand-jury/>

From: Debra Wells

Sent: 2/17/2022 11:33:58 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH)

Cc:

Subject: Datasets

External Email

When using datasets, please provide the number of individuals with the percentages and not just percentages alone. As an example, you could get a 50% number if 2 of 4 individuals got sick with covid. However, when applying this to a larger dataset, the percentage would likely be considerably different. This is because the dataset of 4 individuals is a very limiting and skewing factor.

Debra Wells

On Thursday, February 17, 2022 10:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Due to the changes in definitions being so fluid, the datasets should also include the number of shots instead of the labels of vaccinated or unvaccinated. The number of shots, regardless of when the shots are received. I realize that someone isn't counted vaccinated until 2 weeks after their shots. This is why the number of shots will produce a better dataset for analysis than using labels of vaccinated or unvaccinated. Also, if someone hasn't received any shots, they should fall under vaccine free individuals. This is to get a better dataset for the best data analysis. The only reason not to do this is to hide information and to blame a group that maybe shouldn't be blamed.

Debra Wells

On Thursday, February 17, 2022 10:23 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Data from Israel, the CMS database, GB's yellow card system and the military database should also be taken into account for a more well rounded data indicators for adverse reactions, injuries and death.

Also, 20% of myocarditis result in death in 5 years. This is not mild.

Debra Wells

On Thursday, February 17, 2022 10:20 AM, Debra Wells
<debrakwells@startmail.com> wrote:

There have been reports that VEARS isn't allowing reports or is timing out at 30 minutes. Basically, discouraging reporting. Also, VEARS only represents 1 to 10 percent of events. So, considering the low reporting percentage must be taken into account.

Debra Wells

On Thursday, February 17, 2022 10:06 AM, Debra Wells
<debrakwells@startmail.com> wrote:

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to

take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information should have been given to people prior to getting the vaccine and informed consent should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths caused by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

Debra Wells

On Thursday, February 17, 2022 9:09 AM, Debra Wells
<debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra Wells <debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells <debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cef846c22df2d46c09afe08d9f24c6f32%7C11d0e>>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cef846c22df2d46c09afe08d9f24c6f32%7C11d0e>>

January 30, 2022

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Gilbert G. Berdine, M.D
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– January 30, 2022

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search-
results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cef846c22df2d46
Reading Time: 5 minutes

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The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-
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40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cef846c22df2d46c09afe08d9f24c6f32%7C11d0e21
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

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number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike

protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

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Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

M.D and AIER

Get notified of new articles from Gilbert G. Berdine,

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Pam Erickson
Sent: 2/17/2022 8:31:18 PM
To: DOH WSBOH
Cc:
Subject: This Delayed Vaccine Side Effect Is Showing Up More Often, CDC Says

External Email

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbestlifeonline.com%2Fcdc-delayed-vaccine-side-effect-news%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59e7319e02ee4afe747908d9f2974d40%7>

Pam Erickson

From: Twinkle Kitty
Sent: 2/23/2022 3:25:33 PM
To: DOH WSBOH
Cc:
Subject: WA BOH letter.docx



attachments\443ED672375F4EC9_WA BOH letter.docx

External Email

Sent from my iPhone

New Normal - Athlete's HEARTS FAILING: Mar 2021-Jan 2022

Click here to view

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bitchute.com%2Fvideo%2F9>

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Kind regards,

The BitChute Team.

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From: DOH COVID 19 Vaccine Engagement
Sent: 2/23/2022 12:49:10 PM
To: DOH WSBOH
Cc:
Subject: FW: TAG meeting 2/17



attachments\EEEECC74F3A064F54_image001.png

Public Comment

From: DOH COVID 19 Vaccine Engagement <Vaccine.Engagement@doh.wa.gov>
Sent: Wednesday, February 23, 2022 12:45 PM
To: dani.m.bazan@gmail.com
Subject: RE: TAG meeting 2/17

Hello Dani,

Thank you for contacting the Washington State Department of Health. Your concerns will be shared with leadership and the State Board of Health.

If you are interested in more information on placing public comments with the Washington State Board of Health (SBOH), please view this link:

<https://sboh.wa.gov/public-comments>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fpublic-comments&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Ced5a6566ad634c2962df08d9f70df01e%7C>>

Thank you,

Lynn

COVID-19 Vaccine Public Response
Prevention and Community Health Division
Washington State Department of Health

COVID.vaccine@doh.wa.gov

<<mailto:COVID.vaccine@doh.wa.gov>> 360-236-3873 | www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7C>>

Information changes rapidly, so check the state's COVID-19 website for the most up-to-date info at coronavirus.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcoronavirus.wa.gov%2F&data=04>

Answers to your questions or concerns about COVID-19 in Washington State may be found at our website

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2Fcoronavirus&>

. You can also contact the State COVID-19 Information Hotline at 1-800-525-0127 and press # from 6 a.m. to 10 p.m. Monday, and 6 a.m. to 6 p.m. Tuesday — Sunday and observed state holidays. Language assistance is available.

From: Danielle Bazan <dani.m.bazan@gmail.com <<mailto:dani.m.bazan@gmail.com>> >

Sent: Thursday, February 17, 2022 12:14 PM

To: Helseth, Jennifer (DCYF) <jennifer.helseth@dcyf.wa.gov

<<mailto:jennifer.helseth@dcyf.wa.gov>> >

Subject: TAG meeting 2/17

External Email

The presenter listed the ingredients of this vaccine, but I don't trust the companies making the vaccine. And how the vaccine manufacturers have put blank inserts into the vaccine boxes. There is no informed consent. The true data has been withheld.

Why are they trying to convince the group the vaccine is effective using data from December of 2020? When we have a whole year of data showing the vaccine is NOT effective. Showing data from the original trials is almost obsolete. When we have plenty of data from the last year showing it's not nearly as effective as originally shown.

There was absolutely no talk of myocarditis during the presentation about side effects. Blatantly ignoring the red flags.

Over 50% of people had fatigue and headaches after the vaccines. 99% of people usually only have minor cold symptoms from natural infection or no symptoms at all! Why would someone want to trade minor cold symptoms with fatigue and headaches from a vaccine? We need the right to choose our health outcomes. I'm not interested in a 50% guarantee of being run down and feeling horrible for days following an injection. I'd rather have a natural infection and take healthy care of my body to recover. Not interested in this science experiment.

They're comparing the vaccine group to the placebo group in the vaccine trials. What's the placebo? Is it an inert saline?

Looking at all the data presented. The vaccine is not safe. And the trade off is not worth it. I would never risk my child's quality of life on this vaccine. Never.

They tried convincing you that myocarditis resolves quickly without long term health conflicts. That's fantasy land. Other data shows how levels of function within the heart were still being compromised weeks after vaccination. Children's hearts still being damaged by the vaccine weeks after vaccination. He didn't share that data with you.

There's also a big push to discredit VAERS or Vsafe data collecting systems. No one is abusing these reporting systems. No doctor or provider is imputing vaccine injuries that they truly don't directly affiliate with the recent vaccination given. These Pharma profiteers like to discredit VAERS. Because it's inconvenient data for them to have to explain. So they'd rather tell you it's not credible. That's incredibly frustrating for people who were truly injured by this science experiment.

No long term safety studies. Increased prevalence of cancers in the last year across the board. Increase in miscarriages and menstrual issues reported. No evidence this vaccine does not cause reproductive issues. The data just isn't there yet. My child will never be getting this injection.

There is more recent data than what has been shown in the presentations. But even the data shown, there is no way I'd give this to my children. 69 cases of myocarditis when it's estimated only 71 hospitalization to covid have been prevented. So we are just swapping hospitalizations from covid with heart damage??? No thank you.

According to WA doh data. There are currently 10 people from ages 0-17 hospitalized in the last week with covid. In the entire state! 10 people aged 0-17 over the last week. In the entire state. And we are talking about pushing the experimental covid "vaccine" on every child attending public schools? We don't want this vaccine. Listen to people's concerns and not those with financial incentives to push this vaccine on our state.

The presenters trying to say the spike protein toxin is harmless. This is false and they show no data to prove this. Because there are major concerns over the spike protein. And where it accumulates in the body. Studies in early 2021 showed the spike proteins accumulating in the spine, organs, and cervix. The vaccine is making the body create spike protein antibodies, does it ever stop?

Let's also not ignore that there are known treatments for covid symptoms. And even children can have these treatments. An emergency use authorized vaccination can only be approved for use if there are no known treatments. Our health departments deliberately ignores treatment options to make it seem like the "vaccine" is the only way to protect ourselves from severe illness from covid.

DoD (Department of Defense) data shows an increase across the board of all health problems over the last year since the vaccine has been coerced on the entire military population. This is ignored by WADOH and other health agencies pushing this "vaccine". Cancers increase, miscarriages, HIV increased 590%, heart problems, blood circulation issues, etc. Why is this not discussed?

From: Kimberly Morgan Storey

Sent: 2/17/2022 9:46:57 AM

To: Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,Duchin, Jeffery, MD (DOHi),Reykdal, Chris (DOHi),Miller, Micheala,maria.flores@k12.wa.us,Plaja, Jenny,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us,Palmer, Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Serrano, Barbara (GOV),Thompson, Maddy (GOV),Phillips, Keith (GOV),Aultman, John (GOV),Voris, Molly (GOV),Sawyer, Sheri (GOV),Davis, RaShelle (GOV),Michele.Bettinger@kent.k12.wa.us,leslie.Hamada@kent.k12.wa.us,tim.Clark@kent.k12.wa.us,AVAN Gett, Tao (DOH),STEFANIE.MCIRVIN@rentonschools.us,DOH Secretary's Office
Subject: In 50 Years

External Email

Everyone will wonder why in the world was WA state so cruel to their children? You can go down as a coward or someone who stood for doing the RIGHT thing. These children are Suffering! End the mask mandate now!

They cannot breathe correctly with the masks. The masks are filled with bacteria from them breathing in their own air and snot 7 hours a day. They cannot speak and they cannot learn to speak. They are not building relationships with their teachers or friends. They are depressed. Children need to see expressions and they need their expressions seen. You are literally crippling our younger generation. You can make a change and do the right thing. The masks cause far more harm than good.

Time is now. What side of history do you want to be on? How good will it make you feel explaining to your grandchildren and great-grandchildren that you let the mask mandate continue despite endless information stating how bad it is for children and their development? That you were afraid to do what is right. The rest of the world did the right thing, but you did not.

While you went to parties, gatherings, concerts, restaurants, sports games - all unmasked and unmasked with strangers; you made children, who see the same people every day, be forced to wear a mask. The least vulnerable group to Covid, yet the most vulnerable group to depression and learning disabilities all caused by the mask.

Let it be a choice now! We are begging you to do the right thing now. Stand up Washington!

Thank you,

Kimberly

From: Deborah Bohl
Sent: 2/17/2022 12:29:36 PM
To: DOH WSBOH
Cc:
Subject: Governor Inslee's Proposal that Covid-19 Injections Be Required for School Attendance in the Fall of 2022

External Email

Dear WA State Board of Health:

It is difficult for me to comprehend that there would be any question at all about the absolute barbarity of what is being proposed by our governor with regard to requiring Covid-19 injections for our children to be able to attend school in the fall. First of all, the statistics we have from the CDC at this time show that there is an extremely low probability that there is any more chance of Covid 19 taking the lives of our children than even the flu, which is very low. Secondly, the statistics from the reports to VAERS from the "vaccinations" some have already been given (representing only a small fraction of all Covid vaccination adverse event reactions that have actually taken place), show that being given this experimental drug is far more dangerous to our children than being given no "protection" at all.

As stewards of your own health and the health of the people in our state, we expect you not only to NOT ALLOW this policy of vaccination to be put forth against the wellbeing of our children, but also to ALERT the people of our state, and the parents in particular, to the dangers it portends for the future health, not only of our children, but also of the entire population of our state and nation. It is, after all, only experimental, at this stage of its development, and can hardly be seen as being beneficial in any stretch of the imagination. It does not and can not even prevent those who are vaccinated from getting what it is supposedly vaccinating us against!

Thank you for your kind attention to what I have had to say.

Respectfully submitted,

Deborah Bohl
Everett, Washington

From: Debra Wells

Sent: 2/24/2022 10:04:17 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: Cost effectiveness

External Email

Cost effectiveness should also include the impact of vaccine injuries and breakthrough illnesses (that do include serious illness and death).

Debra Wells

On Thursday, February 24, 2022 9:30 AM, Debra Wells <debrakwells@startmail.com> wrote:

https://stevekirsch.substack.com/p/board-member-of-large-german-insurance?utm_source=url
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fboard-member-of-large-german-insurance%3Futm_source%3Durl&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7b>

Translated article

This is a machine translation of a good summary (Tichys Einblick)
<https://www.tichyseinblick.de/daili-es-sentials/krankenversicherung-alarm-impfnebenwirkungen/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tichyseinblick.de%2Fdaili-es-sentials%2Fkrankenversicherung-alarm-impfnebenwirkungen%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7b>>

By the end of 2021, the Paul Ehrlich Institute (PEI) had recorded around 245,000 vaccination side effects. But the actual number of these side effects is likely to be many times higher. At least that is what the results of an analysis by the health insurance company BBK ProVita suggest, as reported by Die Welt. One had become "clairaudient", when ever more occurring diagnoses suggested a vaccination side effect. Therefore, the databases of all BBK health insurance companies were searched. The data collection paints a completely different picture than the figures from the Ministry of Health.

From January to August 2021, for example, around 217,000 of just under 11 million BBK policyholders had to be treated for vaccination side effects - while the Paul Ehrlich Institute keeps only 244,576 side effect reports based on 61.4 million vaccinated. "According to our calculations, we consider 400,000 doctor visits by our insureds due to vaccination complications to date to be realistic," Andreas Schöfbeck, BKK board member, told Die Welt. "Extrapolated to the total population, this figure would be three million." Thus, the number of vaccine side effects would be more than 1,000 percent higher than the PEI reports.

Schöfbeck cites the reporting system as the main explanation for the massive discrepancy. Physicians often have to report vaccination side effects in their spare time - a time-consuming activity that then goes unpaid. "It is simply impossible to report everything."

With his analysis, Schöfbeck turned to a wide range of institutions - from the German Medical Association and the StiKo to the Paul Ehrlich Institute itself. He said the figures were a "strong alarm signal" that "absolutely must be taken into account in the further use of vaccines."

His figures could be validated by the same data analyses of other health insurance companies, he says. It is "ethically wrong not to talk about it."

Since "danger to human life cannot be ruled out," he set a deadline of 6 p.m. Tuesday to respond to his letter. As this passed, they turned to the public.

Debra Wells

On Thursday, February 24, 2022 9:25 AM, Debra Wells
<debrakwells@startmail.com> wrote:

Since the last meeting it has come out that the CDC has not been releasing the data related to the covid vaccines. This will limit the validity of the data that has been presented to the SBOH and TAG groups from the presenters. A hold should be in place until the data is released so that it can be analyzed in it's entirety. Our children's safety is paramount, even from well meaning efforts that could harm them in the long run. I believe that if a pause is not enacted in relation to covid vaccines, great harm will come to our kids from the vaccines for covid.

PS. I am not an anti-vaxxer. I have received many vaccines over my life to include many that most don't receive. However, as I shared before in earlier emails, this particular vaccine is very concerning with the evidence of harm already available, even with the data withheld from the CDC.

As a side note, concerning the CDC withholding data, it hasn't gone unnoticed that if the data supported the efforts of the CDC, the data wouldn't have been withheld at all. This means that the data that is being withheld from the public and those that would be analyzing it, is likely showing that the vaccine is not working and likely causing more harm than good. So a pause needs to be in place until further information is released so that everyone can make truly informed decisions both personally and in relation to policy.

Debra Wells

On Thursday, February 17, 2022 5:07 PM, Debra Wells
<debrakwells@startmail.com> wrote:

Natural immunity exist and is finally being recognized by the CDC.

Below is the citation and a copy of the article. I have also attached the pdf from the CDC as it is easier to read.

January 28, 2022 Title : MMWR. Morbidity and mortality weekly report, Vol. 71,

(U.S.) Corporate Authors(s) : Centers for Disease Control and Prevention

Published Date : 01//28/2022

Series : MMWR. Morbidity and mortality weekly report ; v. 71, no. 4

URL : <https://stacks.cdc.gov/view/cdc/113858>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113858>

Status and

Previous COVID-19 Diagnosis — California and New York,
May–November 2021

Tomás M. León, PhD1; Vajeera Dorabawila, PhD2; Lauren Nelson, MPH1; Emily Lutterloh, MD2,3; Ursula E. Bauer, PhD2; Bryon Backenson, MPH2,3; Mary T. Bassett, MD2; Hannah Henry, MPH1; Brooke Bregman, MPH1; Claire M. Midgley, PhD4; Jennifer F. Myers, MPH1; Ian D. Plumb, MBBS4; Heather E. Reese, PhD4; Rui Zhao, MPH1; Melissa Briggs-Hagen, MD4; Dina Hoefer, PhD2; James P. Watt, MD1; Benjamin J. Silk, PhD4; Seema Jain, MD1; Eli S. Rosenberg, PhD2,3

On January 19, 2022, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr&data=04>).

By November 30, 2021, approximately 130,781 COVID-19–associated deaths, one in six of all U.S. deaths from COVID-19, had occurred in California and New York.*COVID-19 vaccination protects against infection with SARS-CoV-2 (the virus that causes COVID-19), associated severe illness, and death (1,2); among those

who survive, previous SARS-CoV-2 infection also confers protection against severe outcomes in the event of reinfection (3,4). The relative magnitude and duration of infection- and vaccine-derived protection, alone and together, can guide public health planning and

epidemic forecasting. To examine the impact of primary COVID-19 vaccination and previous SARS-CoV-2 infection on COVID-19 incidence and hospitalization rates, statewide testing, surveillance, and COVID-19 immunization data from California and New York (which account for 18% of the U.S. population) were analyzed. Four cohorts of adults aged ≥ 18 years were considered: persons who were 1) unvaccinated with no previous laboratory-confirmed COVID-19 diagnosis, 2) vaccinated (14 days after completion of a primary COVID-19 vaccination series) with no previous COVID-19 diagnosis, 3) unvaccinated with a previous COVID-19 diagnosis, and 4) vaccinated with a previous COVID-19 diagnosis.

Age-adjusted hazard rates of incident laboratory-confirmed COVID-19 cases in both states were compared among cohorts, and in California, hospitalizations during May 30–November 20, 2021, were also compared. During the study period, COVID-19 incidence in both states was highest among unvaccinated persons without a previous COVID-19 diagnosis compared with that among the other three groups. During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated persons without a previous diagnosis; 7.2-fold (California) and 9.9-fold lower (New York) among unvaccinated persons with a previous COVID-19 diagnosis; and 9.6-fold (California) and 8.5-fold lower (New York) among vaccinated persons with a previous COVID-19 diagnosis. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These relationships

* <https://covid.cdc.gov/covid-data->

[tracker/#cases_deathsper100klast7days](#)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data->

tracker%2F%23cases_deathsper100klast7days&data=04%7C01%7Cwsboh%40sbh.wa.gov%7C91037e4d

changed after the SARS-CoV-2 Delta variant became predominant (i.e., accounted for >50% of sequenced isolates) in late June and July.

By the week beginning October 3, compared with COVID-19 cases rates among unvaccinated persons without a previous COVID-19 diagnosis, case rates among vaccinated persons without a previous COVID-19 diagnosis were 6.2-fold (California) and 4.5-fold (New York) lower; rates were substantially lower among both groups with previous COVID-19 diagnoses, including 29.0-fold (California) and 14.7-fold lower (New York) among unvaccinated persons with a previous diagnosis, and 32.5-fold (California) and 19.8-fold lower (New York) among vaccinated persons with a previous diagnosis of COVID-19. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These results demonstrate that vaccination protects against COVID-19 and related hospitalization, and that surviving a previous infection protects against a reinfection and related hospitalization. Importantly, infection-derived protection was higher after the Delta variant became predominant, a time when vaccine-induced immunity for many persons declined because of immune evasion and immunologic waning (2,5,6). Similar cohort data accounting for booster doses needs to be assessed, as new variants, including Omicron, circulate. Although the epidemiology of COVID-19 might change with the emergence of new variants, vaccination remains the safest strategy to prevent SARS-CoV-2 infections and associated complications; all eligible persons should be up to date with COVID-19 vaccination. Additional recommendations for vaccine doses might be warranted in the future as the virus and immunity levels change.

Four cohorts of persons aged ≥ 18 years were assembled via linkages of records from electronic laboratory reporting databases and state-specific immunization information systems.[†]

[†] Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry; the laboratory system is the California COVID Reporting System (CCRS). In New York, immunization information systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System (ECLRS). California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the ECLRS with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level

hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19–associated hospitalizations. Morbidity and Mortality Weekly Report 126 MMWR / January 28, 2022 / Vol. 71 / No. 4 US Department of Health and Human Services/Centers for Disease Control and Prevention

laboratory-confirmed SARS-CoV-2 infection by March 1, 2021 Persons were classified based on whether they had had a (i.e., previous COVID-19 diagnosis)§; had received at least the primary COVID-19 vaccination series¶ by May 16, 2021; had a previous COVID-19 diagnosis and were fully vaccinated**;

cases for all cohorts on May 30, 2021),§§ as were persons who received a first vaccine dose during May 30–November 20, 2021. During May 30–November 20, 2021, incident cases were defined using a positive nucleic acid amplification test (NAAT) result from the California COVID-19 Reporting System (CCRS) or a positive NAAT or antigen test result from the New York Electronic Clinical Laboratory Reporting System. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19–associated hospitalizations. A lifetable method was used to calculate hazard rates (average daily cases during a 7-day interval or hospitalizations over a 14-day interval), hazard ratios, and 95% CIs for each cohort. Rates were age-adjusted to 2000 U.S. Census data using direct standardization.¶¶ Supplementary analyses stratified case rates by timing § For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 nucleic acid amplification test (NAAT) or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result.

receipt of a second ¶ Fully vaccinated with the primary vaccination series is defined as dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥14 days before May 30, 2021.

and analysis ** Because of the timing of full vaccination, the cohort definitions, timeframe, this cohort consisted nearly exclusively of persons who had previously received a laboratory-confirmed diagnosis of COVID-19 and later were fully vaccinated (California: 99.9%, New York: 99.7%), as

opposed to

the reverse order.

immunization

previous

estimates

December 11,

confirmed

Department of

CDC National

population

deaths in each

removed

a previous

++ Whereas vaccinated cohorts were directly observed in the information system databases, unvaccinated persons without a COVID-19 diagnosis were defined using U.S. Census population minus the number of persons partially or fully vaccinated by 2021, and unvaccinated persons with a previous laboratory-infection before May 30, 2021. In California, the California Finance population estimates were used for 2020, and the 2018 Center for Health Statistics Bridged Race file for U.S. Census estimates were used in New York, consistent with other COVID-19 surveillance reporting.

§§ In California, a person-level match was performed to exclude cohort before May 30, 2021. In New York, COVID-19 deaths were in aggregate from the starting number of unvaccinated persons with COVID-19 diagnosis on May 30, 2021.

¶¶ <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fdata%2F>

of previous diagnoses and primary series vaccine product. SAS (version 9.4; SAS Institute) and R (version 4.0.4; The R Foundation) were used to conduct all analyses. Institutional review boards (IRBs) in both states determined this surveillance activity to be necessary for public health work, and therefore, it did not require IRB review.

vaccinated and had a previous COVID-19 diagnosis; 6.3% in California and 4.9% in New York were unvaccinated with a previous diagnosis. Among 1,108,600 incident COVID-19 cases in these cohorts (752,781 in California and 355,819 in New York), the median intervals from vaccination or previous diagnosis (Table 1). In both states, 4.5% of persons were

COVID-19 diagnosis to incident diagnosis were slightly shorter in California (138–150 days) than in New York (162–171 days).

Before the Delta variant became predominant in each state's U.S. Department of Health and Human Services region (June 26 in Region 9 [California] and July 3 in Region 2 [New York]),*** the highest incidence was among unvaccinated persons without a previous COVID-19 diagnosis; during this time, case rates were relatively low among the three groups with either previous infection or vaccination and were lowest among vaccinated persons without a previous COVID-19 diagnosis

(Supplementary Figure 1, <https://stacks.cdc.gov/view/<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2F&data=>

cdc/113253) (Supplementary Figure 2, <https://stacks.cdc.gov/<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C>

view/cdc/113253). During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated persons without a previous diagnosis; rates were 7.2-fold (California) and 9.9-fold (New York) lower among unvaccinated persons with a previous COVID-19 diagnosis and 9.6-fold (California) and 8.5-fold (New York) lower among vaccinated persons with a previous COVID-19 diagnosis (Table 2).

As the Delta variant prevalence increased to >95% (97% in Region 9 and 98% in Region 2 on August 1), rates increased more rapidly among the vaccinated group with no previous COVID-19 diagnosis than among both the vaccinated and unvaccinated groups with a previous COVID-19 diagnosis

(Supplementary Figure 1, <https://stacks.cdc.gov/view/<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2F&data=>

cdc/113253) (Supplementary Figure 2, <https://stacks.cdc/<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc%2F&data=04%7C01%7C>

gov/view/cdc/113253). For example, during the week of *** <https://covid.cdc.gov/covid-data-tracker/#variant-proportions> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23variant-proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7bfbc4c%7C11d>

Morbidity and Mortality Weekly Report
US Department of Health and Human Services/Centers for Disease
Control and Prevention MMWR / January 28, 2022 / Vol. 71 / No. 4 127
TABLE 1. Cohort sizes and cohort-specific incident laboratory-confirmed COVID-19 cases in California (N = 752,781) and New York (N = 355,819) and hospitalizations in California (N = 56,177) — May 30–November 20, 2021
California

Vaccinated

Previous COVID-19 diagnosis
968,167 (4.5)
3,471 (3.6)
138 (95–181)
262 (218–322)
273 (0.3)

No previous diagnosis
15,484,235 (71.2)
240,045 (15.5)
150 (112–189)

NA
10,737 (0.7)

Unvaccinated

Previous COVID-19 diagnosis
1,370,782 (6.3)
6,805 (5.0)
NA
277 (229–356)
378 (0.3)

No previous diagnosis
3,911,146 (18.0)
502,460 (128.5)
NA
NA
44,789 (11.5)

New York

Vaccinated

Previous COVID-19 diagnosis
485,649 (4.5)
2,355 (4.9)
162 (118–201)
276 (227–348)
NA

No previous diagnosis
7,809,968 (72.2)
142,388 (18.2)
171 (133–203)
NA
NA

Unvaccinated

Previous COVID-19 diagnosis
527,140 (4.9)
3,250 (6.2)
NA
295 (242–427)
NA

No previous diagnosis
1,993,709 (18.4)

207,826 (104.2)

NA

NA

NA

Abbreviations: NA = not applicable; NAAT = nucleic acid amplification test.

* Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry, and the laboratory system is the California COVID Reporting System; in New York, Immunization Information Systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System. California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the Electronic Clinical Laboratory Reporting System with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from the California COVID Reporting System and supplemental hospitalization reports were used to identify COVID-19-associated hospitalizations.

† For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 NAAT or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result. Fully vaccinated is defined as having received a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021. Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

§ Cumulative cases per 1,000 persons.

¶ These summaries of cumulative incidence are estimated across a period of variability in the epidemic for all cohorts.

** Hospitalization data for New York are not included in this analysis.

October 3, compared with rates among unvaccinated persons without a previous COVID-19 diagnosis, rates among vaccinated persons without a previous diagnosis were 6.2-fold lower (95% CI = 6.0–6.4) in California and 4.5-fold lower (95% CI = 4.3–4.7) in New York (Table 2). Further, rates among unvaccinated persons with a previous COVID-19 diagnosis were 29-fold lower (95% CI = 25.0–33.1) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 14.7-fold lower (95% CI = 12.6–16.9) in New York. Rates among vaccinated persons who had had COVID-19 were 32.5-fold lower (95% CI = 27.5–37.6) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 19.8-fold lower (95% CI = 16.2–23.5) in New York. Rates among vaccinated persons without a previous COVID-19 diagnosis were consistently higher than rates among unvaccinated persons with

a history of COVID-19 (3.1-fold higher [95% CI = 2.6–3.7] in California and 1.9-fold higher [95% CI = 1.5–2.3] in New York) and rates among vaccinated persons with a history of COVID-19 (3.6-fold higher [95% CI = 2.9–4.3] in California and 2.8-fold higher [95% CI = 2.1–3.4] in New York). COVID-19 hospitalization rates in California were always highest among unvaccinated persons without a previous COVID-19 diagnosis (Table 2) (Figure). In the pre-Delta period during June 13–June 26, for example, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 27.7-fold lower (95% CI = 22.4–33.0) among vaccinated persons without a previous COVID-19 diagnosis, 6.0-fold lower (95% CI = 3.3–8.7) among unvaccinated persons with a previous COVID-19 diagnosis, and 7.1-fold lower (95% CI = 4.0–10.3) among vaccinated persons with a previous COVID-19 diagnosis. However, this pattern also shifted as the Delta variant became predominant. During October 3–16, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 19.8-fold lower (95% CI = 18.2–21.4) among vaccinated persons without a previous COVID-19 diagnosis, 55.3-fold lower (95% CI = 27.3–83.3) among unvaccinated persons with a previous COVID-19 diagnosis.

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TABLE 2. Hazard ratios for incident laboratory-confirmed COVID-19 cases — New York and California and hospitalizations* — California, May 30–November 20, 2021

Cases, California

May 30–Jun 5

20.9 (18.9–22.9)
 8.2 (6.6–9.9)
 10.6 (8.1–13.2)
 0.4 (0.3–0.5)
 0.5 (0.4–0.6)

Jun 6–12

17.9 (16.2–19.5)
 8.6 (6.8–10.4)
 10.5 (7.9–13.0)
 0.5 (0.4–0.6)
 0.6 (0.4–0.7)

Jun 13–19

16.0 (14.7–17.4)
 10.8 (8.5–13.2)
 10.6 (8.2–13.1)
 0.7 (0.5–0.8)
 0.7 (0.5–0.8)

Jun 20–26

12.3 (11.4–13.1)
 14.5 (11.2–17.8)

17.3 (12.8–21.8)
1.2 (0.9–1.5)
1.4 (1.0–1.8)

Jun 27–Jul 3

9.7 (9.2–10.2)
16.6 (13.5–19.7)
20.9 (16.0–25.8)
1.7 (1.4–2.0)
2.2 (1.6–2.7)

Jul 4–10

8.7 (8.4–9.0)
24.0 (20.1–28.0)
29.3 (23.1–35.6)
2.8 (2.3–3.2)
3.4 (2.6–4.1)

Jul 11–17

7.8 (7.5–8.0)
29.0 (25.0–32.9)
33.4 (27.3–39.4)
3.7 (3.2–4.2)
4.3 (3.5–5.1)

Jul 18–24

7.4 (7.2–7.6)
31.8 (28.1–35.6)
35.2 (29.8–40.6)
4.3 (3.8–4.8)
4.7 (4.0–5.5)

Jul 25–31

7.5 (7.4–7.7)
26.5 (24.1–29.0)
38.6 (33.3–43.9)
3.5 (3.2–3.8)
5.1 (4.4–5.8)

Aug 1–7

7.8 (7.6–7.9)
32.6 (29.5–35.6)
42.2 (36.7–47.7)
4.2 (3.8–4.6)
5.4 (4.7–6.1)

Aug 8–14

8.1 (7.9–8.2)
33.4 (30.4–36.5)
43.1 (37.6–48.6)
4.1 (3.8–4.5)

5.3 (4.7–6.0)

Aug 15–21

8.4 (8.3–8.6)
31.3 (28.5–34.1)
42.0 (36.7–47.3)
3.7 (3.4–4.0)
5.0 (4.3–5.6)

Aug 22–28

8.4 (8.3–8.6)
31.3 (28.4–34.3)
41.0 (35.5–46.5)
3.7 (3.4–4.1)
4.9 (4.2–5.5)

Aug 29–Sep 4

8.5 (8.3–8.6)
31.2 (28.1–34.3)
42.0 (36.1–48.0)
3.7 (3.3–4.1)
5.0 (4.3–5.7)

Sep 5–11

8.3 (8.1–8.5)
35.0 (31.0–39.0)
48.0 (40.2–55.9)
4.2 (3.7–4.7)
5.8 (4.8–6.7)

Sep 12–18

8.4 (8.2–8.6)
33.8 (29.9–37.8)
48.0 (39.8–56.2)
4.0 (3.6–4.5)
5.7 (4.7–6.7)

Sep 19–25

8.0 (7.8–8.2)
27.0 (23.8–30.1)
37.8 (31.5–44.1)
3.4 (3.0–3.8)
4.7 (4.0–5.5)

Sep 26–Oct 2

7.7 (7.5–7.9)
28.6 (24.9–32.2)
34.8 (28.9–40.7)
3.7 (3.2–4.2)
4.5 (3.7–5.3)

Oct 3-9

7.2 (7.0-7.4)
30.0 (26.0-34.1)
33.5 (28.5-38.6)
4.1 (3.6-4.7)
4.6 (3.9-5.3)

Oct 10-16

7.2 (7.0-7.4)
31.2 (26.8-35.7)
33.9 (27.8-40.0)
4.3 (3.7-5.0)
4.7 (3.9-5.5)

Oct 17-23

7.1 (7.0-7.3)
31.9 (27.6-36.1)
40.7 (33.3-48.1)
4.5 (3.9-5.0)
5.7 (4.7-6.7)

Oct 24-30

7.1 (6.9-7.3)
26.6 (23.3-29.9)
40.1 (32.9-47.3)
3.7 (3.3-4.2)
5.6 (4.6-6.6)

Oct 31-Nov 6

6.8 (6.6-7.0)
33.1 (28.7-37.6)
37.9 (31.0-44.7)
4.9 (4.2-5.5)
5.5 (4.5-6.6)

Nov 7-13

7.1 (6.9-7.3)
30.6 (26.3-35.0)
41.2 (33.0-49.5)
4.3 (3.7-4.9)
5.8 (4.6-7.0)

Nov 14-20

7.3 (7.0-7.5)
25.4 (21.4-29.3)
32.5 (25.5-39.5)
3.5 (2.9-4.0)
4.5 (3.5-5.5)

Cases, New York

May 30–Jun 5

19.4 (16.9–21.8)
10.9 (7.5–14.3)
9.5 (6.7–12.4)
0.6 (0.4–0.7)
0.5 (0.3–0.7)

Jun 6–12

15.2 (13.2–17.2)
8.0 (5.5–10.6)
10.4 (6.6–14.3)
0.5 (0.4–0.7)
0.7 (0.4–0.9)

Jun 13–19

12.8 (11–14.5)
8.2 (5.3–11.2)
5.4 (3.7–7.0)
0.6 (0.4–0.9)
0.4 (0.3–0.6)

Jun 20–26

10.1 (8.8–11.4)
7.9 (5.1–10.7)
6.0 (4.0–8.0)
0.8 (0.5–1.1)
0.6 (0.4–0.8)

Jun 27–Jul 3

7.3 (6.5–8.1)
8.8 (5.8–11.8)
11.2 (6.7–15.7)
1.2 (0.8–1.6)
1.5 (0.9–2.2)

Jul 4–10

6.1 (5.6–6.7)
17.8 (10.6–25.0)
11.5 (7.5–15.6)
2.9 (1.7–4.1)
1.9 (1.2–2.6)

Jul 11–17

4.5 (4.2–4.8)
11.7 (8.5–15.0)
14.7 (9.9–19.6)
2.6 (1.9–3.3)
3.2 (2.2–4.3)

Jul 18–24

4.7 (4.5–5.0)

21.7 (15.6–27.8)
14.1 (10.5–17.7)
4.6 (3.3–5.9)
3.0 (2.2–3.8)

Jul 25–31

5.1 (4.9–5.3)
16.1 (13.1–19.2)
18.3 (14.1–22.6)
3.2 (2.6–3.8)
3.6 (2.8–4.4)

Aug 1–7

5.3 (5.2–5.5)
19.2 (15.9–22.6)
18.3 (14.7–21.9)
3.6 (3.0–4.2)
3.4 (2.7–4.1)

Aug 8–14

5.3 (5.2–5.5)
16.2 (13.8–18.6)
19.2 (15.6–22.7)
3.0 (2.6–3.5)
3.6 (2.9–4.3)

Aug 15–21

5.5 (5.3–5.7)
19.5 (16.5–22.6)
22.7 (18.4–26.9)
3.6 (3.0–4.1)
4.1 (3.4–4.9)

Aug 22–28

5.4 (5.2–5.6)
19.2 (16.4–22.1)
26.5 (21.2–31.8)
3.6 (3.0–4.1)
4.9 (3.9–5.9)

Aug 29–Sep 4

5.5 (5.3–5.6)
17.9 (15.3–20.5)
20.9 (17.2–24.6)
3.3 (2.8–3.8)
3.8 (3.1–4.5)

Sep 5–11

5.4 (5.2–5.5)
18.9 (16.1–21.6)
22.3 (18.3–26.4)

3.5 (3.0–4.0)
4.2 (3.4–4.9)

Sep 12–18

5.8 (5.6–5.9)
15.0 (13.1–16.9)
23.2 (19.1–27.4)
2.6 (2.3–2.9)
4.0 (3.3–4.8)

Sep 19–25

5.6 (5.4–5.7)
15.4 (13.3–17.5)
23.8 (19.3–28.3)
2.8 (2.4–3.1)
4.3 (3.5–5.1)

Sep 26–Oct 2

5.4 (5.2–5.5)
18.4 (15.5–21.2)
24.2 (19.3–29.1)
3.4 (2.9–4.0)
4.5 (3.6–5.4)

Oct 3–9

5.5 (5.3–5.7)
15.7 (13.6–17.9)
20.8 (17.2–24.5)
2.9 (2.5–3.3)
3.8 (3.1–4.4)

Oct 10–16

5.5 (5.3–5.6)
17.2 (14.7–19.8)
25.9 (20.6–31.1)
3.2 (2.7–3.6)
4.7 (3.8–5.7)

Oct 17–23

5.4 (5.2–5.6)
18.9 (15.7–22.1)
27.6 (21.2–34.0)
3.5 (2.9–4.1)
5.1 (3.9–6.3)

Oct 24–30

5.2 (5.0–5.4)
21.0 (17.2–24.7)
25.9 (20.2–31.6)
4.0 (3.3–4.7)
5.0 (3.9–6.1)

Oct 31–Nov 6

4.8 (4.6–4.9)
17.3 (14.7–20.0)
20.1 (16.3–23.8)
3.6 (3.1–4.2)
4.2 (3.4–5.0)

Nov 7–13

4.8 (4.7–4.9)
23.9 (20.1–27.6)
24.5 (20.1–28.9)
5.0 (4.2–5.8)
5.1 (4.2–6.1)

Nov 14–20

4.8 (4.6–4.9)
22.6 (19.4–25.7)
23.0 (19.3–26.6)
4.7 (4.1–5.4)
4.8 (4.1–5.6)

See table footnotes on the next page.

persons with a previous COVID-19 diagnosis, and 57.5-fold lower (95% CI = 29.2–85.8) among vaccinated persons with a previous COVID-19 diagnosis.

Among the two cohorts with a previous COVID-19 diagnosis, no consistent incidence gradient by time since the previous diagnosis was observed (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253>

). When the vaccinated cohorts were stratified by the vaccine product received, among vaccinated persons without a previous COVID-19 diagnosis, the highest incidences were observed among persons receiving the Janssen (Johnson & Johnson), followed by

Pfizer-BioNTech, then Moderna vaccines (Supplementary Figure 4, <https://stacks.cdc.gov/view/cdc/113253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253>

). No pattern by product was observed among vaccinated persons with

a previous COVID-19 diagnosis.

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TABLE 2. (Continued) Hazard ratios for incident laboratory-confirmed COVID-19 cases — New York and California and hospitalizations* — California, May 30–November 20, 2021

Hospitalizations, California

May 30–Jun 12

29.8 (23.5–36.1)
3.7 (2.5–5.0)
7.2 (4.2–10.1)

0.1 (0.1–0.2)
0.2 (0.1–0.3)

Jun 13–26

28.7 (23.4–34.0)
7.0 (4.3–9.7)
8.1 (5.0–11.3)
0.2 (0.1–0.3)
0.3 (0.2–0.4)

Jun 27–10

30.1 (26.1–34.0)
16.4 (10.0–22.8)
16.0 (10.0–22.1)
0.5 (0.3–0.8)
0.5 (0.3–0.7)

Jul 11–24

25.8 (23.7–28.0)
45.0 (27.6–62.4)
41.5 (25.2–57.8)
1.7 (1.1–2.4)
1.6 (1.0–2.2)

Jul 25–Aug 7

28.8 (27.1–30.6)
41.7 (29.2–54.1)
72.9 (44.4–101.4)
1.4 (1.0–1.9)
2.5 (1.5–3.5)

Aug 8–21

29.7 (28.0–31.4)
49.0 (35.0–62.9)
64.0 (43.0–85.1)
1.6 (1.2–2.1)
2.2 (1.4–2.9)

Aug 22–Sep 4

29.1 (27.4–30.8)
62.4 (41.4–83.3)
63.9 (42.2–85.5)
2.1 (1.4–2.9)
2.2 (1.4–2.9)

Sep 5–18

26.3 (24.6–28.1)
74.4 (40.9–107.9)
96.4 (48.3–144.4)
2.8 (1.5–4.1)
3.7 (1.8–5.5)

Sep 19–Oct 2
 25.0 (23.1–26.9)
 61.9 (34.5–89.3)
 99.4 (43.8–155.0)
 2.5 (1.4–3.6)
 4.0 (1.7–6.2)

Oct 3–16
 20.8 (19.2–22.4)
 56.3 (28.3–84.3)
 58.5 (30.2–86.8)
 2.7 (1.4–4.1)
 2.8 (1.4–4.2)

Oct 17–30
 21.5 (19.9–23.0)
 56.5 (31.5–81.5)
 92.1 (39.1–145.1)
 2.6 (1.5–3.8)
 4.3 (1.8–6.8)

Oct 31–Nov 13
 22.7 (20.8–24.6)
 70.7 (32.0–109.4)
 86.1 (34.2–138.1)
 3.1 (1.4–4.8)
 3.8 (1.5–6.1)

* Life tables estimated at 7-day intervals for cases and 14-day intervals for hospitalizations.

† Hazard ratios and 95% CIs reported in this table differ numerically from presentation of corresponding results in the text as “X-fold lower” rates (i.e., a hazard rate of 1.0 is zero-fold lower).

For example, a hazard ratio of 20.9 (95% CI = 18.9–22.9) for those “Unvaccinated–no previous COVID-19 diagnosis” versus “Vaccinated, no previous COVID-19 diagnosis” is equivalent to a 19.9-fold lower (95% CI = 17.9–21.9) rate for those “Vaccinated, no previous COVID-19 diagnosis” relative to those “Unvaccinated, no previous COVID-19 diagnosis.”

FIGURE. Incident laboratory-confirmed COVID-19–associated hospitalizations among immunologic cohorts defined by vaccination and previous diagnosis histories — California, May 30–November 13, 2021*,†

Unvaccinated, no previous COVID-19 diagnosis
 Vaccinated, no previous COVID-19 diagnosis
 Unvaccinated, previous COVID-19 diagnosis
 Vaccinated, previous COVID-19 diagnosis
 8 6 4 2 0
 10
 12

14
 16
 18
 Estimated hazard rate
 Vaccinated, previous COVID-19 diagnosis
 Unvaccinated, no previous COVID-19 diagnosis
 Vaccinated, no previous COVID-19 diagnosis
 Date, 2021
 Unvaccinated, previous COVID-19 diagnosis
 Vaccinated, previous COVID-19 diagnosis
 May 30 Jun 13 Jun 27 Jul 11 Jun 25 Aug 8 Aug 22 Sep 5 Sep 19

Oct 3 Oct 17 Oct 31
 Start of De
 predomin
 of sequen

Ita variant
 ance (>50%
 ced isolates)
 Additional pr
 vaccine dose
 immunocom
 persons

imary mRNA
 for certain
 promised
 Booster for p
 ≥65 yrs, P₀ze
 booster for ce
 persons aged
 certain settin

ersons aged
 r-BioNTech
 rtain
 ≥18 yrs in
 gs
 Moderna boost
 persons aged ≥
 settings, booste
 vaccine recipien

er for certain
 18 yrs in certain
 r for Janssen
 ts

* The SARS-CoV-2 Delta variant exceeded 50% of sequences in
 U.S. Department of Health and Human Services Region 9 (containing California) during
 the week of

June 26. [https://covid.cdc.gov/covid-data-tracker/#variant-](https://covid.cdc.gov/covid-data-tracker/#variant-proportions)
 proportions
 <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23variant-proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7bfbc4c%7C11d)
 data-tracker%2F%23variant-
 proportions&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7bfbc4c%7C11d

† Estimated hazard rate is laboratory-confirmed COVID-19-associated hospitalizations per 100,000 person-days visualized at midpoint of each reporting interval.

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Summary

What is already known about this topic?

Data are limited regarding the risks for SARS-CoV-2 infection and hospitalization after COVID-19 vaccination and previous infection.

What is added by this report?

During May–November 2021, case and hospitalization rates were highest among persons who were unvaccinated without a previous diagnosis. Before Delta became the predominant variant in June, case rates were higher among persons who survived a previous infection than persons who were vaccinated alone. By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone.

What are the implications for public health practice?

Although the epidemiology of COVID-19 might change as new variants emerge, vaccination remains the safest strategy for averting future SARS-CoV-2 infections, hospitalizations, long-term sequelae, and death. Primary vaccination, additional doses, and booster doses are recommended for all eligible persons.

Additional future recommendations for vaccine doses might be warranted as the virus and immunity levels change.

Discussion

This analysis integrated laboratory testing, hospitalization surveillance, and immunization registry data in two large states during May–November 2021, before widespread circulation of the SARS-CoV-2 Omicron variant and before most persons had received additional or booster COVID-19 vaccine doses to protect against waning immunity. Rate estimates from the analysis describe different experiences stratified by COVID-19 vaccination status and previous COVID-19 diagnosis and during times when different SARS-CoV-2 variants predominated. Case rates were initially lowest among vaccinated persons without a previous COVID-19 diagnosis; however, after emergence of the Delta variant and over the course of time, incidence increased sharply in this group, but only slightly among both vaccinated and unvaccinated persons with previously diagnosed COVID-19 (6). Across the entire study period, persons with vaccine- and infection-derived immunity had much lower rates of hospitalization compared with those in unvaccinated persons. These results suggest that vaccination protects against COVID-19 and related hospitalization and that surviving a previous infection protects against a reinfection. Importantly, infection-derived protection was greater after the highly transmissible Delta variant became predominant, coinciding with early declining of vaccine-induced immunity in many persons (5). Similar data accounting for booster doses and as new variants, including Omicron, circulate will need to be assessed. The understanding and epidemiology of COVID-19 has shifted substantially over time with the emergence and circulation of new SARS-CoV-2 variants, introduction of vaccines, and changing immunity as a result. Similar to the early period of this study, two previous U.S. studies found more protection from vaccination than from previous infection during periods before Delta predominance (3,7). As was observed in the

present study after July, recent international studies have also demonstrated increased protection in persons with previous infection, with or without vaccination, relative to vaccination alone⁺⁺⁺, §§§ (4). This might be due to differential stimulation of the immune response by either exposure type.¶¶¶¶ Whereas French and Israeli population-based studies noted waning protection from previous infection, this was not apparent in the results from this or other large U.K. and U.S. studies**** (4,8). Further studies are needed to establish duration of protection from previous infection by variant type, severity, and symptomatology, including for the Omicron variant.

The findings in this report are subject to at least seven limitations. First, analyses were not stratified by time since vaccine receipt, but only by time since previous diagnosis, although earlier studies have examined waning of vaccine-induced immunity (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253>) (2). Second,

persons with undiagnosed infection are misclassified as having no previous COVID-19 diagnosis; however, this misclassification likely results in a conservative bias (i.e., the magnitude of difference in rates would be even larger if misclassified persons were not included

among unvaccinated persons without a previous COVID-19 diagnosis). California seroprevalence data during this period indicate that the ratio of actual (presumptive) infections to diagnosed cases among adults was 2.6 (95% CI = 2.2–2.9).⁺⁺⁺⁺ Further, California only included NAAT results, whereas New York included both NAAT and antigen test results. However, antigen testing made up a smaller percentage of overall testing volume reported in California

(7% of cases) compared with New York (25% of cases) during the study period. Neither state included self-tests, which are not easily reportable to public health. State-specific hazard ratios were

generally

comparable, although differences in rates among unvaccinated persons with a previous COVID-19 diagnosis were noteworthy. Third, potential exists for bias related to unmeasured confounding (e.g., behavioral or geographic differences in exposure risk) and uncertainty in the population size of the unvaccinated group without a previous COVID-19 diagnosis. Persons might be more or less likely to receive testing based on previous diagnosis or vaccination status;

however, different trajectories between vaccinated persons with and

without a previous COVID-19 diagnosis, and similar findings for cases and hospitalizations, suggest that these biases were minimal. Fourth, this analysis did not include information on the severity of
⁺⁺⁺

<https://www.medrxiv.org/content/10.1101/2021.09.12.21263461v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.09.12.21263461v1>

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<https://www.medrxiv.org/content/10.1101/2021.11.29.21267006v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.11.29.21267006v1>

¶¶¶¶ <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fscience%2Fscience-briefs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfd486fbd4608d9f7bfbc4c%7C11d0e>

vaccine-induced-immunity.html#anchor_1635540449320

<https://www.medrxiv.org/content/10.1101/2021.12.04.21267114v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

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<https://www.medrxiv.org/content/10.1101/2021.12.09.21267565v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

Morbidity and Mortality Weekly Report

US Department of Health and Human Services/Centers for Disease Control and Prevention MMWR / January 28, 2022 / Vol. 71 / No. 4 131

initial infection and does not account for the full range of morbidity and mortality represented by the groups with previous infections. Fifth, this analysis did not ascertain receipt of additional or booster COVID-19 vaccine doses and was conducted before many persons were eligible or had received additional or booster vaccine doses, which have been shown to confer additional protection.¶¶¶¶ Sixth, some estimates lacked precision because of sample size limitations. Finally, this analysis was conducted before the emergence of the Omicron variant, for which vaccine or infection-derived immunity might be diminished.¶¶¶¶ This study offers a surveillance data framework to help evaluate both infections in vaccinated persons and reinfections as new variants continue to emerge. Vaccination protected against COVID-19 and related hospitalization, and surviving a previous infection protected against a reinfection and related hospitalization during periods of predominantly Alpha and Delta variant transmission, before the emergence of Omicron; evidence suggests decreased protection from both vaccine- and infection-induced immunity against Omicron infections, although additional protection with widespread receipt of booster COVID-19 vaccine doses is expected. Initial infection among unvaccinated persons increases risk for serious illness, hospitalization, long-term sequelae, and death; by November 30, 2021, approximately 130,781 residents of California and New York had died from COVID-19. Thus, vaccination remains the safest and primary strategy to prevent SARS-CoV-2 infections, associated complications, and onward transmission. Primary COVID-19 vaccination, additional doses, and booster doses are recommended by CDC's Advisory Committee on Immunization Practices to ensure that all eligible persons are up to date with COVID-19 vaccination, which provides the most robust protection against initial infection, severe illness, hospitalization, longterm sequelae, and death.***** Additional recommendations for

vaccine doses might be warranted in the future as the virus and immunity levels change.

Acknowledgments

Dana Jaffe, California Department of Public Health; Rebecca Hoen, Meng Wu, New York State Department of Health; Citywide Immunization Registry Program, New York City Department of Health and Mental Hygiene.

§

Debra Wells

On Thursday, February 17, 2022 2:20 PM, Debra Wells
<debrakwells@startmail.com> wrote:

The datasets were displayed in percentages rather than numbers and percentages. This means that percentages can be deceptive.

Debra Wells

On Thursday, February 17, 2022 2:13 PM, Debra Wells
<debrakwells@startmail.com> wrote:

I want to make the board aware that many people are not getting tested or going to the hospital if they get covid. There are a couple of reasons for this. One, if everyone around you has gotten tested and they have covid, there is no need to get tested yourself as it is likely that you have the same issue. This is true with the Omicron outbreak. The first week of January it seemed like Omicron exploded in the Puget Sound area and across the USA. I don't think I knew anyone that didn't have Omicron regardless of vaccination status (to include the booster). So the actual numbers of infections of Omicron are less than what is reported and many didn't go to the hospital.

I had a few days where it was difficult and probably should have gone to the hospital. However, I will not go to the hospital on my own because of the loss of a family member to covid in the hospital and the protocol that hospitals are using to treat covid patients. I have asthma and had my oxygen level go down to 90%. I sought alternative care and within a few days I was better. The hospital protocol using Remdesivir is killing people as it did with our family member. Our family is not the only family member that suffered death from Remdesivir. I know others personally that have been affected by Remdesivir poisoning. This is why you aren't seeing more in the hospital as those that I know are of the same mind. This is happening across the entire USA. Remdesivir and the current covid protocol should be stopped immediately and alternative treatments deployed. Our trust in the medical community has been broken. Our family member is dead. That is real and tangible to entire families that are affected.

When considering vaccines and treatments, rebuilding trust with the community that you serve should also be high on the list of considerations. Forcing new vaccines and treatments on a community doesn't build trust but further diminishes it.

Debra Wells

On Thursday, February 17, 2022 1:39 PM, Debra Wells <debrakwells@startmail.com> wrote:

Stop firing people because of vaccine status. We as a nation need to recognize natural immunity as other countries do.

Debra Wells

On Thursday, February 17, 2022 1:12 PM, Debra Wells <debrakwells@startmail.com> wrote:

After 2 years with everything everyone has done and the list of variants that have occurred, we are no longer in a pandemic. Covid is endemic and we all need to get on with the business of life and learn to live with Covid.

Debra Wells

On Thursday, February 17, 2022 1:08 PM, Debra Wells <debrakwells@startmail.com> wrote:

EUA products should not be required or forced on children under 18 years old. Our kids are not lab rats for experiments.

Debra Wells

On Thursday, February 17, 2022 1:05 PM, Debra Wells <debrakwells@startmail.com> wrote:

Unfortunately, the licensed product is not available to the public. Only the EUA product is being given to the public, which from a legal perspective is significant because if someone is injured by the EUA product, they are unable to hold the company liable for the injury. That means that people are bearing 100% of the cost of injury from these vaccines. If the product was fully licensed and the licensed product available, you would probably have less push back because the public would have someone to hold accountable for the vaccine injuries/reactions.

Debra Wells

On Thursday, February 17, 2022 11:41 AM, Debra Wells <debrakwells@startmail.com> wrote:

Also, it took 3 months for the blood clots to show up. Since there are indications that these vaccines cause blood clots, the window to be considered should be extended to at least 3 months in relation to blood clots. This would also follow with heart attacks, strokes and other related medical conditions related to blood clots.

Debra Wells

On Thursday, February 17, 2022 10:06 AM, Debra Wells <debrakwells@startmail.com> wrote:

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information should have been given to people prior to getting the vaccine and informed consent should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths caused by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

On Thursday, February 17, 2022 9:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra Wells <debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells <debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7bfbc4c%7C11d0e>>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7bfbc4c%7C11d0e>>

2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7bfbc4c%7C11d0e

January 30, 2022

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Gilbert G. Berdine, M.D
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– January 30, 2022

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results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf48
Reading Time: 5 minutes

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The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-
age-people-up-
40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C91037e4dcfdf486fbd4608d9f7bfbc4c%7C11d0e21
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

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Figure 1: US weekly deaths by age group. Data is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021 by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average) in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This time period was the decline phase of the winter outbreak that peaked around January 18, 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot plausibly attribute the above average deaths for the 25-44 age group during this time period to Covid. What was responsible for these deaths?

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Figure 2: Weekly US mortality by Cause Group. Data is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be

inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

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Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine,
M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

From: Betty Jo Cloninger
Sent: 2/10/2022 2:35:04 PM
To: DOH WSBOH
Cc:
Subject: 9D68FC3B-5926-430C-A6C9-2221801C933F

External Email

I think that all of this is extremely premature, considering this shot has not been tested the way it should have been. Why is there such a rush, when we know that immunity happens as time goes on, it does not require a shot to get there. Family members that got it are sick more, longer and there was no benefit to it. Why push this so, unless there's more monies to be received. That would be extremely harmful, to let persons make decisions based on how much \$ they will receive, if they're in favor. Take \$ out of the equation and slow down and let folks make their decisions.

From: Mitchell, Brittini M (DOH)
Sent: 2/16/2022 11:25:59 AM
To: DOH WSBOH
Cc:
Subject: Re: COVID Vaccine

Please respond as appropriate – thank you!

Message was attached to: Re: COVID Vaccine

From: Karen Harris

Sent: 2/16/2022 10:38:53 AM

To: DOH Secretary's Office, Weed, Nathan (DOH), Kwan-Gett, Tao (DOH), Todorovich, Jessica L (DOH), DOH Secretary's Office, Perez, Elizabeth (DOH), Peterson, Kristin I (DOH)
Cc:

Subject: Unmask our children! Stop pursuing covid vaccines to attend school

External Email

Leadership of WA,

This has gone on too long. Children are begging to breath. Children do not need covid vaccines. Do the right thing and stop this. You know you are not following science, you are using and abusing our a children for political purposes, to further your agenda. Remember, all these children will grow up, and very quickly, and many will be able to vote this year and the next few years, and their votes will effect you and your political friends. And they will vote you out for abusing them for two years.

End all mandates now. Tell your boss Inslee it's over.

From,

A very angry parent advocating for their children to breath.

From: AGIO Corporation

Sent: 2/16/2022 11:24:57 AM

To:

Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,joholmen@lwsd.org,Duchin, Jeffery, MD (DOHi)

Subject: Enough with the Double Standards

External Email

Enough with the hypocrisy from the people we have allowed to be in charge of regulations. Stop abusing the authority granted to you temporarily.

If 70.000 fans can be at the Super Bowl with no mask, no social distance and no plexiglass dividers our kids in all schools in the State of WA need to be unmask immediately.

No mask. No social distancing. No more division. No more segregation in the schools. Enough!

From: Kirsten Wenlock
Sent: 2/10/2022 6:16:30 PM
To: DOH WSBOH
Cc:
Subject: NO

External Email

Sent from my iPhone

From: Stephen St. Clair (Myriad Consulting Inc)
Sent: 2/10/2022 9:44:34 AM
To: DOH WSBOH
Cc:
Subject: Recall: No to adding Covid vaccine to required vaccinations.

External Email

Stephen St. Clair (Myriad Consulting Inc) would like to recall the message, "No to adding Covid vaccine to required vaccinations.".

From: Morna Gilbert
Sent: 2/16/2022 11:49:26 AM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), DOH WSBOH
Cc:
Subject: Fwd: Please give an answer

External Email

Is there any truth in this 18 minute video? I am just curious.

<https://rumble.com/vu5ro7-attorney-reiner-fuellmichs-opening-statements-grand-jury-court-of-public-op.html?mref=22lbp&mrefc=2>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvu5ro7-attorney-reiner-fuellmichs-opening-statements-grand-jury-court-of-public-op.html%3Fmref%3D22lbp%26mrefc%3D2&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C01a6b24bf3e>>

From: Celeste Lachner
Sent: 2/10/2022 11:48:25 AM
To: DOH WSBOH
Cc:
Subject: Schedule clarification for the State Board of Health Technical Advisory Group (TAG) Meeting Agenda: COVID-19 Vaccine February 10, 2022

External Email

Good morning,

During the meeting today it was referenced that the captioned meeting will be a 3 day event. I could not locate additional information regarding subsequent meetings on the website. Also, the agenda for today references a vote at the end of today. Please provide clarification regarding the schedule and subsequent meetings if applicable.

Regards,
Celeste Lachner

From: mnartea
Sent: 2/15/2022 11:19:50 AM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

Release our children from these muzzles immediately. This is child abuse and you will be held accountable to God

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

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

On Monday, February 14th, 2022 at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com> wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH,
and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Ronda Swanson
Sent: 2/11/2022 8:58:53 AM
To: DOH WSBOH
Cc:
Subject: Immunization Tag

External Email

The ineffective COVID-19 vaccination DOES NOT need to be a required immunization for anyone PERIOD.

Vaccine injuries have exploded since its introduction.

It has done nothing to stop the virus.

Forcing such is a direct violation of civil liberties.

Ronda Swanson

From: Zana Carver
Sent: 2/23/2022 12:34:58 PM
To:
Cc:
Subject: FW: CDC Has Finally Been Caught by Legacy Media - And There Stated Reasons Why are Really, Really Bad



attachments\1D8C400F7E594D56_DF6539DDC8584E1A9B1EAFD42237EA83.png

External Email

Sent from Mail
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From: James Lyons-Weiler from Popular Rationalism
<<mailto:popularrationalism@substack.com>>
Sent: Wednesday, February 23, 2022 8:13 AM
To: Zana Carver <<mailto:Zana@zanacarver.com>>
Subject: CDC Has Finally Been Caught by Legacy Media - And There Stated Reasons Why are Really, Really Bad

<<https://mailgun.substack.com/api/v1/email/open?token=eyJtIjoipDIwMjIwMjIzMTYxMTM3LjIuMWFIMmNj>>

Twisting, distorting and warping data can be hidden behind the guise of "science". But hiding data? And claiming they need more funding because you can't report some numbers? Well, you decide.

#PopularRationalism

For Maximum Impact, Please Share on Social Media

CDC Has Finally Been Caught by Legacy Media - And There Stated Reasons Why are Really, Really Bad
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Ffc%2F7ED-SWJYeEHgQINd0tJSdOkmcuwJMSROmjhw9PXgVVVaTwjzZzRkeazFBbOdTvwpu6sN6bUDg1wA_euBGuh9fo>

Twisting, distorting and warping data can be hidden behind the guise of "science". But hiding data? And claiming they need more funding because you can't report some numbers? Well, you decide.

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I've outlined the flaws right from the start - April 2020.

1. Viral presence is not “disease”, and therefore PCR+ cannot equal “COVID-19”
2. The cycle threshold used is too high to avoid a significant risk of false positive diagnoses.
3. Absent negative controls, false-positive results are assured. There should be a negative human genome control per sample to create a null curve, and the delta-delta-Ct method should be used to make the call for a given patient.

I sent my manuscript to four different public health journals. Not one of them would dare even put it out for review, so I sent it directly to CDC Director Rochelle Walensky. She did not reply.

In publishing the Ealy et al. analysis

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2Fc%2Cv6VZJxluy6l7MMHZSjL0xvWBqVoZyRj_jR7UKTf-IQpkseoMa_2M8g0fi9JrznI7i68X_1TiOo3k0VgSX1z3U5_kdSvTgGhO2OoN5tSa9rX8nc597g5_eGc3qgwutYOYnLg0S9S94qJ2rGIjV7f1fnQ21bsXbfA7oYXQ46RwLkvywvTENC3qMlfk0QNasa2UnuKJUMvVwuMh9mJK056QKT6XpgLw5ivOmCs2n7A-mtlz0&data=04%7C01%7Cwsboh%40sbob.wa.gov%7C766a4a05362d475df9d108d9f70bd9d4%7C11d0e2...>, IPAK brought the negative attention of so-called “Fact Check” opinion blog websites (‘narrative minders’, I’m told) like Politifact. Even USA Today got into it. But to date,

nothing IPAK has published has been found to be false, in spite of claims and misrepresentations by legacy media outlets and “fact-checkers”. To my knowledge, contrary to their own policies, following discovery after discovery that we were correct, none of these blog websites have corrected their articles - which at this point should include retraction and apologies for disparaging our reputation. (Not that I care, but a lot of people would like to see that).

Of course, the fact that we were correct to publish the study was buried in an article on MSN.com entitled "Higher estrogen levels linked to lower COVID death risk; antacid shows promise addressing symptoms"

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"U.S. may have overestimated COVID-19 hospitalizations

U.S. statistics likely overestimate how many patients have been hospitalized for COVID-19, according to a new study.

At 60 hospitals near Boston, Pittsburgh and Chicago, researchers manually reviewed the charts of a random sample of 1,123 patients with confirmed coronavirus infections hospitalized between March 2020 and August 2021. Roughly 1-in-4 patients "actually were admitted for a different problem and should not have been included" in data analytics calculations of the severity of COVID-19, said Dr. Shawn Murphy of Massachusetts General Hospital in Boston. Patients were more likely to have been admitted specifically for COVID-19 when local infection rates were high, his team reported on Tuesday on medRxiv ahead of peer review. When infection rates were low last summer, up to half the patients were hospitalized for other reasons, with SARS-CoV-2 infection found coincidentally on mandatory testing. The researchers were able to identify indicators in patients' charts that admissions were actually due to COVID-19, such as whether doctors ordered lab tests related to inflammation.

'This study highlights an important weakness in COVID-19 reporting, which might have implications on intensive care utilization, cost analysis, resource planning, and research,' said Jeffrey Klann, also of Mass General. Adding the identified indicators to data analytics software 'could help mitigate these problems.'"

The study shows about 25% over-reporting - matching what we found, what Dr. Scott Jenkins showed me in our workshop interview (I saw his audit data), and what two counties in California have found.

We have in our possession an email from HHS acknowledging that any RT-PCR test result with a cycle threshold >35 is "basically useless". This information is part of an pending grand jury investigation.

If CDC had published hospitalization rates broken down by age, race and other variables, the efficacy of the vaccine would come up as a surprise. We've seen negative efficacy in data from Israel and from Barnstable County. So CDC does not want to share it so the public cannot learn about the negative efficacy occurring, driving cases in the vaccinated.

Just publishing the Ct thresholds used for each test kit - and giving patients their PCR Ct

numbers for their specific test - will help mitigate these problems, and cost nothing. The fallacy of using RT-PCR without a negative control to determine the curve expected when no virus is present would be even more apparent, and this would force a major policy change: the use of within-kit negative controls.

So, we were right to call them out on over-reporting. So, on to the point of today's Popular Rationalism article:

CDC Caught Withholding Critical Data by Legacy Media Organizations

Now, in February, 2022, CDC has been called out for withholding critical information on case rates and hospitalization rates in children, as well as booster shots in people under 50. Using the ultimate excuse "sorry, we lost the keys to the internet", CDC actually had the gall to report that they were not sufficiently able to track all those numbers.

Now, remember, COVID-19 is rare. It's even rarer in kids. And booster shots in teens must be fewer than the number of teens who have received one, or two shots.

Oh, and CDC did not bring forward the data from the handful of municipalities that reported wastewater data. Too many numbers there, too?

They have the data, they just have not bothered to add it to their existing reporting systems.

So, CDC is lying.

But the thing is, CDC is not satisfied with one lie. No, on these issues, they are not DONE lying.

The SECOND excuse given was that they were afraid that the data might be used to fuel vaccine skepticism.

Which tells us they analyzed the data, and could have reported it, but decided to leave it out.

So CDC is lying AGAIN, and in nature of their lies, we know the truth.

You can read about the data omissions with all the juicy lies-filled quotes in the links provided below.

The point here is that CDC believes its job - reporting health statistics - is OPTIONAL, that they can cherry-pick what the public gets to see. Which is no surprise to anyone who has bothered to pay attention.

The surprise is that the Legacy Media Outlets (LMOs) are actually reporting on it. They try to put a pro-public health police state spin on the situation.

But, as usual, they missed the big picture: CDC has been lying about cases by using RT-PCR tests the way they are using them from the beginning. They've had help from the FDA who, in spite of protests from myself and Dr. Sin Hang Lee, went ahead with non-quantitative RT-PCR diagnoses.

And CDC and FDA's understanding of the efficacy of the vaccines has been 100% dependent on RT-PCR.

So, what is the actual efficacy - by age group - including people who have had 1 shot, 2 shots, and 3 shots, broken down by age, race, gender, etc.?

"We don't know"... only and exclusively because CDC does not want us to know.

But we know.

And everyone will know more when we complete the IRB-approved NAATEC study

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See:

MSN

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- CDC Under New Scrutiny For Collecting Wide Variety of Covid-Related Data But
Publishing 'Only a Tiny Fraction'

Arkansas Online

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(repeating New York Times) - CDC virus data not seen by public; agency says it's not ready, cites fear of misinterpretation

NYPost

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CDC withholding COVID data over fears of misinterpretation

FoxNews

> https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femail.mg1.substack.com%2F%2Fm7IiAXGgWLM7mvEbkgJOgIRCB00zn6Ye0koVIG9s_HxYI15Tf5kiF2H1M9D7QRLxKQCLM7CyYJ-9Mr5UeWq2ZM0Irq2fmy7RkxB18MOW45-AtkE_xvt3pXqqObcY95SitdGKcR7C1DUQ_yLkd7TB0i4PvUjidx2jR4AvzO0VkwWxER3m0Pw_1W-26rmZJf29hjU17zVCGWGz2B9XAxzXDBjuHuAbkGY-UiZctXbXCrbN8w-C4TS_vuAMCvuS0869q5o0S6rZWDIK2ulGNBFTWPKvVvYVnkoJq1L1FqPz86sa-yKedcCOyfWwzL5h9EqJXbWcj1EZ98HT9Vv5_R03vCCHNAZyifyOiL_ENvWjFirl_hJiAjh64fWqWF6KX-4rmBjll34qlyXexS7Yp1wHEGyPkDHYIv-391rp-T&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C766a4a05362d475df9d108d9f70bd9d4%7C11d0e21726-
- 'The Ingraham Angle' on report showing CDC held COVID data from public

Goodtimes.sc

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- CDC Isn't Publishing Large Portions of the COVID-19 Data It Collects Two years into the
pandemic, the agency leading the country's response to the public health emergency has
published only a fraction of the data collected.

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- NYT: CDC withholding COVID data from the public

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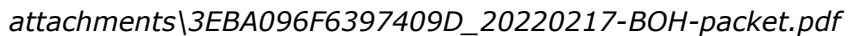
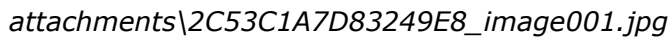
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From: Jeanette Richardson
Sent: 2/9/2022 11:01:13 AM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

I do not support vaccine mandate. It needs to stop and live our lives making our own choices.

Subject: GREEN FOLDER February 17, 2022 Board of Health Meeting



206.477.1021 | angel.allende@kingcounty.gov <<mailto:angel.allende@kingcounty.gov>>

From: Davis, Michelle (SBOH)
Sent: 2/14/2022 3:08:05 PM
To: DOH WSBOH
Cc:
Subject: FW: Scanned letter scanned re: Yakima Health District Board & WSALPHO



attachments\0D456E8B039B44B1_20220214102659231.pdf

For March meeting comments

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website| Facebook |Twitter

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

From: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Sent: Monday, February 14, 2022 3:02 PM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Scanned letter scanned re: Yakima Health District Board & WSALPHO

Michelle,

I scanned this letter to you in the office today.

-Melanie

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:27 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:26:59 (-0800)
Queries to: ricoh@doh.wa.gov



We Are Public Health



Washington State Board of Health

January 31, 2022

P.O.Box 477990

Olympia, WA 98501

RE: WSALPHO letter dated October 25, 2021

To: Mehelle Davis Executive Director, Keith Gellner, Chair

On behalf of the Yakima Health District Board, I am submitting this letter of support

Regarding the letter sent to you from the WSALPHO dated October 25, 2021

Thank you

Ron Anderson
Chair, Yakima Health District Board

Yakima County Commissioner, District 2

From: Chris Evers
Sent: 2/11/2022 7:10:54 AM
To: DOH WSBOH
Cc:
Subject: No Covid vaccine mandate

External Email

Ever

Sent from my iPhone

From: Diana Amirehteshami
Sent: 2/10/2022 6:06:34 PM
To: DOH WSBOH
Cc:
Subject: RE: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC Confirmation



attachments\8367B57D66524801_8735FE2461CA443587D36DB0A83334C8[4001626].png

External Email

When is the next TAG meeting?

Diana Amirehteshami

Director, Conservative Ladies of Washington

562-331-0081

From: Zoom <mailto:no-reply@zoom.us>
Sent: Thursday, February 10, 2022 1:05 PM
To: Diana Amirehteshami <mailto:diana@conservativeladiesofwa.com>
Subject: Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC Confirmation

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<<http://us02web.zoom.us/j/89036106373/c4b5a376-c6e3-4f73-98d4-0a8b1a2e453e.png>>

Hello Diana,

Thank you for registering for Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC. You can find information about this webinar below.

Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

Date & Time

Feb 10, 2022 09:00 AM Pacific Time (US and Canada)

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Please submit any questions to: wsboh@sboh.wa.gov.

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Passcode:

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International numbers <<https://us02web.zoom.us/j/kchZi1TdJz>>

Thank you!

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2Fzoom_us&data=0

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fcompany%2Fzoom-video-communications%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C39d0b38d97cf4a1848cb08d9ed031e>

<<https://blog.zoom.us/>>

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From: Margo Peery
Sent: 2/10/2022 4:15:08 PM
To: DOH WSBOH
Cc:
Subject: Your future

External Email

Please stop these injections from continuing. Please don't support anything that helps them proceed. Please don't be complicit. Many lies have been told. Please be a part of the solution and do your part to stop these injections.

From: Chris Spahn
Sent: 2/15/2022 1:18:24 PM
To: Ramsey Ramerman, Tyler Litzenberger
Subject: Day in the life of a student in Washington



attachments\5DFDED5BF9634036_image001.png

attachments\FB3AA26AC97E4836_image002.jpg

External Email

I want to tell you about my daughter's day today. After wearing a mask from 7:30 am to 3 pm, with a short break for lunch, she will go straight from classes to get tested for Covid then to play rehearsal, where she will have to continue to wear her mask. She will have to leave a bit early to catch a bus to go cheer at a basketball game, but cannot eat dinner because of the danger of not wearing a mask on the bus. (A cloth mask that the health department, as stated, says does not work.) She will continue to wear the mask for the entire game.

So from 7:30 am to 8 pm, she is forced to wear a mask that does not help with the spread of the virus. A virus we know she does not have because she is not sick and is tested constantly. I will drive her home from the game so she can finally breathe. And she will probably miss some morning classes tomorrow due to the headache she will no doubt have, based on past experience.

Please take a stand for our children!

Chris Spahn

Calvary Ranch | Owner

(206) 683-6056

From: Ramsey Ramerman <ramseyramerman@gmail.com>
Sent: Tuesday, February 15, 2022 8:27 AM
To: Tyler Litzenberger <TLitz@vectorrecorp.com>
Cc: Dasegowda Lokesh Marenayakanapalya <lokeshmd@me.com>; Tanya Goodman <goodman_tanya@outlook.com>; maraldom@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; moorea@issaquah.wednet.edu; superintendent@k12.wa.us; sarrafans@bsd405.org; watsonc@bsd405.org; shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org; pattersony@bsd405.org; gallingerh@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; moorea@issaquah.wednet.edu; maraldom@issaquah.wednet.edu; thieler@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; jholmen@lwsd.org;

elaliberte@lwsd.org; mstuart@lwsd.org; sblesner@lwsd.org; ccarlson@lwsd.org;
lchoi@lwsd.org; boardmembers@lwsd.org; michaela.miller@k12.wa.us;
jenny.plaja@k12.wa.us; maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us;
jon.mishra@k12.wa.us; veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us;
kcexec@kingcounty.gov; wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov;
yutao.pku@gmail.com; gulick.alissa@gmail.com; Alisaroseyuen@gmail.com;
ams0808@hotmail.com; amyandrea30@hotmail.com; amysahagian@msn.com;
the5brainards@yahoo.com; amya@425fitness.com; andrewgustafson@live.com;
angelap@siboguru.com; ahasheva@gmail.com; anib@keystonerei.net;
art.n.jury@gmail.com; theweiners@outlook.com; barbpender@comcast.net;
barbarajean816@gmail.com; barnali.basu@gmail.com; beekieknapp55@gmail.com;
drbenlynch@icloud.com; mspufkin@hotmail.com; brknutson@comcast.net;
Candacehulse@johnlscott.com; carolynmmell@gmail.com; chadwridout@gmail.com;
cpirozokpse@gmail.com; Chris Spahn <chris@calvary-ranch.com>;
christianannelson@gmail.com; christieallen@live.com; moricm2015@gmail.com; cin-
cin@comcast.net; clairespiano@yahoo.com; ldcope3@gmail.com;
cynthiadvn@yahoo.com; tigger@live.com; debbiemyoung@msn.com;
deetole67@gmail.com; destineytompkins@comcast.net; ddsprings@gmail.com;
dionneirvin@gmail.com; dlange@windermere.com; ladyquacker@gmail.com;
doron9528@gmail.com; lin.muimui@gmail.com; ecrumpacker@yahoo.com;
ericacoogan1@gmail.com; egemmill617@gmail.com; erin.penberthy@yahoo.com;
feliciaann32@hotmail.com; kylefran.clark@gmail.com; gennzee@yahoo.com; gina-
kevin@comcast.net; g.canada@hotmail.com; greggsmitthjr@hotmail.com;
heathertate@rocketmail.com; irena.pashchenko@gmail.com; jacq.lmn@gmail.com;
jamielynn0221@yahoo.com; jywang@hotmail.com; janetn@comcast.net;
jharris8682@outlook.com; jdpez@hotmail.com; jennlynn.w@gmail.com;
farinasj@hotmail.com; jennifergauthier@hotmail.com; jgoldsworthy01@gmail.com;
jeremy_munn@hotmail.com; jesselhatfield@gmail.com; jessicaeisenman@gmail.com;
jkmorris21@yahoo.com; jessica.stober@gmail.com; jing_ever@yahoo.com;
jody.isaac100@gmail.com; ellek6@comcast.net; josephkristyberthierjr@gmail.com;
juliekennedy1414@gmail.com; info@hoffmanforseattle.com; Julie.Granahan@gmail.com;
julie.olsen02@me.com; justin1elin@gmail.com; mail2kanu@gmail.com;
crabbykc22@gmail.com; karoljones500@gmail.com; kathwa@gmail.com;
talleykathleen@msn.com; ksandvig@gmail.com; klane@lanecoburn.com;
jordan345@hotmail.com; kimzmail@tutanota.com; jkclarks@msn.com;
kbb7072@live.com; kirbyapel@gmail.com; kregkendall@msn.com;
kristen_magnuson@isomedia.com; kristenrieb@gmail.com;
Kristinnelson7@protonmail.com; krmashke@yahoo.com;
kristinevanbuskirk74@gmail.com; kristy213Lynn@gmail.com; laceylisbeth@hotmail.com;
Lorabella4@aol.com; laurytelt@gmail.com; Ljpetc@protonmail.com;
Laurieenglund@earthlink.net; leahchill@gmail.com; ghettilia@yahoo.com;
lilivaz79@hotmail.com; northrivercat@protonmail.com; lisa.templeton@outlook.com;
lisa@brettmelton.com; lobat@alchemyhc.com; majaarnold13@gmail.com;
mnartea@protonmail.com; drmarkadams@protonmail.com; lindsayclan@outlook.com;
melissa_jenkins@outlook.com; michelle.wilbur@gmail.com; michellej@windermere.com;
michelle.chattin@gmail.com; michelle_giles@live.com; mmutzel@gmail.com;
mindy@barrettfincial.com; monicazone@yahoo.com; nml1976@gmail.com;
naomi_tar79@outlook.com; nicolecwork@gmail.com; noraberry@hotmail.com;
marquiss_24@hotmail.com; pabbage@hotmail.com; pmc47@comcast.net;
pamigarrett@hotmail.com; pactide@msn.com; curran.t@comcast.net;
paula_brierley@hotmail.com; icarus@snappyreports.com;
purrfectpetserviceswa@gmail.com; thenobs@hotmail.com; Rbayala@hotmail.com;
reba8311@gmail.com; Beccousa@gmail.com; regan131@hotmail.com;
jreneecam@gmail.com; richard8780@gmail.com; risamae84@yahoo.com;
robth@directionsonmicrosoft.com; russell007@comcast.net; sadie.arnold@gmail.com;
fleurdesara@outlook.com; sbyeman@gmail.com; vuralseda@gmail.com;
shannontreynolds@outlook.com; burtshelly@yahoo.com; budda331@prontonmail.com;
shirley.pho@gmail.com; sophiedolezel876@gmail.com; daum@msn.com;

stephlecovin@outlook.com; wine.stew@gmail.com; sundimathewson@comcast.net;
taimayjones@gmail.com; theresalane@comcast.net; thotton@icloud.com;
tinalpalmer@gmail.com; venitabenitez@yahoo.com; walgs@hotmail.com;
williamwidmer@yahoo.com; dryael101@gmail.com; chori84@gmail.com;
brooke.alles@icloud.com; jmcarthur86@hotmail.com; kellyrad@gmail.com;
Brklyndavis@gmail.com; Shamralee@hotmail.com; brittneyahinojosa@gmail.com;
yeagers2011@outlook.com; stephanie.adams@comcast.net;
catchristensen4@gmail.com; tararickycrabbe@icloud.com;
janetnelsonbanks@gmail.com; Karilynd@me.com; Monica.legatt@gmail.com;
Bowic999@gmail.com; newsdesk@973kiro.com
Subject: Re: SuperBowl & The Big Game

Greetings,

As the Kettle Falls example proves, school districts do not have to and should not be enforcing the mask mandates because they are useless and harmful to our children.

First, the District's mask mandate is purely for show – even the CDC has now acknowledged that cloth masks are effectively useless. The District's policy permits cloth masks and thus compliance is purely decorative – the policy does not provide any meaningful protections.

Second, the mask requirement stunts the students' educational development. For all of human history up until Spring 2020, there was universal recognition that facial cues provide a distinct and important aspect of human communication. Part of your mission is to help our children develop strong communication skills and you are stunting that learning by requiring them to hide their faces and those important communicative cues under these useless masks.

Third, the mask requirement is causing affirmative harm to students. Children are becoming dependent on masks and experience anxiety when confronted with large groups of maskless persons. When covid ends, our children will have to interact with the maskless. By causing our children to become dependent on masks, you are straddling them with anxieties that they will have to overcome to interact in the maskless world. School is supposed to help prepare our children to face the world, not make them afraid to face that world

If parents are concerned, they can protect their children by sending them to school in top-quality, properly fitted N-95 masks. But the time has come to allow parents to make that decision for their own children and stop mandating a flawed one-size-fits-all policy.

Especially when that one-size-fits-all policy is useless, debilitating, and harmful; a policy that only serves to make some people who do not keep up with the science feel better without providing any meaningful benefit to our children. Please follow Kettle Falls' lead and stop enforcement of the mask mandates.

Ramsey Ramerman, parent of a LWSD student

On Tue, Feb 15, 2022 at 7:50 AM Tyler Litzenberger <TLitz@vectorrecorp.com
<mailto:TLitz@vectorrecorp.com> > wrote:

We were told by a LWSD Board Member that the Board has no authority in decision making regarding masking. Apparently that's proven to be untrue. We've lost trust in our elected "leaders". This masking exercise has never been about Covid, it's entirely about control, and using children as pawns to force control is as bad as it gets from politicians. Kettle Falls showed Washingtonian parents leadership yesterday and we're very proud of them for doing so.

In the numerous parent teacher conferences my wife and I have had since Covid, we've learned teachers are over it. They're seeing the drop in educational value. They're frustrated at masking. They're frustrated at mandates and hearing complaints daily from parents, and many of them are turning on their Unions. Our parent groups are fully behind the teachers, support the teachers and encourage the teachers to turn against their unions. Withdraw from their unions, whatever it takes.

Masking needs to end immediately. And trading the clot shot for masking is a non-starter.

The evidence that children have a 99.98% survival rate against the November 2019 variant of Covid is a risk we're all willing to take as a society; considering we all know that Omicron is a) far less concerning and b) numbers of deaths are nearly zero across all age groups.

Where did Washington's share of the \$130B in Covid Relief Funds go? Those funds were explicitly sent to the States for air filtration in schools. What was completed in the LWSD, Bellevue and Issaquah districts? It's pretty embarrassing that after spending all that money on air filtration, you folks are still requiring children with a 100% survival rate to wear a cloth over their nose and mouth. Absolutely awful.

The real questions are, why should we listen to you about anything else going forward? Why should we trust you?

End the mandates immediately. They never should have been passed in the first place.

From: Dasegowda Lokesh Marenayakanapalya <lokeshmd@me.com
<mailto:lokeshmd@me.com> >
Sent: Monday, February 14, 2022 10:17 PM
To: Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> >
Cc:

Issaquah, Bellevue, LakeWA School Districts, OSPI, WA State Education, WSBOH and King county commissioner.

If you still have some conscience left in you, after watching that Super Bowl, you will act upon and immediately remove the mask mandates from the schools. You might think you have helped the children by masking them but have no idea how badly it has affected the children and their health. Enough of big talks and researching on this topic, it's time to act and the best action is to remove mandates. If some parents still feel they need masks they can send their kids with masks on and no one will stop them. But parents like us who strongly believe in science and have enough research to prove that masks don't work demand you to end this mandates and now.

Thanks and Regards,

Lokesh Marenayakanapalya

Qualified enough to speak on behalf of my daughter and all the kids/parents that are suffering due to these mandates.

(For the records: ISD parent)

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education,
WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k
mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to
millions sitting at home watching that we have been played. We've been played by our
State Schools and Government.

We are no longer asking. We are demanding that immediately mask
mandates be rescinded from our schools and release our children from these harmful
practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Debbie Blodgett
Sent: 2/18/2022 12:41:49 PM
To: DOH WSBOH
Cc:
Subject: Pfizer Vaccine doesn't help

External Email

And here is "your" science at work! It doesn't work! Do not force our kids into getting an ineffective vaccine.

<https://www.newsmax.com/health/health-news/covid-pfizer-vaccine-kids/2022/02/18/id/1057439/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsmax.com%2Fhealth%2Fnews%2F covid-pfizer-vaccine-kids%2F2022%2F02%2F18%2Fid%2F1057439%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd7e4>>

Debbie Blodgett

206-979-2709

'Worry looks around, Sorry looks back, Faith looks up.'

><((((> ... ><((((> ... ><((((> ... ><((((>

"America will never be destroyed from the outside.

If we falter and lose our freedoms, it will be because we destroyed ourselves."

~ ~Abraham Lincoln

From: Darleen Christopher
Sent: 2/12/2022 1:11:45 PM
To: DOH WSBOH
Cc:
Subject: Re: Must watch coved misinformation.

External Email

Good info thank u!

Sent from my iPhone

On Feb 12, 2022, at 1:09 PM, Darleen Christopher
<christopherslamp@yahoo.com> wrote:

□

Sent from my iPhone

Begin forwarded message:

From: Joe Gilkey <jgilkey2007@gmail.com>
Date: February 12, 2022 at 2:55:32 AM PST
To: christopher Darleen <christopherslamp@yahoo.com>
Subject: Must watch coved misinformation.

□ <https://youtu.be/5yow7BpLW4>

From: Debra Wells

Sent: 2/17/2022 10:20:49 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: VEARS

External Email

There have been reports that VEARS isn't allowing reports or is timing out at 30 minutes. Basically, discouraging reporting. Also, VEARS only represents 1 to 10 percent of events. So, considering the low reporting percentage must be taken into account.

Debra Wells

On Thursday, February 17, 2022 10:06 AM, Debra Wells <debrakwells@startmail.com> wrote:

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information should have been given to people prior to getting the vaccine and informed consent should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths cause by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

Debra Wells

On Thursday, February 17, 2022 9:09 AM, Debra Wells
<debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra Wells
<debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells
<debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells
<debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on
Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra

Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the

article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C57ebb72c48ee426eb06708d9f2423603%7C11d>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C57ebb72c48ee426eb06708d9f2423603%7C11d>

January 30, 2022

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Gilbert G. Berdine, M.D
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert
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– January 30, 2022

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-
search-
results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C57ebb72c48ee4
Reading Time: 5 minutes

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNK

The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-
age-people-up-
40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C57ebb72c48ee426eb06708d9f2423603%7C11d0e
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNK

Figure 1: US weekly deaths by age group. Data
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The
gray curves are data for 2015-2019.

diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C57ebb72c48ee426eb06708d9f2423603%7C11d0e2>>

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine,
M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Glasoe, Stuart D (SBOH)
Sent: 2/17/2022 11:19:52 AM
To: DOH WSBOH
Cc:
Subject: FW: February 17.2022

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Rachel Berry <rberry0308@gmail.com>
Sent: Wednesday, February 16, 2022 8:35 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: February 17.2022

External Email

To the board members and members voting on items for the February 17, 2022 meeting, I am here as a mother and representing the many other mothers in Washington.

You previously held a similar meeting where over 30,000 people sent emails or attended the zoom meeting. You heard our voices. We do NOT accept you making health decisions over us or our children. This past meeting (Feb 10th) you disabled comments which I find to be a blatant disregard of our voices. You don't seem to understand that WE do not want you making decisions about OUR bodies and/or OUR children's!

We have provided you with studies and other sources of data that show your agency is out of line and your decisions are political.

You are in non compliance with

WAC 110-30-0030 Section 1 items d-f

What is child abuse or neglect?

Child abuse or neglect means the injury, sexual abuse, or sexual exploitation of a child by any person under circumstances which indicate that the child's health, welfare, or safety is harmed, or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is one who has been subjected to child abuse or neglect as defined in this section.

(1) Physical abuse means the nonaccidental infliction of physical injury or physical mistreatment on a child that harms the child's health, welfare, or safety. It may include, but is not limited to, such actions as:

(a) Throwing, kicking, burning, or cutting a child;

(b) Striking a child with a closed fist;

(c) Shaking a child under age three;

(d) Interfering with a child's breathing;

(e) Threatening a child with a deadly weapon; or

(f) Doing any other act that is likely to cause and that does cause bodily harm greater than transient pain or minor temporary marks or that is injurious to the child's health, welfare or safety.

How dare you tell us to step aside and let the experts do their work?

The "experts" you want us to listen to are the ones (UW Drs and such) that are having their pockets lined with Gates' money and all the others that are pushing this agenda! It's not "follow the science, it's follow the money!"

We have seen your "science". I find it interesting that if we look directly at each hospital's Covid situation as far as ICU, general or death, your reports deviate quite a bit from theirs. It seems vaccinated are higher numbers than unvaccinated. Also, why are you including data from a year ago, when the virus has changed from delta to omicron as of December of 2021. Omicron is much less deadly so your statistics do not show current and real statistics for the variance we are dealing with.

Here's another example:

In plain sight they admit that mRNA Covid 19 vaccinations completely alter and suppress your immune system. We already know it impairs DNA repair. These two papers alone should support enough evidence STOP THE PROGRAM!

<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8546144/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Flabs%2F34696485/>

<https://pubmed.ncbi.nlm.nih.gov/34696485/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34696485/>

We also now know that both vaccinated and unvaccinated spread and get Covid, at possibly a higher rate for the vaccinated. Have you done your due diligence and

researched this number in this state?

And why are we relying on PCR Covid tests to build data, when FDA no longer find them reliable?

Since your last public meeting, the world has changed. Millions of people are demonstrating against vaccine mandates and mask mandates all around the world.

Convoy started in Canada and just today; Ontario declared removal of vaccine passports, and masks from children publicly and in school effective immediately.

Oregon is removing their mask mandate 3/31 or sooner.

California is planning to remove their mask mandates.

UK has removed their mandates.

Sweden has removed their mandates

These countries are currently planning or are in the midst of freedom convoys. Remember eyes are on you, and the world will know that you went against freedom of choice and they will know you forced children out of the school system. Because we will not comply.

While you are so concerned about the vaccine, you have forgotten about increased child and young adult suicide due to isolation, no school or on line schooling, mask cover, 6 feet distance to your friends, and loss of social life. You are not concerned about the mental health of Washington state citizens. Those who have lost their jobs in careers they were previously looked at as hero's. Some have 20+ years in the industry. Some are still paying off their school loan from a career that is now long gone.

You have not looked at the health of those businesses that had to close temporarily or completely during the lockdown. You are forcing business owners to implement vaccine passports, while they are losing thousands of dollars monthly in revenue due to lost business. Divorces and mental health issues are over the roof. You do not care about health, it has been proven. Instead you take advice from a governor who had placed himself in permanent emergency power, CDC and FDA, two organizations that are highly financially involved with Pfizer and Moderna. Did you notice the same people sitting on both boards?

Over and over, in federal courts and supreme court it has been ruled that mandating vaccines is unconstitutional.

Here are some facts. I doubt you will read the links but you have been informed. This is

my notice.

You are trying to mandate a drug that is not FDA approved to children. This is illegal:

<https://crsreports.congress.gov/product/pdf/R/R46913>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fprodu>

<https://www.fda.gov/media/151710/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15171>

EUA - Sept 29, 2021 (Comirnaty vs. Pfizer/ BioNTech) shots - not the same

Listen to data about the effectiveness of vaccines here:

<https://www.canadiancovidcarealliance.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org>

Injuries.... Lots of injuries

<https://www.covidvaccinevictims.com/>

<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.covidvaccinevictims.com%2F>

Why does OSHA require fit testing, training, and safe disposal of respirators, but our school kids are just thrown in any old medical device as though all bodies are the same?

"29 CFR 1910.134, Respiratory Protection Standard."

https://www.osha.gov/sites/default/files/enforcement/directives/CPL_02-00-158.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.osha.gov%2Fsites%2Fdefau
00-

158.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf7abc985abb54e026e6708d9f24a787f%7C11

A study of why school children should not get C shots.

<https://alethonews.com/2021/11/05/6-studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-vaccine/>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faethonews.com%2F2021%2F11%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faethonews.com%2F2021%2F11%2F)

studies-showing-why-children-dont-need-and-shouldnt-get-a-covid-

vaccine%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf7abc985abb54e026e6708d9f24a787f%7

Sweden's health department recommends children under 12 should not take the vaccine.

You giving yourself the "supreme right" to vote over the safety of our children is despicable. You are overstepping your authority by suggesting any medical advice for children that you have not medically evaluated as their physician, and so do the school boards and schools who enforce this requirement.

You MUST consider every student's medical needs. We the parents will make decisions relating to our children's health within our own families and with our own medical providers.

And for Masks:

Lots of studies on mask Effectiveness:

<https://www.sciencedaily.com/releases/2015/04/150422121724.htm>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedaily.com%2Frelease>

<https://pubmed.ncbi.nlm.nih.gov/25903751/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F259>

<https://pubmed.ncbi.nlm.nih.gov/18500410/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F185>

<https://pubmed.ncbi.nlm.nih.gov/33254499/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F332>

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F>

Info on children and masks:

<https://thehill.com/opinion/education/514742-masks-for-all-children-arent-needed-or-ethical>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehill.com%2Fopinion%2Feducation%2F514742-masks-for-all-children-arent-needed-or-ethical&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf7abc985abb54e026e6708d9f24a787f%7C11d>

<https://swprs.org/face-masks-evidence/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswprs.org%2Fface-masks-evidence%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7Cf7abc985abb54e026e6708d9f24a787f%7C11d>

While most other states in this country have removed restrictions and mandates and their children's lives have gone back to normal, Washington state children are being raised in fear, and being forced to comply with government and health official's over reach.

Have you seen all the thousands of vaccine injuries and deaths to athletes around the world? You are public figures, the world will hold you accountable. It takes only 1 proven vaccine death to charge you for murder, just like what happened in UK and what ultimately caused the restrictions to be removed in UK.

Start working on the real issues of mental health issues caused by this government's overreach and agencies like yours who support them.

I OPPOSE the use of illegal force to detain ANY family OR children. This is insane!! Have we not learned about the holocaust and internment camps? What you are trying to pass is illegal.

There are studies that show this type of agenda does not reduce transmission whatsoever. I would love to hear your thoughts on the vaccinated still being able to get Covid and spread it. According to even more studies this plandemic didn't get out of hand until the experimental shots were starting to be administered. I've talked to many Nurses currently working and all have said the same thing!

Forced mandates oppose our rights as free Americans- it also disrupts an active healthy immune response. Many studies now conclude that the highest vaccinated areas are highest for deaths and risky health concerns. Freedom of choice should never be infringed upon.

THE PEOPLE HAVE SPOKEN AND WE THE PEOPLE SAY NO!

WE THE PEOPLE SAY NO!

Just in case you forgot, WE the PEOPLE saw the WAC 246-100-040 on the agenda you tried to hide.

Respectfully,

R Berry

From: Testify Online Survey
Sent: 2/18/2022 10:04:17 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

02/17/2022

2.

Agenda Item or Issue:

Childhood Covid Vaxx

3.

Your Name:

Sarah Heck

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

93 Pine Ave Snohomish

7.

Email:

Sheckme2020@gmail.com

8.

Phone Number (Include Area Code):

4253599134

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Show us the long term safety studies before doing a mass experimental v#xx on kids. THERE ARE NONE!!!! This is crimes agasint humanity and all of you know it. The truth WILL come out, but by then it will be too late.

From: Greg Lyons
Sent: 2/10/2022 11:46:55 PM
To: DOH WSBOH
Cc:
Subject: No to vax mandate

External Email

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 6:01:01 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\3245EF64DA81463D_20220214102341663.pdf

Received via mail.

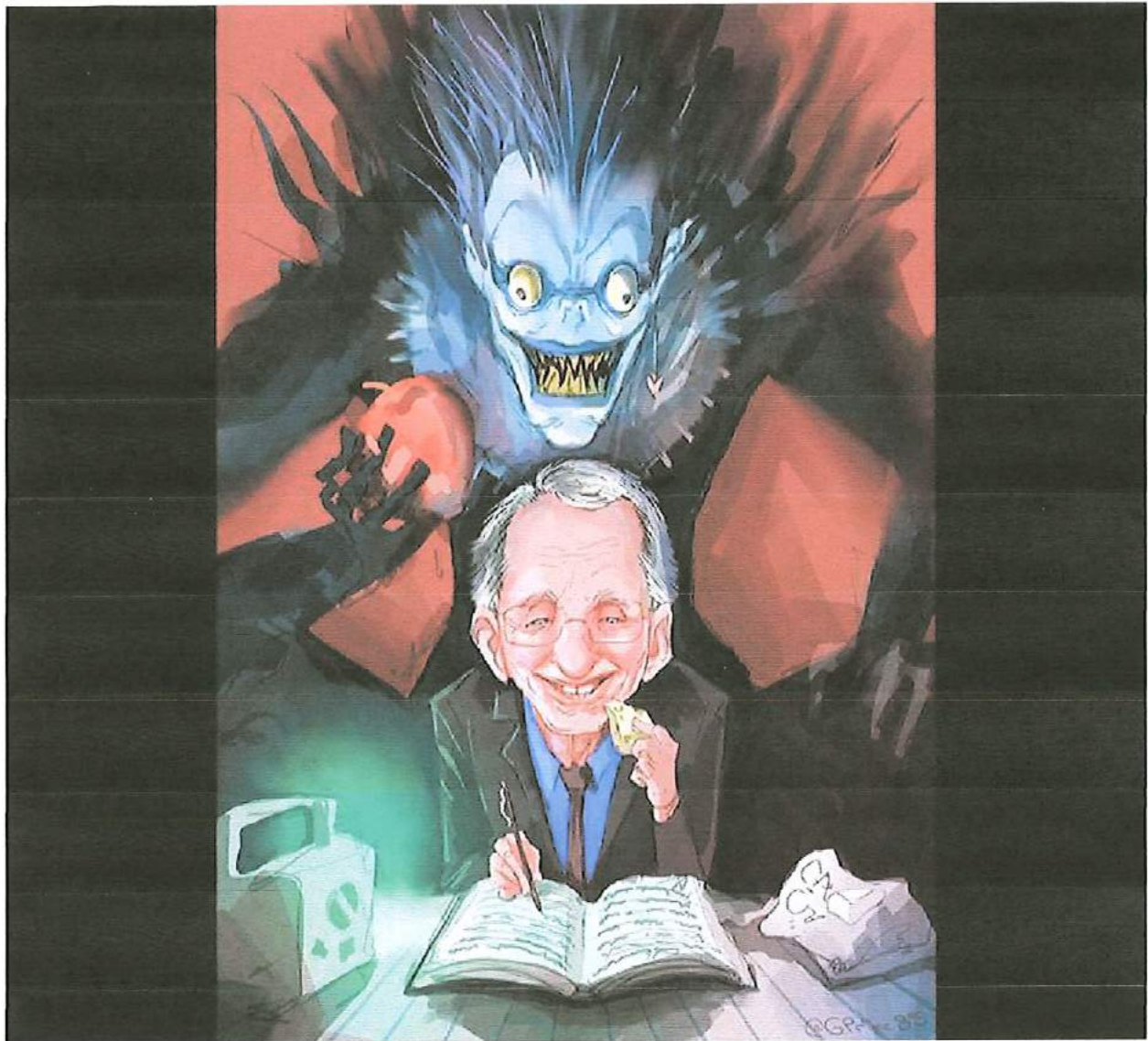
-----Original Message-----

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:24 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:23:41 (-0800)

Queries to: ricoh@doh.wa.gov



**DR. FAUCINSTEIN;
A FASCIST MURDEROUS LYING OCD
FREAK**



SO ARE THOSE WHO WORSHIP HIM

From: Allende, Angel

Sent: 2/17/2022 12:48:55 PM

To: David Baker, bdaniell@uw.edu, lisa.herbold@seattle.gov, Zahilay,

Girmay, susan.honda@cityoffederalway.com, Kohl-Welles,

Jeanne, hkoellen@northbendwa.gov, McDermott, Joe

(DOHi), teresa.mosqueda@seattle.gov, butchdec@uw.edu, Sara.nelson@seattle.gov, Tammy.morales@seattle.gov,

Janice, Worsham, Dennis (DOHi), Dembowski, Rod, Levy, Susan (Susie)

Subject: FW: GREEN FOLDER February 17, 2022 Board of Health Meeting



attachments\80EBEF32BF064CBA_image001.jpg



attachments\A3ACC70308F846E0_20220217-BOH-additional.pdf

External Email

Please note these amendments have revised numbering that will be referred to in the meeting.

Attached is the Green Folder for the February 17, 2022 Board of Health meeting.

The green folder can also be found here:

https://aqua.kingcounty.gov/council/agendas/Board_of_Health/20220217-BOH-additional.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faqua.kingcounty.gov%2Fcouncil%2Fagendas%2FBoard_of_Health%2F20220217-BOH-additional.pdf&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C022bf56bf79b4c7a583808d9f256d8fa%3A%2F%2Faqua.kingcounty.gov%2Fcouncil%2Fagendas%2FBoard_of_Health%2F20220217-BOH-additional.pdf>

Angel Allende, CMC

Deputy Clerk | Clerk of the Council's Office

516 Third Ave, Room 1200 | Seattle, WA 98104

206.477.1021 | angel.allende@kingcounty.gov <<mailto:angel.allende@kingcounty.gov>>

From: israel barber
Sent: 2/17/2022 8:57:47 PM
To: DOH WSBOH
Cc:
Subject: Forced Vaccination?

External Email

It is a trespass of my and my family to violate our Constitutions, both State and Federal. You are liable for the damages in regard to trespass and domestic violence.

We will not comply with your tyrannical violations. Enjoy the battle.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Morna Gilbert
Sent: 2/10/2022 9:50:16 AM
To: DOH WSBOH
Cc:
Subject: ?? for TAG

External Email

1. Define "CASE" please
2. If the PCR tests are proven inaccurate - how do we know any of these stats are valid???
3. How is Omicron NOT the common cold?
4. When discussing deaths - how do you know it is not the hospital protocol murdering people - as opposed to blaming it on the virus?

I would appreciate answers - thank you!

M Gilbert

From: SJ T
Sent: 2/9/2022 4:00:43 PM
To: DOH WSBOH
Cc:
Subject: BOH Meeting Feb 10, 2022



attachments\BCF1F1D951954328_Informed ChoiceWa letter 2022.pdf

External Email

Please read the attached letter. It is still relevant to Thursday's meeting.

*Informed*CHOICEWA.org

Date: January 7, 2021

To: The Washington State Board of Health Members and COVID-19 TAG

From: The Board and Members of Informed Choice WA

Dear Board of Health and TAG Members:

You are facing what may prove to be the most important decision you will ever face as a member of the board or a group, or perhaps in your life.

The mRNA and DNA COVID-19 shots are unlike any other vaccines given before. The global push for their uptake and the volume of reported adverse reactions and deaths following administration are unprecedented. The hundreds of thousands of medical and scientific professionals globally standing up and speaking out against the response to COVID and to the shots is unprecedented, as is censorship on scientific debate. When this nation's top doctors and scientists are being kicked off of social media platforms and being fired from their jobs for daring to speak on their findings and science critical of current policies, it is clear something has gone terribly wrong.

The CDC acknowledges the shots do not prevent infection or transmission and that any protection afforded fades rapidly, yet they refuse to abandon their push for increased uptake and boosters, and they refuse to promote existing early treatment protocols or acknowledge the mountain of evidence of the superior safety and effectiveness of naturally-acquired immunity. The systemic capture of federal agencies by the drug industry and globalists has never been more obvious.

Public Health in the U.S. is currently suffering from a lack of checks and balances and a dangerous dilution of critical facts. If every citizen were to watch the FDA's Vaccine and Related Biologicals Advisory Committee (VRBAC) meetings and to read the entirety of the clinical trial submissions to the FDA and the injury and death reports filed with Pfizer and VAERS, they would understand the experimental nature of the COVID shots and the known and suspected risks. They would question the clinical trial irregularities, the buried data, the lack of independent evaluation, and the high levels of conflicts of

interest. But most do not. Votes for recommendation are made by federal entities despite the lack of scientific justification and the details of the meetings are not incorporated into the language passed down to citizens. The messaging becomes, “The vaccines are safe and effective and recommended by the CDC.” This simplistic false messaging creates division at all levels of society, undermines fully informed consent, violating federal regulations and human rights declarations.

If after the past two years of witnessing the erratic federal response to COVID you still have faith in federal recommendations, we ask you to consider one clear example that reveals the federal agencies and committees do not deserve your trust. In the absence of a single co-administration safety study, the ACIP approved and the CDC actively promotes this message:

“COVID-19 vaccine and other vaccines may be administered on the same day.”

This is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

We are asking you today to honor the Precautionary Principle and First Do No Harm. We are asking you to dismantle the TAG, to halt rulemaking consideration for adding COVID shots to school requirements, and to adopt our Rulemaking Petition for a new rule that would prohibit mandating Emergency Use Authorized products and licensed products that lack completed Phase 3 trials.

Attached is our preliminary response to the “Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030” that supports our requests. There is far more scientific and medical information available. We hope this is just the beginning of your reviewing the critically important information you have likely been missing until now.

Sincerely,

The ICWA Board

Bernadette Pajer, Yael Kantor, Heidi Hartnell, Angela Dye



**Informed Choice Washington Presents:
A review of the COVID-19 shots
(Pfizer, Moderna, Janssen)
using the Washington State Board of Health's
"Criteria for Reviewing Antigens for Potential Inclusion in
WAC 246-105-030"**

<https://sboh.wa.gov/Portals/7/Doc/Publications/ImmunizationCriteria-Update2017-Final.pdf>

Before proceeding, it must be noted that the COVID-19 shots currently available do not meet the definition of "immunizing agent" per WAC 246.105.020(13), which states:

"Immunizing agent" means any vaccine or other immunologic drug licensed and approved by the United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against vaccine-preventable diseases.

None of the currently available COVID-19 shots are licensed and approved by the FDA for school-age children; the shots similarly do not meet WHO requirements and are only authorized by the WHO for emergency use.

WAC: <https://app.leg.wa.gov/WAC/default.aspx?cite=246-105-020>

For clarity, BOH's criteria language is shown in red, and ICWA language is shown in black.

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.

The vaccine **must** be recommended by the ACIP. The ACIP reviews **licensed** vaccines. It makes recommendations for newly licensed vaccines and regularly updates its recommendations. Its process includes:

- (1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine;
- (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data;
- (3) an assessment of cost effectiveness;
- (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups;
- (5) a review of the recommendations of other groups; and
- (6) a consideration of the feasibility of vaccine use in existing child and adult immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal, and ethical concerns. [emphasis added]

Do any of the COVID-19 shots fulfill this criterion? No.

The ACIP did NOT recommend a COVID-19 shot licensed by the FDA for use in ages 5-11 or 12-15, nor did it place such a shot on the CDC Recommended Schedule.

There is no FDA COVID-19 shot licensed for ages 5-15 and no COVID-19 shot whatsoever on any CDC Recommended Schedule for any age. CDC Immunization Schedules, <https://www.cdc.gov/vaccines/schedules/index.html>.

The CDC recommended schedule website page for ages 7-18 mentions the ACIP's EUA and BLA recommendations for COVID, but it DOES NOT include the shots on the schedule.

On May 12, 2021, the ACIP adopted the following recommendation: "The Pfizer-BioNTech COVID-19 vaccine is recommended for children 12-15 years of age in the U.S. population under the FDA's Emergency Use Authorization." *May 12, 2021 ACIP Meeting - Discussion and Vote*, CDC YouTube channel, <https://youtu.be/91FCQN1aYqk>.

On November 2, 2021, the ACIP adopted a similar recommendation for 5-11 year olds. *Nov 2, 2021 ACIP Meeting - Clinical considerations for COVID-19 vaccination & Votes*, CDC YouTube channel, <https://youtu.be/Fknv90AxSn8>.

Federal Emergency Use Authorization statutes indirectly prohibit school mandates of EUA products by requiring recipients be informed they have the option to accept or refuse the vaccine:

"The possible side effects of the vaccine are still being studied in clinical trials. . . Under the EUA, there is an option to accept or refuse receiving the vaccine."
Vaccine Information Fact Sheet for Recipients and Caregivers about the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019

(COVID-19) for Use in Individuals 5 through 11 Years of Age, pp. 4-5,
<https://www.fda.gov/media/153717/download>.

The option to accept or refuse an EUA product is not conditioned upon written assertion of exemption. Medical, personal, or religious exemptions are not required in order to exercise the right to refuse. Under EUA law, a parent or guardian may simply decline a shot for their minor child, without providing explanation or paperwork. A state-level daycare or school requirement would introduce the need for filing of exemptions, unlawfully exceeding the parameters set forth by Congress for EUA products.

“FDA believes that the terms and conditions of an EUA issued under section 564 preempt state or local law, both legislative requirements and common-law duties, that impose different or additional requirements on the medical product for which the EUA was issued in the context of the emergency declared under section 564.” *Vaccine EUA Questions and Answers for Stakeholders*, U.S. Food & Drug Administration,
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders#61b6059d67093>

Alarming, the CDC and ACIP made this recommendation even though they acknowledged that for both age groups:

Regarding potential harms after vaccination, evidence was type 4 (very low certainty) for serious adverse events and type 1 (high certainty) for reactogenicity. No data were available to assess the other GRADE benefits and harms including prevention of hospitalization due to COVID-19, prevention of multisystem inflammatory syndrome in children (MIS-C), SARS-CoV-2 seroconversion to a non-spike protein, or prevention of asymptomatic SARS-CoV-2 infection.

The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Adolescents Aged 12–15 Years — United States, May 2021, CDC MMWR, May 21, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm> and *The Advisory Committee on Immunization Practices’ Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, November 2021*, CDC MMWR November 12, 2021,
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm>.

Vaccines and Related Biological Products Advisory Committee (VRBPAC) member Dr. Eric Rubin stated “[Just b]ecause we give an EUA to the vaccine, doesn’t mean we have to use it. And I think we would have to think hard about how to use it given all of the concerns that have been raised.” Transcript of *FOOD AND DRUG ADMINISTRATION (FDA) Center for Biologics Evaluation and Research (CBER) 166th Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting*, June 10, 2021, p. 242. <https://www.fda.gov/media/150815/download>.

How can the CDC claim that benefits outweigh risks when they admit they do not know the risks?

Comirnaty is the only COVID-19 product that has ostensibly received FDA licensure for any pediatric populations—namely those 16 and up; however, that licensure is limited to manufacturing and delivery. The FDA has stated that this product is merely “**ready** for approval for **use** in individuals 16 years of age and older . . .” [emphasis added]. *August 23, 2021 Approval Letter - Comirnaty*, from FDA to BioNTech, p. 4, <https://www.fda.gov/media/151710/download>. The Comirnaty vaccine is not available anywhere in the United States, and there is debate about whether the vials of Pfizer’s EUA product are now “licensed” for those 16 and up, or if those are still EUA products. The FDA states that EUA Pfizer-BioNTech COVID-19 Vaccine and the Comirnaty (COVID-19 Vaccine, mRNA) “are legally distinct with certain differences that do not impact safety or effectiveness.” There is much debate over what “legally distinct” means, especially to consumers. If “legally distinct” means that the currently available Pfizer products in the U.S. are under EUA regulations, then there is no licensed product available for 16-18 year olds. Regardless of whether the Pfizer product is licensed for 16-18 year olds, the product lacks completed Phase 3 clinical trials, and the PREP Act still shields manufacturers for liability for injuries and deaths. As far as we can tell, never in history has the FDA licensed a product without completed clinical trials, nor when all the ongoing trials have been unblinded, subverting the ability to compare outcomes.

There are ZERO co-administration safety studies; therefore, it is highly concerning that the CDC states, and the Washington State Department of Health repeats: “COVID-19 vaccine and other vaccines may be administered on the same day.” CDC, Immunization Schedule, COVID-19 Vaccination, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Disregarding the absence of any safety studies, the Washington DOH states, “Your child can get a COVID-19 vaccine at the same time they get other vaccines. You do not need to schedule your child’s required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get your child caught up on all of their recommended vaccines.”

Washington State Department of Health, Vaccinating Youth,
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/VaccinatingYouth#VaccineTiming>

As noted in our cover letter, this is not science. This is not safety. This is not in the best interest of vaccine recipients. This is using Americans, especially our children who are most impacted, as unwitting test subjects. This is human experimentation without informed consent. This is criminal.

2. The vaccine containing this antigen is effective as measured by immunogenicity* and population-based prevention data in Washington State, as available.

*Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

Do any of the COVID-19 shots fulfill this criterion? No.

Immunogenicity: While the COVID-19 shots trigger the recipient's cells to create spike proteins, which then trigger an immune response and antibodies to the self-created spike proteins, this immune response has proven incapable of preventing infection or transmission. In short, the COVID shots do not prevent recipients from "contracting the disease."

Some studies show recipients may be afforded a short window—a few weeks or months—during which their risk of infection or risk of severe disease is minimally reduced in comparison to those without natural immunity, but even this protection appears to be dropping with each new variant.

This preprint study shows that PCR-positive tests for Delta variant occurred in a higher percentage of vaccinated individuals than in unvaccinated. From this it could be concluded that, regardless of vaccination status, all individuals are able to spread COVID-19 with similar viral loads. Riemersma et al., *Shedding of Infectious SARS-CoV-2 Despite Vaccination*,

<https://www.infosperber.ch/wp-content/uploads/2021/10/210731-Wisconsin.Viral-Load.pdf>.

Dr. Rochelle Walensky states that the vaccine does not prevent infection or transmission of the Delta variant, CNN interview with Wolf Blitzer, July 27, 2021, <https://www.youtube.com/watch?v=TKFWGvvlVLI>

Another pre-print study, Acharya et al., *No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant*, “found no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.” <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>.

The CDC reported that among the first U.S. cases of COVID-19 attributed to the Omicron variant, 79% of the 43 cases studied occurred in fully vaccinated individuals, including 14 who had received booster doses. *SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021*, CDC MMWR, December 17, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm>.

The criterion explicitly requires that “information about population-based effectiveness is gained from large trials,” yet the clinical trial study on which the EUA was based for 5-11 year olds included only 2,268 children total. CDC and ACIP acknowledged that the study was too small to find serious adverse reactions. (See our response above to Criterion #1.) *Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age*, N Engl J Med 2022; 386:35-46, DOI: 10.1056/NEJMoa2116298, <https://www.nejm.org/doi/full/10.1056/NEJMoa2116298>.

A pre-print study suggests that vaccine effectiveness wanes to negative effectiveness, therefore increasing chances of contracting COVID, after 90 days. The authors suggest a booster would be necessary in order to attain previous levels of protection. Do parents really want their child to get a booster every 90 days? Would this be practical or manageable? Hansen et al., *Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study*, <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3#p-5>

In contrast to the inability of the COVID shots to prevent disease, natural immunity has been found to prevent infection. This superior, broad protection will serve children well throughout their lives. “[C]hildren display a characteristically robust and sustained adaptive immune response against SARS-CoV-2 with substantial cross-reactivity against other hCoVs.” Dowel, et al., *Children develop robust and sustained*

cross-reactive spike-specific immune responses to SARS-CoV-2 infection,
<https://www.nature.com/articles/s41590-021-01089-8>

In study after study, it has been shown that natural immunity far exceeds vaccine-induced immunity in length and quality. Please view the following studies here that show the superiority of natural immunity: "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

3. The vaccine containing this antigen is cost effective from a societal perspective.

This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

Do any of the COVID-19 shots fulfill this criterion? No.

To parents and members of Informed Choice Washington, the most important consideration in this criterion is the "medical and societal costs of adverse reactions to the immunization" as well as what the criterion overlooks:

- the cost of ignoring or outright censoring lifesaving preventative and early treatment protocols, which lead to superior natural immunity;
- the cost of exposing children to genetic therapies, such as DNA and mRNA injections, in the absence of adequately sized and designed safety studies for either short or long-term outcomes;
- and the cost of interrupting a child's natural immune response to what is now an endemic virus without a complete understanding of how that interruption will impact their immunity to the virus and its mutations in the future.

Please see risk information provided under Criterion #4 below, in particular, the two graphs summarizing data from Pfizer's clinical trials that have already demonstrated that any benefits from the shots are outweighed by the injuries and death they cause. This does not account for long-term and yet unknown harms.

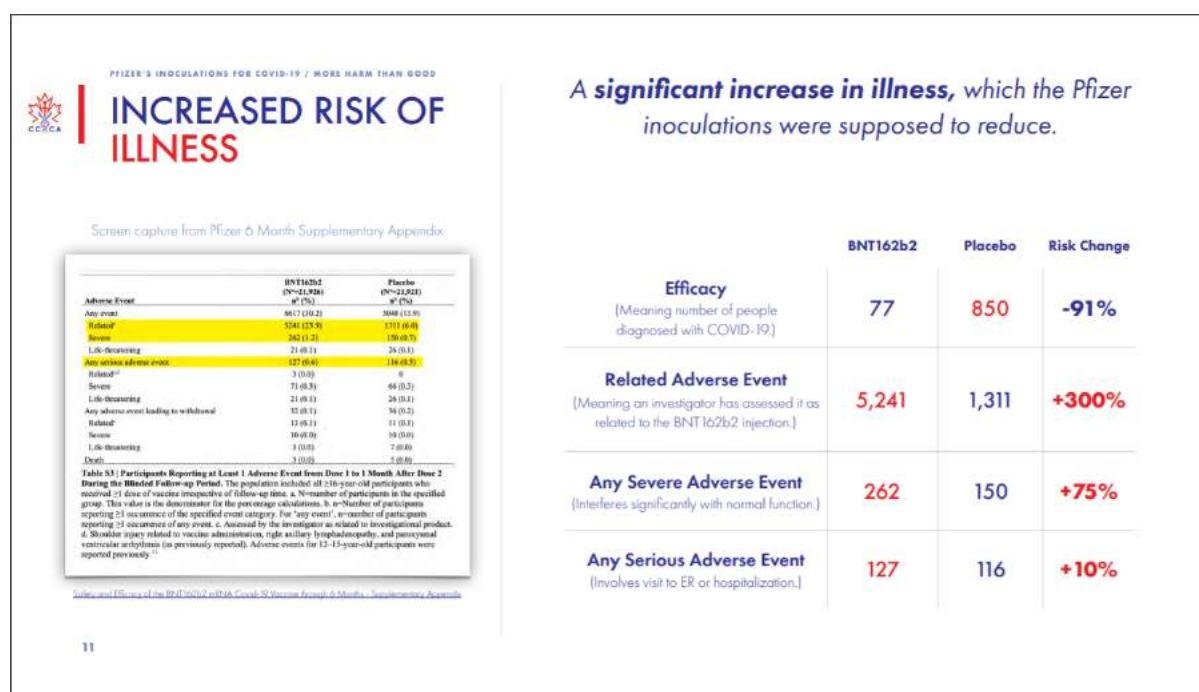
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.


Do any of the COVID-19 shots fulfill this criterion? No.

While Pfizer's own randomized control trial data indicated a decrease in positive cases, they also showed an increase in illnesses and deaths compared to the placebo group. There is no benefit to reducing cases if it comes at the cost of increased illness, hospitalizations, and death.

The graphic below includes Table S3, *Participants Reporting at Least 1 Adverse Event From Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period*, on page 11 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#). Vaccinees experienced worse health outcomes than did placebo recipients.



The following graphic, which includes Table S4, *Causes of Death from Dose 1 to Unblinding*, on page 12 of [Pfizer's six-month supplementary appendix](#) to its study entitled [Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), illustrates the increase in deaths within six months for those who received the injections. Of particular concern are the types of death, including cardiovascular events



PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

INCREASED RISK OF DEATH

Screen capture from Pfizer 6 Month Supplementary Appendix

Reported Cause of Death ^a	BNT162b2 (N=21,224)	Placebo (N=21,221)
Deaths	15	14
Acute respiratory failure	0	1
Aspiria septica	0	1
Chlamydia pneumoniae	0	1
Chronic kidney disease	0	1
COVID-19	0	2
COVID-19 pneumonia	1	0
Cerebral aneurysm	4	1
Cerebral ischemia	1	0
Cerebrovascular disease	1	1
Chronic obstructive pulmonary disease	1	0
Death	0	1
Dementia	0	1
Empyema	1	0
Hemorrhagic stroke	0	1
Hypertensive heart disease	1	0
Lung cancer metastatic	1	0
Meningitis	0	1
Mitral valve disease	0	1
Multiple organ dysfunction syndrome	0	2
Mycobacterial infection	0	2
Osteoarthritis	0	1
Pneumonia	0	2
Sepsis	1	0
Sepsis shock	1	0
Septic shock	1	0
Unexplained event	1	0

Table S4 | Causes of Death from Day 1 to Unblinding Study Population, 24 Years Old, n.
Multiple causes of death could be reported for each participant. There were no deaths among 12-15-year-old participants.

^aTable S4 | Causes of Death from Day 1 to Unblinding Study Population, 24 Years Old, n. Multiple causes of death could be reported for each participant. There were no deaths among 12-15-year-old participants.

	BNT162b2	Placebo
Deaths before unblinding <small>(in Table S4 of Supplementary Appendix)</small>	15	14
Deaths after unblinding <small>(Prior to table, but maintained in text of 6 month report. See quote below.)</small>	5	0
Total Deaths	20	14

"After unblinding" means when the Placebo participants were given the opportunity to "cross over" and take the BNT162b2 inoculation.

"... 3 participants in the BNT162b2 group and 2 in the original placebo group who received BNT162b2 after unblinding died."
Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

	BNT162b2	Placebo
Total COVID-19 Related Deaths	1	2
Deaths Related to Cardiovascular Events	9	5

^aAs of April 19, 2022, subjects originally randomized to placebo... [https://www.fda.gov/media/148888/table-s4-causes-of-death-from-day-1-to-unblinding-study-population-24-years-old-n](#)

One 12-year-old child, Maddie de Garay, participated in Pfizer's study. She suffered multiple and severe injuries, requiring 9 ED visits and 3 hospital stays (totaling 64 days by June 1, 2021). She is still in a wheelchair today. The New England Journal of Medicine article in which Pfizer's RCT results was reported, [Safety and Efficacy of the](#)

[BNT162b2 mRNA Covid-19 Vaccine through 6 Months](#), failed to disclose any of Maddie's adverse reactions. Pfizer disingenuously mischaracterized her injuries as "functional abdominal pain" in its *Emergency Use Authorization (EUA) Amendment for an Unapproved Product Review Memorandum*, p. 30.

<https://www.fda.gov/media/148542/download>. Senator Ron Johnson held a roundtable, in which many individuals who took the COVID-19 vaccine shared their adverse reaction experiences that required medical attention.

<https://thehighwire.com/videos/stephanie-and-maddie-de-garay-testimony/> at 5:13.

This study asks a very pertinent question: Why are we vaccinating children against COVID-19? The abstract in this study explains the following:

A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs. those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially... (emphasis added.)

This study goes on to say that:

... it will use the term 'inoculated' rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission (emphasis added.)

Kostoff, Ronald, et al., "Why Are We Vaccinating Children Against Covid-19?" Toxicology Reports, Vol 8 2021, pages 1665-1684,
<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Here is a list of websites where medical professionals and/or individuals have documented their experiences with reactions from the COVID-19 vaccine:

<https://openvaers.com/covid-data/adverse-events-by-state>

<https://vaers.hhs.gov/data.html>

<https://www.c19vaxreactions.com>,

<https://www.RealNotRare.com/>

<https://www.medalert.org>

<https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

Dr. Cody Meissner, VRBPAC member, stated: “I want to be sure that the risk of the vaccine is less than the risk of hospitalization because four [COVID hospitalizations per million in children under 18] certainly does not constitute an emergency, and there are significant questions about the safety of this vaccine. . . . [This hospitalization rate is] on the CDC website. That is not an emergency. It is a very low hospitalization rate. And the rates may change as the season changes, but we’re starting from a tiny, tiny rate. . . . [T]he rates are also falling pretty dramatically among adults and children. So as more people are immunized and become immune from infection, I think it’s very likely that we’re going to get this pandemic under pretty good control. Now the issue -- so the issue to me is safety. . . . [W]e can look at the 2,000 or 2,200 adolescents who are enrolled in the Pfizer vaccine between 12 through 15 years of age -- 2,200, so half got the vaccine, half got placebo. Nobody was hospitalized. Nobody died. And there were some who got URIs[upper respiratory infections] So 2,200 is not going to address the issue of safety. I’m worried about myocarditis. . . . [W]e don’t know what that means on a longterm basis. Will there be scarring of the myocardium? Will there be a predisposition to arrhythmias later on? Will there be an early onset of heart failure? I think that’s unlikely, but we don’t know that. And so before we start vaccinating millions of adolescents and children, it is so important to find out what the consequences are because COVID-19 disease is disappearing in adolescents and children. And I think we have to be so clear about what we’re dealing with. Let me make one more point. In 2003, there was a publication in JAMA regarding myocarditis following the Dryvax vaccine, the smallpox vaccine which is, of course, a live vaccine. But in that situation, the military -- it was given to young recruits. The rates of myocarditis in the military young men -- because it was mostly men in those days -- was 2 per 100,000. And after the Dryvax vaccine the rates were 7.8 cases of myocarditis in the 30 days afterwards. So there was a three-fold increase. And in fact, Dr. Tony Fauci wrote an editorial in that same issue of JAMA discussing these rates of myocarditis. So I am really concerned that the FDA may by not insisting on a full BLA, which to me means at least 12 months, maybe even 18 or 24 months of follow up in children and adolescents, before they are recommended to receive this vaccine. I do not feel we can justify a EUA including children under an Emergency Use Authorization. The burden of disease is so small, and the risks are just not clear. We don’t know.” June 10, 2021, VRBPAC meeting transcript, p. 62, p. 225- 228. <https://www.fda.gov/media/150815/download>

From the front lines in medical care

Many medical professionals are speaking up and sharing their experiences of working in hospitals right now as they care for patients who are coming in with what they can associate to vaccine reactions. “More VC Nurses Blow Whistle on ‘Overwhelming’ Numbers of Heart Attacks, Clotting, Strokes,” *The Conejo Guardian*, December 14, 2021. <https://conejoguardian.org/2021/12/14/more-vc-nurses-blow-whistle-on-overwhelming-numbers-of-heart-attacks-clotting-strokes/>

Individuals are sharing their own experiences with their health while taking the COVID shots. U.S. Senator Ron Johnson hosted a round table on November 2, 2021, to allow these individuals to tell their stories.

<https://childrenshealthdefense.org/defender/nov-2-sen-ron-johnson-cdh-covid-vaccine-injuries-federal-mandates/>

Colette Martin, an RN of 17 years, testified in front of the Louisiana House about the harms of vaccine reactions that she has witnessed. She also stated that more children have died from the vaccine than from covid itself. Louisiana House of Representatives Health and Welfare Committee Hearing, December 6, 2021,

https://www.house.louisiana.gov/H_Video/VideoArchivePlayer?v=house/2021/dec/1206_21_HW (begin at 6:54:00)

In the first two and a half months after EUA was granted, 1,223 deaths were reported to Pfizer. This is a huge red flag that requires deep investigation. See Table 1, Page 7, showing fatal case outcomes in Pfizer’s “5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021”

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>,

While critics commonly question the veracity of VAERS data, as reported on the U.S. government’s Healthy People 2020 site, 83% of the reporters to the Vaccine Adverse Events Reports System were health care workers or pharmaceutical and government-based sources during the years 1990-2010. “The majority of VAERS reports are submitted by vaccine manufacturers (37%) and health care providers (36%). The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parents/guardians, 7%) [sic], and other sources (10%).” Office of Disease Prevention and Health Promotion, Vaccine Adverse Reporting System, <https://www.healthypeople.gov/2020/data-source/vaccine-adverse-event-reporting-system>.

Further, 72% of a sampling of 250 of the 1,644 VAERS reports of early death received in the first three months of 2021 were filed either by health service employees or pharmaceutical employees. “We identified health service employees as the reporter in at least 67% of the reports, while pharmaceutical employees were identified as the reporter in a further 5%.” Even though the sample contained only people vaccinated early in the rollout, *i.e.*, those who were elderly or with significant health conditions, an adverse vaccine reaction could be ruled out in only 14% of the cases. Mclachlan, et al., *Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis*. 10.13140/RG.2.2.26987.26402. (2021)

“While it seems that the incidence of pericarditis during the vaccination campaign period is increased, a more comprehensive data collection on a wider scale should be done. We hope this report will raise awareness to the subject and will serve as a reminder to report events as part of the post-marketing investigations and allow for a thorough adverse events following immunization analysis.” *Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine*, https://journals.lww.com/pidj/Fulltext/2021/10000/Transient_Cardiac_Injury_in_Adolescents_Receiving.1.aspx

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before measles vaccine was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

Do any of the COVID-19 shots fulfill this criterion? No.

First, we must emphatically state that it is unethical to use children as shields for adults.

Peter Doshi, Ph.D: “I want to address this idea of vaccinating children to protect adults. I encourage the Advisory Committee to read Dr. Lavine et al.’s editorial to explain why, “Vaccinating children is likely to be of marginal benefit in reducing the risk to others.” And even if you think a small benefit is better than nothing, let’s not forget that it’s an unproven hypothetical benefit. We need confirmatory evidence, not just assumptions. And then there’s the ethics and the law. **FDA can only indicate a product for use in a**

given population if benefits outweigh risks in that same population. So if benefits don't outweigh risks in children themselves, it can't be indicated for children, full stop. Whether vaccinating children might help adults is a moot point." Comments before the Vaccines and Related Biological Products Advisory Committee, June 10, 2021 <https://www.fda.gov/media/150815/download>, pp. 171-172. (emphasis added)

Children and young adults are at an extremely low risk of mortality from COVID-19. When one subset of the population (children) carries a high risk for injury from an antigen but low risk for injury from the disease, we must consider the mandate of such an antigen to be unethical. Bhopal, "Children & Young People Remain at a Low Risk of Covid-19 Mortality," *The Lancet Children & Adolescent Health*, Correspondence, Vol 5, Issue 5, E12-E13, May 1, 2021.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

The *Forbes* article "The Hideous Truths of Testing Vaccines on Humans" examined the testing of hepatitis vaccines on the residents of Willowbrook, a home for severely disabled children. The author states: "In 1966, renowned medical ethicist Henry K. Beecher published an article titled, "Ethics and Clinical Research," which listed Willowbrook as an example of an unethical clinical experiment and concluded that "there is no right to risk an injury to one person for the benefit of others." *Forbes*, June 12, 2020,

<https://www.forbes.com/sites/leahrosenbaum/2020/06/12/willowbrook-scandal-hepatitis-experiments-hideous-truths-of-testing-vaccines-on-humans/>

Second, the measles example given in this criterion reveals that historically the BOH and DOH have never stepped back to consider the long term or unintended consequences of mass-vaccination campaigns. We agree that nearly everyone in the United States used to be exposed to measles, mostly in childhood when it's safest to experience, and they developed lifetime immunity. Merck's on-trial-for-fraud MMR vaccine does not confer lifetime immunity for a significant portion of the population, pushing susceptibility into the very young and into adult populations. We are nearing a time when more people in the U.S. will be susceptible to measles than before the vaccines were released. And studies show a third dose doesn't help. Was there perhaps a better way to reduce those 450 annual deaths and the cases of very severe illness, without sacrificing superior natural immunity for the vast majority (99.99%) of the population—and without exposing millions of children annually to the risks of the MMR? What about the failure of the mumps portion of the shot? More information can be found here: <https://informedchoicewa.org/measles/> To learn about the politics surrounding the loss of the personal exemption to the MMR, see this post:

<https://informedchoicewa.org/education/were-wa-lawmakers-deceived-about-measles-last-session-part-1/>

Is there perhaps a better way to protect those susceptible to severe disease and fatal COVID-19 outcomes, without sacrificing superior natural immunity for the >99.9% of the population who fully recover and develop natural immunity? Optimal nutritional support, early treatment protocols, and the benefits of natural immunity are tragically not part of public health's approach with any vaccine-targeted infection. With COVID, the neglect of these public health tools has cost many lives.

Third: as shown in our response to Criterion #1, the shots do not prevent transmission; any unethical attempt to use children as shields will fail.

As of January 6, 2022, the seven-day case rate in Washington State for ages 4-11 was 504.8 per 100,000. The seven-day hospitalization rate was 1.2 in 100,000. Compare this with the risk of myocarditis in vaccinated adolescents, which is 18.52 in 100,000 as seen in <https://pubmed.ncbi.nlm.nih.gov/34849657/>

Age Group	7-Day Case Rate	7-Day Hospitalization Rate	7-Day Testing Rate	7-Day Percent Positivity
Ages 4-10	504.8	1.2	--	--
Ages 11-13	558.1	0.7	--	--
Ages 14-19	731.8	1.8	--	--
Ages 0-11	480.7	2.3	--	--
Ages 12-19	692.4	1.5	--	--
Ages 20-34	869.9	10.7	--	--
Ages 35-49	724.5	12.0	--	--
Ages 50-64	444.2	20.0	--	--
Ages 65-79	227.3	30.9	--	--
Ages 80+	211.2	56.2	--	--

Cases, Hospitalizations, Testing and Percent Positive by Age

Graph from <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

Between January 4, 2020, and January 6, 2022, 573 children between the ages of 5-18 have died with COVID in the entire United States. CDC Deaths by Sex, Ages 0-18 years, <https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzy>

On December 31, 2021, Anthony Fauci stated, “ . . . [I]f a child goes into the hospital, they automatically get tested for COVID, and they get counted as a COVID-hospitalized individual, when in fact they may go in for a broken leg or appendicitis of something like that, so it's overcounting the number of children who are . . . hospitalized **with** COVID as opposed to **because** of COVID.” MSNBC interview, <https://twitter.com/TheEliKlein/status/1476917049435856925>

Vaccines and Related Biological Products Advisory Committee member Dr. Cody Meissner stated “[F]our per million [pediatric hospitalizations] certainly does not constitute an emergency, and there are significant questions about the safety of this product.” June 10, 2021, VRBPAC meeting transcript, p. 62.

<https://www.fda.gov/media/150815/download>

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, “activity” refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

Do any of the COVID-19 shots fulfill this criterion? No.

The Pfizer, Moderna, and Janssen products do not prevent transmission, serious disease, or death.

The CDC director says that vaccines do not prevent transmission. “Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says,” *CNN Health*,

<https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

“COVID-19 infections are increasing in Gibraltar, with 128 new infections reported on average each day. That’s 97% of the peak — the highest daily average reported on January 5. There have been 9,600 infections and 100 coronavirus-related deaths reported in the country since the pandemic began. . . Gibraltar has administered at least 108,323 doses of COVID vaccines so far. Assuming every person needs 2 doses, that’s enough to have vaccinated about 160.7% of the country’s population.” Reuters COVID-19 Tracker, accessed January 7, 2022,

<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/gibraltar/>

Vaccinated people can still spread the Delta variant. Vaccination does not stop the transmission of COVID. “Testing a subset of low-Ct samples revealed infectious

SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.” Riemersma, “Shedding of Infectious SARS-CoV-2 Despite Vaccination,” <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>

Individuals who have been previously infected do not show a need to be vaccinated. This is consistent with Chapter 246-105-020 WAC: “fully immunized” means an immunization status where a child has proof of acquired immunity . . . ’ It is unreasonable to mandate that those with natural immunity be “boosted” with a vaccine when there is not scientific evidence that this practice is safe or effective in the long term. Boosting an individual’s levels of antibodies to the vaccine-induced spike protein—which no longer matches the dominant strain now circulating—is experimental. Also see Shrestha, “Necessity of COVID-19 vaccination in previously infected individuals,” <https://doi.org/10.1101/2021.06.01.21258176>.

Children have sustained and robust natural immunity after contracting COVID. Dowel, “Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection,” *Nat Immunol* 23, 40–49 (2022). <https://doi.org/10.1038/s41590-021-01089-8>.

Long-term effects of the vaccine trials in children are unknown. Deaths in children are a fraction of the percentage of deaths in all other age categories. Kostoff, “Why are we vaccinating children against COVID-19?” *Toxicology Reports*, Vol 8, 2021, Pages 1665-1684, <https://doi.org/10.1016/j.toxrep.2021.08.010>.

Barnstable County, Massachusetts, had an outbreak amongst a population of tourists that was approximately 74% vaccinated, which indicates that vaccination does not prevent contracting or transmitting COVID. Brown, “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings - Barnstable County, Massachusetts, July 2021,” *MMWR Morb Mortal Wkly Rep*, 2021 Aug 6;70(31):1059-1062. <https://pubmed.ncbi.nlm.nih.gov/34351882/>.

Despite 100% vaccination rate, consistent testing, and quarantining, a research station in Antarctica still had an outbreak of COVID cases. “COVID-19 Outbreak Hits Research Station in Antarctica,” WebMD News Brief, <https://www.webmd.com/lung/news/20220103/covid-19-outbreakohitsoresearchostation-in-antarctica>

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general public's acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246- 105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

Do any of the COVID-19 shots fulfill this criterion? No.

There has never been more opposition from the medical and scientific community or the public to any type of vaccine or vaccine policy than there is to the COVID-19 products and policies.

EXAMPLES OF MEDICAL AND SCIENTIFIC OPPOSITION

- Over 15,000 members of the [International Alliance of Physicians and Medical Scientists](#) published a declaration resolving that healthy children shall not be subject to forced vaccination. They state:
 - Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
 - Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
 - Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
 - Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether COVID vaccines assist herd immunity.

Supporting Evidence:

<https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#children>

- More than 500 scientists, medical doctors and health care and other professionals united as the [Canadian Covid Care Alliance](https://www.canadiancovidcarealliance.org). Their presentation *More Harm Than Good* reviews Pfizer's six-month data and reveals that Pfizer's COVID-19 inoculations cause more illness than they prevent. See the *More Harm than Good* video and PDF slides here: <https://www.canadiancovidcarealliance.org>

"It's clear that Pfizer - and the agencies overseeing their trials - failed to follow established, high quality safety and efficacy protocols right from the beginning. . . Any government that approved this medical intervention for its citizens should have ensured that the trial had used the appropriate clinical endpoints and high quality safety science. . . Any government official who possesses this evidence and continues to allow its citizens to be inoculated with a toxic agent is, at the very least, negligent."

1. The [Association of American Physicians and Surgeons](#), established in 1943, opposes COVID-19 vaccination mandates. In regards to children, AAPS states:
 - a. In the testing, only 1,518 children received the shots, and 750 received a placebo. This is far too few to see uncommon side effects, such as myocarditis/pericarditis, as Pfizer admits.
 - b. Follow-up was for two months in one group and only 2.5 weeks in another. The Pfizer application states that long-term sequelae of post-vaccination myocarditis/pericarditis in participants 5 to 12 years of age will be studied after the vaccine is authorized for children.
 - c. The children were not examined for mild, asymptomatic myocarditis, which might cause long-term damage, as by checking troponin levels or echocardiograms, or for blood clotting problems, as by checking platelet counts and D-dimers.
 - d. The only FDA-approved product, BioNTech's Comirnaty (not yet available in the U.S.) is required to do studies on myocarditis lasting 5 years.
 - e. Monthly safety report cards on the three available vaccines, which have different dosages, are supposedly required, but none have been produced or released.
 - f. The claim of 91% relative effectiveness against symptomatic COVID in children is based on 16 cases of COVID in the placebo group and three cases in the vaccinated group over the brief follow-up period. This is an absolute risk reduction of about 2%.
 - g. We do not and cannot know the long-term effects on cancer, fertility, or autoimmune diseases. "But we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes," stated committee member Dr. Eric Rubin, physician at Boston's Brigham and

Women's Hospital, immunology professor at the Harvard T.H. Chan School of Public Health, and current editor-in-chief of the New England Journal of Medicine. The alternative to giving a product to most of an entire generation is animal studies or restricting use to a defined group most likely to benefit, with close follow-up.

- h. The dosage for children is one-third the adult dose. Dosage in pediatrics is generally determined by weight. Not all children weigh the same, and their weight does not triple between age 11.9 and 12.0 years.
 - i. The COVID products are not shown to interrupt infection and transmission. Masking and distancing are still being recommended or required for adults. Thus, hopes for a return to normalcy once vaccinated are misplaced.
 - j. To give truly informed consent, parents need complete information about possible side effects, such as the outcome for Maddie de Garay, a 12-year-old whose public-spirited parents enrolled her in a trial. Post-shot, she experienced excruciating pain and a 2-month hospitalization, and is now in a wheelchair. Pfizer has not acknowledged a connection to the shot, nor did it fully disclose her injuries in it. The reaction may be "extremely rare," but many would decline to take even a 1-in-1 million chance of this outcome.
 - k. The government has already ordered 68 million doses, so authorization is anticipated, and likely will be followed by mandates.
 - l. Several Nordic countries have paused the use of COVID vaccines in persons under the age of 30. Persons at low risk for COVID complications are more likely to die from the shot than from COVID.
 - m. Dr. Harvey Risch, Yale epidemiologist, stated that he would home-school his children if public schools mandated this vaccine.
 - n. No one should administer a COVID shot to a child unless parents have given fully informed, completely voluntary consent, without threats or inducements.
 - o. SOURCE:
<https://aapsonline.org/aaps-statement-on-covid-shots-for-children/>
2. The [Physicians for Informed Consent](#) have compiled a Pfizer Vaccine Risk Statement for children that highlights FDA, CDC, and Pfizer clinical trial data finding:
- a. The clinical trial found there were zero cases of severe COVID-19 in children of any age who did not receive the vaccine. In contrast, the trial found that the vaccine causes severe (grade 3) and grade 4 systemic reactions in children.

- b. The clinical trial indicates that vaccine efficacy declines significantly in less than six months. Although a booster dose of the vaccine is authorized for individuals 16 years of age or older, the clinical trial states that efficacy was not evaluated for Phase 3 BNT162b2 booster group participants. Instead, vaccine efficacy was inferred based on antibody levels observed in only about 300 vaccinated subjects over a one-month time period.
- c. The clinical trial provided no evidence that the vaccine prevents asymptomatic infection or transmission of SARS-CoV-2 or COVID-19. In addition, recent studies have observed that a significant proportion of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.

SOURCE:

<https://physiciansforinformedconsent.org/physicians-for-informed-consent-updates-its-pfizer-covid-19-vaccine-risk-statement-analyzes-new-safety-data-for-children/>

- 3. The [World Council for Health](#), whose leadership includes Dr. Tess Lawrie (PhD, MD, Founder, Evidence-Based Medicine Consultancy LTD, Bath, United Kingdom, 10-year Senior consultant to the WHO supporting health policy recommendations for countries globally), issued a statement in December 2021:
 - a. There is now more than enough evidence to declare the novel Covid-19 vaccines unsafe for use in humans. Victim testimonies and adverse reaction reporting systems have revealed millions of adverse reactions to the experimental vaccines, including life-changing injury and death.
 - b. The inoculations are capable of causing immeasurable harm to those who received them, with children being more likely to die from the Covid-19 vaccines than from actual SARS-CoV-2 infection.
 - c. World Council for Health anticipates that unprecedented humanitarian efforts will be essential to assist the people harmed by this global vaccination experiment, due to the known and unknown harms.
 - d. The World Council for Health demands an end to this crisis and hereby declares it illegal and unlawful for anyone to participate, directly or indirectly, in this harmful experimental vaccination programme. The World Council for Health declares individuals, governments, and other corporations will be held liable for their involvement.
 - e. World Council for Health Calls for an Immediate Stop to the Covid-19 Experimental “Vaccines” DECLARATION:
<https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist/#full>

SOURCE: <https://worldcouncilforhealth.org/news/2021/12/covid-19-vaccines/14001/>

4. Paul E Alexander MSc PhD, Howard C. Tenenbaum DDS, Dip. Perio., PhD, Dr. Parvez Dara, MD, MBA: “We must not expose our children to ‘unnecessary’ harm. We must not expose them to a substance that has not been tested on children (or plan to be) in the way it should be and for as long as necessary. We must not expose children to a vaccine that based on their risk, is absolutely not needed. Moreover, they can become infected naturally, if their immunity is needed.”
<https://www.aier.org/article/why-we-must-not-be-forced-into-vaccinating-our-children-from-covid-beware/>
5. Dr. Robert Malone (MD, Northwestern School of Medicine, MS, UC San Diego and Salk Institute Molecular Biology and Virology Laboratories, Giannini Postdoctoral Research Fellow, UC Davis, Harvard Medical School fellow -- Global Clinical Research Scholar (2016), original inventor of the mRNA vaccine platform used in the Pfizer and Moderna COVID-19 vaccines as well as the DNA vaccine platform used by Inovio): Interview in which Dr. Malone voices his grave medical and scientific concerns for the use of any of the COVID shots, especially in children:
<https://unityprojectonline.com/news/dr-robert-malone-md-on-the-joe-rogan-experience/>
6. Dr. Peter McCullough (MD, FACC, FAHA, FASN, FNKF, FNLA, FCRSA, Chief Medical Advisor, Truth for Health Foundation; President, Cardiorenal Society of America; Editor-in-Chief, Reviews in Cardiovascular Medicine; one of the most highly published medical specialists in practice today and an authoritative commentator for major media on COVID-19). Dr. McCullough has been interviewed hundreds of times and testified to numerous legislatures and to Congress. He is a tireless proponent for early treatment to save lives, and although he at first administered the EUA shots to his patients, as information began to emerge, he stayed informed and up-to-date. He no longer supports use of any of the existing COVID-19 shots. His interview by Joe Rogan is extensive and can be found here:
<https://unityprojectonline.com/news/dr-peter-a-mccullough-on-the-joe-rogan-experience/>

In an [interview in August 2021](#), Dr. McCullough reviewed his five main points of education:

- a. COVID-19 is NOT spread asymptotically
- b. Asymptomatic people should not get tested

- c. Natural immunity is robust complete and durable
- d. COVID-19, no matter what variant, is easily treatable at home
- e. Current COVID-19 vaccines are obsolete and should be considered unfit for human use. “They [the vaccines] do not cover the new variants; patients are failing on these vaccines. They’re being hospitalized and getting sick despite having had the vaccines . . .the vaccines at this point in time have amounted to record mortality and injury and should be considered unsafe and unfit for human use.”

“Dr. Peter McCullough’s 5 most important truths about COVID-19,” LifeSiteNews, August 4, 2021,
<https://www.lifesitenews.com/news/dr-peter-mcculloughs-5-most-important-truths-about-covid-19/>.

EXAMPLES OF ETHICAL, LEGAL, AND SOCIAL ISSUES LISTED BY [THE UNITY PROJECT](#):

- [Why the CDC Ignores Natural Immunity](#), by Aaron Kheriaty
- [Judicial Precedents and Vaccine Mandates](#), by Aaron Kheriaty
- [Why I am Challenging in Court the University of California’s Vaccine Mandate](#), by Aaron Kheriaty
- [University Vaccine Mandates Violate Medical Ethics](#), by Aaron Kheriaty, *The Wall Street Journal*
- [Dear Pfizer: Leave the Children Alone](#), by Paul Alexander
- [Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial](#), by Paul Thacker
- [How College COVID Vaccine Mandates Put Students In Danger](#), by Bostom, McCullough, Kheriaty, Rietsch, Cretella, and Bradley
- [Scientists Sue the FDA for Data it Relied Upon to License Pfizer’s Covid-19 Vaccine](#), by Aaron Siri
- [Covid-19 Vaccine Manufacturers Can Harm You With Near Complete Impunity](#), by Aaron Siri
- [FDA Buries Data on Seriously Injured Child in Pfizer’s Covid-19 Clinical Trial](#), by Aaron Siri
- [Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital’s Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS](#), by Aaron Siri
- [Vaccine Mandates: The Next Prohibition?](#), by Justin Hart
- [Jab Mandates Are Both Unethical and Fail the Cost/Benefit Test](#), by Michael Tomlinson

DATA DISASTER: A Call for an Investigation Into the CDC's Conduct During COVID-19. <https://standforhealthfreedom.com/cdc-investigation/>

EXAMPLES OF PUBLIC OPPOSITION - GLOBAL

- Paris, France:
<https://rumble.com/vr0wcf-france-yellow-vests-stage-rally-in-paris-against-covid-measures-18.12.2021.html>
- Austria: <https://rumble.com/vridjv-rising-up-in-austria.html>
- London, England:
<https://rumble.com/vrcp2h-britain-sees-massive-protest-against-vaccine-passports.html>
- Australia:
<https://rumble.com/vpld09-australia-nov20th-nationwide-massive-vaccine-protests-from-perth-melbourne-.html>
- New Zealand
<https://rumble.com/vqve38-thousands-protest-covid-19-rules-in-new-zealand.html>

EXAMPLES OF U.S. PUBLIC OPPOSITION

Evidence that half the country refusing; people willing to lose jobs rather than comply; large organizations of professionals publishing position papers; example of LA Unified School district; Enumclaw example?

<https://www.cityofenumclaw.net/DocumentCenter/View/6670/Res-1734---Covid-19-Vaccine-Verification-Discrimination>

Less than half of parents support a requirement for middle and high school students to be vaccinated for COVID. "About One in Five Americans Remain Vaccine-Resistant," Gallup, August 6, 2021,

<https://news.gallup.com/poll/353081/one-five-americans-remain-vaccine-resistant.aspx>

Healthcare workers are willing to lose their job rather than take the COVID vaccine.

"Roughly 3,000 hospital workers lost jobs over Washington's COVID-19 vaccine mandate," KING 5 News, November 17, 2021,

<https://www.king5.com/article/news/local/washington-hospitals-lose-roughly-3000-workers-over-covid-19-vaccine-mandate/281-b0ff14de-27b6-4b0a-bcca-ed924c314ca0>

As of October 19, 2021, nearly 2,000 state workers chose to be fired rather than take the vaccine. "Nearly 1,900 Washington state workers quit or are fired over COVID vaccine mandate," *The Seattle Times*, October 19, 2021,

<https://www.seattletimes.com/seattle-news/politics/nearly-1900-washington-state-workers-quit-or-are-fired-over-covid-vaccine-mandate/>

There have also been many stories in the news describing our service members who are being discharged secondary to their declination of the shots.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

Do any of the COVID-19 shots fulfill this criterion? No.

The burden on school nurses for tracking COVID cases and for managing all the COVID measures is already unreasonable. ICWA board member Heidi Hartnell is a teacher in Washington State and can speak to the amount of time schools already spend tracking COVID cases and close contacts. If the requirement of vaccination is added to the existing required measures, this would create an extensive amount of maintenance and updating of immunization records. She says, “With the demonstrated waning efficacy of the COVID vaccination in adults, it would seem that this would also be true with children. If children are required to be “up to date” with a booster every six months, this will be a huge burden on schools as vaccination records will constantly need to be checked and updated. Currently, a majority of the required vaccinations are completed by the time a child enters kindergarten and these forms do not require frequent updating. However, if the COVID shot and subsequent boosters were to be added, this would place a hardship on already wearied teachers and school personnel. Ultimately these shots do not prevent contracting or transmitting the virus, and so this work achieves nothing in the public health sense.”

The only thing that makes sense, given that >99.9% of children are at zero risk from COVID, is to simply enforce the “stay at home if symptomatic” rules that have served public health well for decades. We can never achieve, nor would we want to achieve, zero exposure schools. Children’s immune systems need exposure to the microbial world, including to viruses, to properly develop and protect them as adults. This is just as true for COVID, which has become endemic, so children will be encountering the virus and mutations for the rest of their lives. More than 140 studies demonstrate that natural immunity will serve them well and far longer than the shots, and it is their

parents who should make the risk-benefit decision, not the State of Washington. "144 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted," Brownstone Institute, October 17, 2021.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Public health would be even better served if the BOH would acknowledge natural immunity, and support and promote early treatment protocols, so that everyone of all ages and of any vaccination status could see better outcomes.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html> -

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

Do any of the COVID-19 shots fulfill this criterion? No.

Considering the risks discussed in Criterion #4 above, the burden of compliance on parents is unacceptable.

Considering that any injury sustained by a child is borne completely by the parents because the manufacturers are shielded under the Public Readiness and Emergency Preparedness (PREP) Act, the burden of compliance is unacceptable.

<https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx>

The shots are available everywhere, even grocery stores often without an appointment, so it is easy for most parents to find an opportunity to get their child a shot if they so choose, but for those parents who choose to opt out of a school vaccine requirement, the burden is out of balance.

Parents can't go to Safeway or Rite Aid for an appointment with a practitioner to get the required risk-benefit consultation and signature. They must make an appointment with a practitioner, take time off work, arrange transportation, etc. That first step is now the most burdensome. For the past several years, it has been increasingly difficult for parents to find any practitioner willing to give them the required risk-benefit consultation. Many doctors and clinics are kicking families out of their practices who do not vaccinate, or who do not fully vaccinate according to the CDC schedule. This has nothing to do with health or protection and everything to do with the financial incentives built into the

insurance and public health systems that reward high vaccination uptake. This practice is supported by the American Academy of Pediatrics, which has critical conflicts of interest associations with the pharmaceutical and medical industries. “The AAP recently issued a clinical report that stated it is an “acceptable option for pediatric care clinicians to dismiss families who refuse vaccines”

<https://www.infectiousdiseaseadvisor.com/home/topics/prevention/new-aap-policy-on-patient-dismissal-for-vaccine-refusal-may-erode-solidarity-among-pediatricians/>

The BOH’s criterion is based on the assumption that “a process exists to opt out of immunization requirements by children attending either child care or school.” If parents are unable to find a practitioner willing to provide the required risk-benefit consultation and sign an exemption form or letter stating that they have done so, then that opt-out does not exist.

And finally, a tremendous burden exists in the coercive aspect of any vaccine requirement. Parents who opt their children out of one or more vaccinations experience emotional and psychological stress because they know they face scrutiny by school staff, by health care providers, by surveillance systems, as well as cultural pressure. Children who lack one or more vaccinations are singled out at various times, excluded from school and extracurricular activities. If a vaccine is NOT on the schedule, a parent is able to choose what is best for their child without the added stress. It is an unreasonable burden to stress entire families with a requirement that should be a personal medical decision. It is incomprehensible that the Board would even consider such a requirement with products that cannot prevent infection or transmission.

BOARD CRITERIA FRAMEWORK:

The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.” Harm to others cannot be prevented by requiring children attending school to take this vaccine.

From: Michelle Giles
Sent: 2/15/2022 12:25:51 PM
To: Shannon Reynolds, David Rubino, Reykdal, Chris (DOHi)
Subject: Re: SuperBowl & The Big Game

External Email

When you know better. You do better.
We now know better, so please DO better.
Remove the masks, remove the mandates. It's no longer science.

From: Shannon Reynolds <shannontreynolds@outlook.com>
Sent: Monday, February 14, 2022 5:21 PM
To: David Rubino <tigger@live.com>; superintendent@k12.wa.us
<superintendent@k12.wa.us>
Cc: Julie Olsen <julie.olsen02@me.com>; Tanya Goodman
<goodman_tanya@outlook.com>; sarrafans@bsd405.org <sarrafans@bsd405.org>;
watsonc@bsd405.org <watsonc@bsd405.org>; shuij@bsd405.org <shuij@bsd405.org>;
chewc@bsd405.org <chewc@bsd405.org>; arasj@bsd405.org <arasj@bsd405.org>;
jarvisa@bsd405.org <jarvisa@bsd405.org>; pattersony@bsd405.org
<pattersony@bsd405.org>; gallingerh@issaquah.wednet.edu
<gallingerh@issaquah.wednet.edu>; weavers@ussaquah.wednet.edu
<weavers@ussaquah.wednet.edu>; mullings2@issaquah.wednet.edu
<mullings2@issaquah.wednet.edu>; mooorea@issaquah.wednet.edu
<mooorea@issaquah.wednet.edu>; maraldom@issaquah.wednet.edu
<maraldom@issaquah.wednet.edu>; thieler@issaquah.wednet.edu
<thieler@issaquah.wednet.edu>; schoolboard@issaquah.wednet.edu
<schoolboard@issaquah.wednet.edu>; jholmen@lwsd.org <jholmen@lwsd.org>;
elaliberte@lwsd.org <elaliberte@lwsd.org>; mstuart@lwsd.org <mstuart@lwsd.org>;
sbliester@lwsd.org <sbliester@lwsd.org>; ccarlson@lwsd.org <ccarlson@lwsd.org>;
lchoi@lwsd.org <lchoi@lwsd.org>; boardmembers@lwsd.org
<boardmembers@lwsd.org>; michaela.miller@k12.wa.us
<michaela.miller@k12.wa.us>; jenny.plaja@k12.wa.us <jenny.plaja@k12.wa.us>;
maria.flores@k12.wa.us <maria.flores@k12.wa.us>; cindy.rockholt@k12.wa.us
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Karilynd@me.com <Karilynd@me.com>; Monica.legatt@gmail.com
<Monica.legatt@gmail.com>; Bowic999@gmail.com <Bowic999@gmail.com>;

newsdesk@973kiro.com <newsdesk@973kiro.com>
Subject: Re: SuperBowl & The Big Game

Enough is enough. End all the mandates now.

Perhaps if our kids were rich and famous they wouldn't have to wear their masks to school every day like the 70k fans at the super bowl last night. The hypocrisy is deafening.

Sent from my iPhone

On Feb 14, 2022, at 5:07 PM, David Rubino <tigger@live.com> wrote:

□

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com>
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education,
WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k
mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to
millions sitting at home watching that we have been played. We've been played by our
State Schools and Government.

We are no longer asking. We are demanding that immediately mask
mandates be rescinded from our schools and release our children from these harmful
practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: frieda stephens
Sent: 2/17/2022 8:35:24 AM
To: DOH WSBOH
Cc:
Subject: AGAINST Requiring Covid Shots for preK-12

External Email

I am against this Covid Shot which is "NOT" a vaccine. It is unnecessary for children to get this shot. Have you not watched/listened to the Dr Ardis, Dr Mercola or Dr. Tennpenny's videos and research?

You are deciding on a SHOT (NOT a vaccine because there were no trial studies; we, the people are the trial studies) that is for the flu which is NOT harmful or a health threat to kids.

Frieda

From: Testify Online Survey
Sent: 2/10/2022 12:13:53 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

WA

2.

Agenda Item or Issue:

3.

Your Name:

Jodi Wilke

4.

Do you have a professional title?

1. Yes

LPN

5.

Are you representing an organization?

2. No

6.

Address:

730 Gise Street

7.

Email:

jodiwilke@gmail.com

8.

Phone Number (Include Area Code):

3605404663

9.

Do you have any special expertise relevant to this topic?

2. No

General expertise - literate in reading scientific studies

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Whether to include COVID 19 on list of vaccine-preventable diseases

11.

Are you Pro or Con on the proposal?

2. Con

I wanted to inform you that the PowerPoint presentations (2) that showed any references - the reference pages were either skipped through too quickly to record screen shots, or were skipped entirely. Public should have access to these for further investigation

From: Harley Black
Sent: 2/10/2022 8:12:52 PM
To: DOH WSBOH
Cc:
Subject: Bonds

External Email

File claims against their bonds for their crimes.

From: Testify Online Survey
Sent: 2/13/2022 3:34:35 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

feb 17th, 2022

2.

Agenda Item or Issue:

246-105 wac

3.

Your Name:

von galt

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4727 Sound Ave, Everett, WA 98203

7.

Email:

eslcomputertraining@gmail.com

8.

Phone Number (Include Area Code):

2065748844

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a parent.

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

1. Pro

All public servants have an indemnity bond, and we will go after it if your approval of adding the covid-19 inoculations into 246-105 WAC causes ANY vaccine injuries. The SBOH, TAG, and related parties will be held liable in court.

From: ganymeade3
Sent: 2/25/2022 5:17:46 PM
To: Arne Mortensen, WeberD@co.cowlitz.wa.us, jabuschj@co.cowlitz.wa.us
Subject: CDC REFUSES To Release Covid Booster Data 2-25-22 The Jimmy Dore Show

External Email

<https://www.bitchute.com/video/NfQQvCnEUmO5/>
DO YOU STILL TRUST THE CDC!

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal
Sent: 2/21/2022 11:34:18 AM
To: DOH WSBOH
Cc:
Subject: RE: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case

State of Washington Secure Email Portal

<https://emailencryption.twsegcloud.com/branding/trustwave_watech/en_US/images/emailBanner.gif>

"Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> has sent you an encrypted message via State of Washington Secure Email Portal. You have 30 day(s) left to collect this message before it expires.

* Subject: RE: Complaint is against the Washington Medical Commission for fraudulent conduct. Ref: Washington Medical Commission Case
* Sent: February 21, 2022 11:33:44 AM, PST
* Expires: March 23, 2022 12:33:48 PM, PDT

The State of Washington Secure Email Portal has changed providers. You will need to create a new account to access your message. We apologize for the inconvenience.

Once you've created your account, you can view your messages you receive from "Secure Email From jtopper49@hotmail.com via State of Washington Secure Email Portal" <jtopper49@hotmail.com> directly from your State of Washington Secure Email Portal account:

* Email: wsboh@sboh.wa.gov

Create your account and read your message

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F)>

Need help? Visit the State of Washington Secure Email Portal online tutorial

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Femailencryption.twsegcloud.com%2F)>

Do not reply to this message; this message was auto-generated by the sender's security system. To reply to the sender, first create your account and read your message.

From: Debra Wells

Sent: 2/17/2022 10:23:55 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH)

Cc:

Subject: Data from Israel, the CMS database, GB's yellow card system and the military database

External Email

Data from Israel, the CMS database, GB's yellow card system and the military database should also be taken into account for a more well rounded data indicators for adverse reactions, injuries and death.

Also, 20% of myocarditis result in death in 5 years. This is not mild.

Debra Wells

On Thursday, February 17, 2022 10:20 AM, Debra Wells <debrakwells@startmail.com> wrote:

There have been reports that VEARS isn't allowing reports or is timing out at 30 minutes. Basically, discouraging reporting. Also, VEARS only represents 1 to 10 percent of events. So, considering the low reporting percentage must be taken into account.

Debra Wells

On Thursday, February 17, 2022 10:06 AM, Debra Wells

<debrakwells@startmail.com> wrote:

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information

should have been given to people prior to getting the vaccine and informed consent should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths cause by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

Debra Wells

On Thursday, February 17, 2022 9:09 AM, Debra Wells
<debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra Wells
<debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells
<debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells <debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra

Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the

article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C013c153800f44ca39c9008d9f242a57f%7C11d0>

All Cause Mortality in the United States During 2021

[aier.org/article/all-cause-mortality-in-the-united-states-during-2021/](https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C013c153800f44ca39c9008d9f242a57f%7C11d0>

January 30, 2022

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNK
Gilbert G. Berdine, M.D
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert
g-berdine-m-
d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C013c153800f44ca39c9008d9f242a57f%7C11d0e21

– January 30, 2022

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-
search-
results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C013c153800f44c
Reading Time: 5 minutes

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNK

The CEO of the OneAmerica insurance company
recently disclosed
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finsurance-
forums.com%2Flife-insurance%2Foneamerica-ceo-says-death-rates-among-working-
age-people-up-
40%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C013c153800f44ca39c9008d9f242a57f%7C11d0e2
that mortality in the 18-64 age group was 40 percent higher during the 3rd and 4th
quarters of 2021 than during pre-pandemic levels. For reference, the CEO indicated that
a 10 percent increase would have been a 1-in-200-year event. Furthermore, most of the
deaths were not attributed to Covid.

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNK

Figure 1: US weekly deaths by age group. Data
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fnvss%
is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The
gray curves are data for 2015-2019.

The OneAmerica insurance company serves a subset of the US population. The CDC collects mortality data <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fus%2F2015-2021%2Fby%2Fage%2Fgroup%2F> for the entire US population. Figure 1 illustrates the weekly US mortality from 2015-2021 by age group. Several generalizations are readily apparent. The years 2015-2019 were very similar for all age groups forming a tight band of usual expectation. The tightness of the band for 2015-2019 means that relatively small increases in mortality are very significant events. There has been nothing unusual about mortality for the Under-25 age group during the Covid period compared to recent history. The last 10 weeks of data for 2021 are incomplete due to delays in reporting death certificates. Otherwise, mortality for the Over-25 age groups have been higher than historic norms starting in about March of 2020 and continuing to the present time with one big exception for the 85+ age group.

There is a very interesting interval from Week 10 (March 7) 2021 to Week 24 (June 13) 2021. Deaths in the 85+ Age Group are LOWER than average during this interval. Total deaths for Weeks 10-24 averaged 248,536 during 2015-2019, but were 242,372 during 2021. For the 25-44 age group, total deaths for Weeks 10-24 averaged 38,955 during 2015-2019, but were 54,789 (40.6 percent higher) during 2021. Daily Covid deaths (7-day moving average) <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.worldometers.info%2Fcoronavirus%2Fusa%2F> in the US were declining from 1,689 on March 7, 2021, to 387 on June 13, 2021. This time period was the decline phase of the winter outbreak that peaked around January 18, 2021, and reached a nadir around July 8, 2021 prior to the Delta surge. One cannot plausibly attribute the above average deaths for the 25-44 age group during this time period to Covid. What was responsible for these deaths?

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNK>

Figure 2: Weekly US mortality by Cause Group. Data <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fncchs%2Fnvss%2Fmortality%2Fweekly%2Fus%2F2015-2021%2Fby%2Fage%2Fgroup%2F> is from the CDC. The gold curve is data for 2021. The red curve is data for 2020. The gray curves are data for 2015-2019.

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory

diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C013c153800f44ca39c9008d9f242a57f%7C11d0e21>>

<data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAABCAQAAAC1HAWCAAAAC0IEQVR42mNk

Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

Get notified of new articles from Gilbert G. Berdine,
M.D and AIER

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Jerry Snyder
Sent: 2/10/2022 2:34:34 PM
To: DOH WSBOH
Cc:
Subject: Covid questions

External Email

I work in a small department in a retail store. Two of my co-workers have had all their covid shots. Both of them have tested positive twice for covid and have also spread covid to others in our department.

Also, both of those coworkers spread illness to those who were not vaccinated within 5 days of their own vaccinations. One of the coworkers was very aware that 4 of us were sickened within 5 days of their vaccine.

I also have a nephew who is 19 years old. The day after his vaccine he became paralyzed. His doctor confirmed that he contracted covid from his vaccine. He had trouble breathing and now has inner ear damage and other issues. He is about 9 months out from his vaccine and is still disabled.

I also met a young mother of 4 who had covid and was convinced by doctors she needed to get her vaccines. After her first one, she became extremely ill. The Safeway pharmacy convinced her to get her second shot.

After her second shot she began vomiting and feeling dizzy. She went back to the Safeway pharmacy and reported what happened and the declined to report this incident to Vaaers.

She now has been diagnosed with MS and heart failure, she has lost over 80 pounds since her vaccines. She was wearing a heart monitor when I met her. I also know of a massage therapist who experienced an adverse event after both her vaccines and had to pull over and call someone to drive her home.

And what about all these athletes who had dropped dead on the field after their vaccines? What about the doctors and nurses who have died from the vaccines?

In my opinion these vaccines are not safe! If I personally know three or more people who have been injured or have died from the vaccine wouldn't that be a red flag to you people?

I guess I just am a normal human with limited medical information but lots of common sense. When I see what is going on and my brain says, "STOP!" not so fast! We need much more research and trials before we inject these dangerous substances into our babies!

Jerry and Karen Snyder
Karen: 253-838-0400
Jerry: 253-886-1015

From: Tiz @ CLG / NATF
Sent: 2/14/2022 11:40:42 PM
To:
Cc:
Subject: Warp Speed, Omicron, Delta_Area 51

External Email

If you'd like to hear something interesting: On an Art Bell show on 9/26/97; Bob Lazar is speaking of his work with the propulsion systems of the alien craft technologies.

The vessel had 2 modes of propulsion: Omicron and Delta. Delta was "warp speed" (at approx. 2:14:50 into the show)

<https://rumble.com/embed/vrlp6s/?pub=j496f>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fembed%2Fvrlp6s>

<https://rumble.com/vu7v9u-ufos-and-area-51-w-art-bell.html>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvu7v9u-ufos-and-area-51-w-art-bell.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccb5f484c8f2141c86db708d9f0567625%7C11d0e>

I am

Sovereign by nature of existence; not of license nor statute, and it does not take leave based on administrations, nor does it suffer deprivation due to jurisdiction. Sovereignty remains while policies change.

"They" say that Life is what you make it.

What are we to do, upon confirmation that "they" are Liars?!

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ccb5f484c8f2141c86db708d9f0567625%7C11d0e>>
Secure Email.

From: Morna Gilbert
Sent: 2/10/2022 10:33:16 AM
To: DOH WSBOH
Cc:
Subject: ?? for dr. lim

External Email

University of WA presenter - Dr. Lim

1. How can a vax that lowers immune function be effective when the natural immune system is much more effective? Is vax really logical???
2. This presentation appears very agenda driven - that causes much doubt in his numbers - can you honestly say this is not agenda driven?

From: Tasha Ohnemus
Sent: 2/11/2022 7:47:07 AM
To: DOH WSBOH
Cc:
Subject: You are liars, well 12/17 of you

External Email

Liars. Liars. Liars. Liars. Does not stop transmission. Liars. Facade. Guilty. You will be sued into the ground. History will not be kind to you.

Liars.

From: Chan & Patti Bailey
Sent: 2/15/2022 10:30:48 AM
To: DOH WSBOH
Cc:
Subject: Questions - 02/17/2022 TAG Meeting

External Email

Please forward to Vice Chair Pendergrass

1) The meeting is planned around the "Effectiveness" Criteria.
Why isn't Criteria # 3 included on the agenda?

2) During the 02/10/2022 meeting "prevention" was discussed not as preventing disease, but as reducing the risk of serious illness or death. Criteria #2 is that "this antigen is effective based prevention data in Washington State"
Will this meeting discuss prevention correctly?

3) Criteria 4 There should be a lot of discussion regarding the heart problems experienced by young men after receiving the Pfizer shot, as well as significant time spent fairly discussing VAERS information.

Sincerely,

Chan Bailey 509.991.7637
PO Box 307
Colbert, WA 99005

From: DOH COVID Vaccine
Sent: 2/23/2022 6:00:25 PM
To: DOH WSBOH
Cc:
Subject: FW: parent views on quarantine

Public comment

From: guohua dong <maryguohuadong@yahoo.com
<mailto:maryguohuadong@yahoo.com> >
Sent: Thursday, January 6, 2022 6:21 PM
To: DOH PCH Immunization Child Profile <OICP@doh.wa.gov
<mailto:OICP@doh.wa.gov> >
Subject: We firmly oppose to quarantine people who have not been COV19 vaccinated

External Email

Dear Hannah Febach

Regarding your plan to quarantine people who have not been vaccinated, we firmly oppose it.

God is consistent with everyone having the right to choose freely, and no government has the right to deprive this power. The constitution also does not comply with the power of any ruler. Anyone who takes illegal actions will be subject to the law.

Mary

From: Kay Hestad
Sent: 2/15/2022 2:33:32 PM
To: DOH WSBOH
Cc:
Subject: Talk to a Live Person

External Email

Good Afternoon,

I would love to talk to a live person from your agency considering I was sent in your direction from the DOH.

Thanks!

Call me at 425-269-3752

From: Salina Evans
Sent: 2/23/2022 3:24:26 PM
To: DOH WSOH
Cc:
Subject: Re: Development of Rules and Regulations for State Covid Vaccinations for School Age Children

External Email

Dear Sirs:

I write to oppose your attempts to railroad an emergency authorized vaccine which is not a vaccine with a clinical trial that failed!

Dr. Kronman quoted an observational study done in Israel. Your data is moot. Why would any country vaccinate children when the risk of death and hospitalization from COVID is so low in children.

Also, your attempt to discount VAERS is appalling. It is a well-known fact that VAERS is under-reported, thus, your downplay of its importance is unacceptable. I also suggest that your group needs to view all data, not just "your" side. You all need to view the data as presented here to get a well rounded perspective:

https://m.theepochtimes.com/global-covid-summiot-boise_428503.html?utm?source=ai&utm_medium=sea
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.theepochtimes.com%2Fglobal-covid-summiot-boise_428503.html%3Futm%3Fsource%3Dai%26utm_medium%3Dsea&data=04%7C01%7Cwsboh%40sb>

Additionally, the discussion of myocarditis, was again one-sided. It was mentioned that myocarditis occurs with many viruses, however, you ignore the occurrence of myocarditis in the vaccinated as it compared to the unvaccinated. Also, you downplay the effects of myocarditis when you of all people should know effects of myocarditis can be a life long problem. I believe the idea that the symptoms are short term is unconscionable to say. For one, given that this is an untried emergency vaccine, one cannot claim short term symptoms.

The speaker also stated that the Vaccine Safety Database is the most reliable? It is the "slowest". If that is so, why is there such a rush to make this vaccine on the schedule so quickly.

Therefore, benefits do NOT outweigh the risk. Children are the least likely to be hospitalized and death rate is very low. Check our own state and county dashboard data.

And finally, I ask you to disclose the amount of money your speakers have received from Pharma. And if their salary comes from pharma, then they have a conflict of interest.

Salina Evans

Parent and Citizen of King County

Washington State

From: JULIE KISSICK MALLOY

Sent: 2/9/2022 1:11:56 PM

To: DOH WSBOH,DOH-PIO (DOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: D4E0448A-1324-41EA-BF14-58AE0FC00167

External Email

Snoqualmie Valley Marines Testing Masks with Bear Spray - YouTube

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Snoqualmie Valley Marines Testing Masks with Bear Spray

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

Bear spray = 3-6 microns Covid = 0.1-0.3 microns (significantly smaller). Thesis – if you believe this mask will protect you from Covid, then in theory you believe this mask will protect you from CS gas. Best size microns for study -

<https://www.officerstore.com/images/particlesize.pdf>

<https://nvlpubs.nist.gov/nistpubs/ir/2007/ir7395.pdf> N95 ...

www.youtube.com

Watch and learn!

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FJulieKissick>

From: birthsupport@aol.com
Sent: 2/10/2022 2:12:41 PM
To: DOH WSBOH
Cc:
Subject: MANDATING VACCINES

External Email

YOU SHOULD BE ASHAMED LYING TO THE PUBLIC!!!! Where is your evidence showing that the covid shots prevent transmission or infection!!!????? THE SHOTS DO NOT PREVENT INFECTION OR TRANSMISSION THAT IS A FACT!!!! YOU ARE LYING TO THE PUBLIC!!! I WILL BE SUIING YOU!!!

AMY WESTMAN

From: KATRINA HARRIS

Sent: 2/14/2022 12:12:38 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Kahler, Kelie (SBOH)

Cc:

Subject: Dr. Umair A Shah - Tweet



attachments\498F5E119BA64550_Dr. Umair A. Shah Tweet.png

External Email

This is SO absolutely embarrassing and unacceptable for WA state. the Secretary of Health can travel to another state that is currently in a "State of Emergency" and go to the super bowl with thousands and thousands of unmasked fans but somehow our entire state is still under a mandate?

You all should be ashamed of yourselves.

From: Kara Michael

Sent: 2/17/2022 11:40:45 AM

To: Schoen Nicholas, Schwartz Pam, hr@seattlearch.org, Reykdal, Chris

(DOHi), sarrafans@bsd405.org, watsonc@bsd405.org, shuij@bsd405.org, chewc@bsd405.org, arasj@bsd405.org

Micheala, Plaja,

Jenny, maria.flores@k12.wa.us, cindy.rockholt@k12.wa.us, jon.mishra@k12.wa.us, veronica.gallardo@k12.wa.us

Amber (DOHi), DOR King County Leg Authority 2, DOH WSBOH, Thompson, Maddy (GOV)

Subject: CDC Update on Masks



attachments\703E506FCC9D4C5C_1645123566891blob.jpg

External Email

Hello,

I am writing to ask that Washington State, the State BOH, the Seattle Archdiocese, and all area schools work to DROP the mask mandate in schools. As you undoubtedly know, the CDC's Morbid and Mortality Weekly Report (dated Feb 11, 2022) recently noted NO STATISTICALLY SIGNIFICANT DIFFERENCE in COVID-19 transmission for indoor mask use. Given this new data, we are asking that the mask mandates requiring students to wear masks indoors be dropped immediately! I have copied the image for your review and will also insert the link for your confirmation.

https://www.cdc.gov/mmwr/volumes/71/wr/mm7106e1.htm?s_cid=mm7106e1_w&fbclid=IwAR0PHyamvig

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes/71/wr/mm7106e1.htm?s_cid=mm7106e1_w&fbclid=IwAR0PHyamvig

If we are following the science, this clearly indicates that Cloth mask use is NOT effective, not Statistically Significant, in reducing transmission. Not only this but the CDC website makes it VERY clear that the only way masks work to prevent the spread is to 1) wear the proper mask (N95/KN95) mask 2) ensure proper tight fit 3) put on and remove the mask properly. Medical personnel are given very specific training /monitored practice on these correct processes and to expect that young elementary and middle school aged children are going to wear/put on/remove their masks properly is (no offense) ignorant. Not only that, our children are putting on and removing their masks multiple times a day, thus putting them at even more risk of illness. We know COVID 19 is primarily spread through aerosol transmission but other illnesses are spread through contact and having the children touch their masks at multiple times during the day is actually increasing their risk of transmission of other illnesses that prevent them from attending school and puts them at risk of the traumatic COVID testing process, and requires them to miss school pending those results. Cumulatively, this is a horrible standard on our children with the hope that wearing a mask will protect them from a highly survival illness and the mask wearing routine offers NO STATISTICAL SIGNIFICANCE anyway. Washington State and our schools can and should do better for our families and children! An additional resource is:

https://www.cdc.gov/mmwr/volumes/71/wr/mm7106e1.htm?s_cid=mm7106e1_w&fbclid=IwAR0PHyamvig

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes/71/wr/mm7106e1.htm?s_cid=mm7106e1_w&fbclid=IwAR0PHyamvig

We see across the US, few schools currently requiring masks to be worn, and while transmission is occurring, this study confirms that mask wearing is not preventing the transmission. There is profound impact on our children's mental health by requiring them

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC7598570/>) done years ago, 1975, and the impact on creating a healthy parent/child attachment. While the study population was parent/child, certainly attachment for children and peers is undoubtedly similar. A study from the National Institute of Health by Green, Staff, Bromely, et al noted, The ability to read faces is also a much-needed skill within our society because it helps people gauge emotions of others and regulate their behavior and interactions accordingly. Under normal circumstances, humans have a coordinated package of communication cues, which include facial expressions, hand gestures, body language, words, pitch, tone, and face colour such as blushing. The communication cues act together to convey message and intent (Ong, 2020

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC7598570/>) (website: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7598570/>)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC7598570/>). This research concluded that , The difficulty in determining what facial expression a person is exhibiting behind a mask may present challenges for infants and young children as they depend on their parents' facial expressions, coupled with tone and/or voice to regulate their reactions toward others." I have heard some teachers note that the 2022-2023 kindergarten class has considerable behavior problems but it is highly likely that these children are unable to relate and connect to their peers and teachers as they are not as emotionally connected and have insufficient life experience to assume the reactions of their peers by NOT being able to see their facial expressions (website: The implications of face masks for babies and families during the COVID-19 pandemic: A discussion paper

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC7598570/>)

The implications of face masks for babies and families during the COVID-...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F>

COVID-19 has changed the way that newborn babies are cared for within the neonatal setting due to the introducti...

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>

<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/youtube.png>>

Still Face Experiment: Dr. Edward Tronick

Additionally, I am also requesting that you no longer require the contact tracing components to be managed by the schools. The State is receiving the majority of the COVID funding and they should be managing the contract tracing themselves and not adding this stressful and complicated task to school administrators (who are already overworked). Additionally this practice assumes that student illness is occurring at school at not at home via parent work settings or other public area transmission.

Very Kindly,
Kara Michael
Concerned Parent and Community member in Washington State

From: ganymeade3
Sent: 2/15/2022 3:52:53 AM
To: DOH WSBOH
Cc:
Subject: Mandates are ending everywhere but here

External Email

<https://www.zerohedge.com/political/mandates-are-leaving-europe-freedom-winning>

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>>
Secure Email.

From: Frank K
Sent: 2/21/2022 5:09:21 AM
To:
Cc:
Subject: Dear friend, Did you receive my previous email?

External Email

From: Ani Babaian
Sent: 2/15/2022 10:37:24 AM
To: Angela Pifer
Subject: Re: Kettle Falls, WA removes mask mandate - Federal Funding at Risk



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attachments\6029CB1ED076420D_image001.png



attachments\09811E3892104185_image004.png



attachments\DFD66480F8924FE0_image001.png

External Email

Thank you for keeping us informed and fighting the hood fight!

Thx
Ani

Sent from my phone

On Feb 15, 2022, at 10:08 AM, Angela Pifer <angelap@siboguru.com> wrote:



Good Morning!

Kettle Falls, WA removes mask mandate for their school children. The real risk?
'Defying Inslee and risk losing federal funding.'

We know why you are hesitant about removing masks from our children's faces. It looks like the news is starting to pick up on this as well. <https://www.kxly.com/kettle-falls-school-district-defies-gov-inslees-mandate-makes-masks-optional-for-students-and-staff/>

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: BRENDAN CURRAN <curran.t@comcast.net>
Sent: Tuesday, February 15, 2022 9:41 AM
To: liliana Benavides <lilivaz79@hotmail.com>; Ramsey Ramerman <ramseyramerman@gmail.com>; Tyler Litzenberger <TLitz@vectorrecorp.com>
Cc: Dasegowda Lokesh Marenayakanapalya <lokesmd@me.com>; Tanya Goodman <goodman_tanya@outlook.com>; maraldom@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; moorea@issaquah.wednet.edu; superintendent@k12.wa.us; sarrafans@bsd405.org; watsonc@bsd405.org; shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org; pattersony@bsd405.org; gallingerh@issaquah.wednet.edu; thieler@issaquah.wednet.edu; jholmen@lwsd.org; elaliberte@lwsd.org; mstuart@lwsd.org; sbliester@lwsd.org; ccarlson@lwsd.org; lchoi@lwsd.org; boardmembers@lwsd.org; michaela.miller@k12.wa.us; jenny.plaja@k12.wa.us; maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us; jon.mishra@k12.wa.us; veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us; kcexec@kingcounty.gov; wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov; yutao.pku@gmail.com; gulick.alissa@gmail.com; Alisaroseyuen@gmail.com; ams0808@hotmail.com; amyandrea30@hotmail.com; amysahagian@msn.com; amya@425fitness.com; andrewgustafson@live.com; Angela Pifer <AngelaP@SIBOGuru.com>; ahasheva@gmail.com; anib@keystonerei.net; art.n.jury@gmail.com; barbpender@comcast.net; barbarajean816@gmail.com; barnali.basu@gmail.com; beckieknapp55@gmail.com; drbenlynch@icloud.com; brknutson@comcast.net; Candacehulse@johnlscott.com; chadwridout@gmail.com; cpirozokpse@gmail.com; chris@calvary-ranch.com; christianannelson@gmail.com; christieallen@live.com; moricm2015@gmail.com; cin-cin@comcast.net; clairespiano@yahoo.com; ldcope3@gmail.com; cynthiadvn@yahoo.com; tigger@live.com; debbiemyoung@msn.com; deetole67@gmail.com; destineytompkins@comcast.net; ddsprings@gmail.com; g.canada@hotmail.com; irena.pashchenko@gmail.com; mmutzel@gmail.com; reba8311@gmail.com; regan131@hotmail.com; sadie.arnold@gmail.com; shirley.pho@gmail.com; stephlecovin@outlook.com; wine.stew@gmail.com; theresalane@comcast.net; thotton@icloud.com; tinalpalmer@gmail.com; kellyrad@gmail.com; Bowic999@gmail.com; newsdesk@973kiro.com
Subject: Our children Our future

As parents we are simply done.

We are done with the "rules for thee, but not for me" attitude on full display at the Super Bowl. The people making the rules are not following the rules. Why? My guess is they know the rules are not about preventing illness.

We are done watching our children languish and suffer because adults are unwilling to take responsibility for their own health. Two years into this, we now have the tools for everyone to protect themselves in whatever way they deem necessary. It doesn't matter what anyone else does.

We are done watching our children be used as a bargaining chip. Your job is to PROTECT our children who are our future. Instead you MONETIZE them for school funding. The WEA is shamelessly using them to push for a raise.

Masks need to be removed immediately.

And further, requiring the Covid vaccine to attend school is absurd. You can skew statistics to make any point you want as we saw in the recent TAG meeting. You can pretend to directly compare it to other vaccines on the schedule when a simple search will tell you that you are comparing apples to oranges. And you can fool a lot of people with this intentional manipulation. What you can't do is skew the long term data because there is NONE. There are cleverly carefully curated graphs to show what the vaccine "likely" does. But there is no information telling us its long term affects on ANY body, let alone a young growing body. Because the information doesn't exist. We already know efficacy with regards to Covid declines fairly quickly. What we don't know is how these vaccines impact every part of our beautifully complex bodies. So what's the plan?

How do you want to be remembered? Please put the children first.

Patricia Curran

From: sbyeman
Sent: 2/15/2022 10:49:30 AM
To: liliaa Benavides
Subject: Re: SuperBowl & The Big Game

External Email

Quit the political charades and end the mask mandates immediately. If Kettle Falls district can do it, you most certainly can as well. Put your big boy/girl pants on and END THE MASK REQUIREMENT NOW. You have awoken an angry group of moms/dads that will NOT back down until this is lifted. Save face and do it TODAY.

Stephanie B
LWSD parent

From: Kris Duncan
Sent: 2/18/2022 11:02:30 AM
To: DOH WSOBH
Cc:
Subject: Public Comment

External Email

Please read!

MASK

I do not believe mask mandates improve health as it relates to the Corona virus. I have looked for peer reviewed research. Quality peer reviewed data & scientific research is very slow to be released due to all the steps to complete. From completing the research study & writing the manuscript describing "purpose " to pre-submission formal review & ensuring no CONFLICT OF INTEREST is involved. Anything rushed is to be scrutinized.

The public knows it takes time to authenticate & replicate research properly.

What we have today is an experiment and mandates should not be allowed for an experiment (see Nuremburg code).

I do believe masking sets back our infants & toddlers in development regarding speech, emotion and social development. This is not ethical and will become a problem in 5-15 years.

I believe reducing our humanity through enforced masking is unethical & immoral. It encourages acts of criminal behavior through anonymity. The first thing a criminal does is hide the identification of oneself.

Integrity is questioned here. Ethics & morality is also.

COVID "VACCINE"

This COVID SHOT should not be mandatory as it has NOT been proven through rigorous testing, research and efficacy data. To give this experiment to humans without full safety & long term animal testing is immoral. To attempt to force humans or TRICK humans into accepting it is simply wrong (again see Nuremburg code). Any elected official or person in an office with the "power" to enforce accepting this injection on the public is also subject to laws for unethical & immoral purposes.

Stop illegal & harmful masking & injection of an experimental substance on humans immediately.

-Kris Duncan

From: Morna Gilbert
Sent: 2/16/2022 10:53:43 AM
To: DOH WSBOH
Cc:
Subject: Please give an answer



attachments\2BD4902B0E784E50_274077953_10158872274543893_3959474730941771740_n.jpeg

External Email

Where is the peer review documentation that masks even work for VIRUSES???

From: Sharon Maas
Sent: 2/10/2022 9:55:31 AM
To: DOH WSBOH
Cc:
Subject: Vaccines

External Email

Just asking you and the board to drop all vaccine mandates. Please follow the "real" science and see and hear the amount of deaths and health issues caused by the Covid vaccine.

Thank you
Sharo Maas, WA State resident

Sent from Sharon

From: Jane P

Sent: 2/10/2022 11:36:33 AM

To: Calder, Allegra (DOHi),eric.lofgren@wsu.edu,stevelim@uw.edu,Febach, Hannah M (DOH),Davis, Lora B (DOH),Newman, Laura P (DOH),DeBolt, Chas (DOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (DOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:

Subject: Forcing experimental medical treatment is pure evil criminal move. We The People will go after each of you who supports it!!!

External Email

Forcing experimental medical treatment is pure evil criminal move. We The People will go after each of you who supports it!!!

From: Stephen St. Clair (Myriad Consulting Inc)
Sent: 2/10/2022 9:21:48 AM
To: DOH WSBOH
Cc:
Subject: Recall: No to adding Covid vaccine to required vaccinations.

External Email

Stephen St. Clair (Myriad Consulting Inc) would like to recall the message, "No to adding Covid vaccine to required vaccinations.".

From: DOH Information
Sent: 2/23/2022 11:43:34 AM
To: DOH WSBOH
Cc:
Subject: FW: Remove the masks

Hello,

Below is public comment on the covid vaccine for school children.

Thank you,

Customer Service Specialist
Center for Public Affairs
Washington State Department of Health
DOH.Information@DOH.WA.GOV
1-800-525-0127|

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04>

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

From: Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>
Sent: Tuesday, February 22, 2022 7:26 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>; DOH Information
<DOH.Information@DOH.WA.GOV>
Subject: FW: Remove the masks

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

From: Marleenkerri <joshandmarleen@gmail.com>
Sent: Friday, February 18, 2022 11:17 PM
Subject: Remove the masks

External Email

To Whom it May Concern,
I am asking you not to vote for School required covid vaccines - It does not fit the statutes you are using. Current vaccines listed stopped further spread, and covid vaccine has not stopped anything. Break through cases are everywhere. There is much more evidence that the masks are damaging our children. As someone who works with kids from trauma, I can tell you that there has been more trauma in the last two years due to the masks than covid itself. Please think of our children and stop this madness.

Marleen Payment

From: Angelina Nalivayko
Sent: 2/10/2022 9:33:36 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Hello,
What is the TV channel for this? We have cable, but when turning on TVW, it's showing a legislative session.

Thank-you,
Angelina

Angelina Nalivayko
Head-of-School
Evergreen Christian Private School

From: cdezhgn
Sent: 2/15/2022 11:35:13 AM
To: DOH WSBOH
Cc:
Subject: emergency detention proposals

External Email

to whom it may concern:

I am completely against any of the proposed Covid Policies that are over reaching and immoral.

I stand against these proposed

WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

--

Stephen Litalien

11621 groveside ave
whittier ca 90604

From: j
Sent: 2/21/2022 12:18:43 PM
To: j
Cc:
Subject: CURES for COVID!!

External Email

Dear Family and Friends,

Here is information to save your life. Please consider

CURES FOR COVID-19 - Revealed By World Leading Medical Experts
(stopworldcontrol.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.stopworldcontrol.com%2Fcu>

From: Voicemail.NOREPLY@doh.wa.gov
Sent: 2/22/2022 8:52:40 AM
To: DOH WSBOH
Cc:
Subject: Fax Message from 7034579698 / "ARLINGTON VA"



attachments\D90DAEE833D64D6C_FAX___Fax_S1-050739_000.pdf

6th National
Student Safety and Security
Conference & Workshop
Conference: April 20-21 • Workshop: April 22 • Orlando, FL

February 22, 2022

Please deliver to:
Superintendent
School Resource Officer
School Safety Coordinator

Dear Colleague:

Re.: Invitation to the 6th National Student Safety and Security Conference, Orlando, FL

When you and your team participate in the NSSSC, you leave with knowledge and ideas you can put to work immediately. The NSSSC 2022 includes keynotes, sessions and an all-day workshop to help with your most pressing issues, and meet your planning deadlines, engaging staff, students, parents and community.

NSSSC will also include an important hands-on feature -- real-world simulations of community response to school shootings and related tragedies. Role-playing topics include response, recovery, prevention and preparedness.

Highlights:

- We present a clear overview of prevention, preparedness, response and recovery.
- Enough listening. The rest is hands-on experience.

Objectives:

- **Learn How to Plan:** Make everyone a stakeholder.
- **Protect Your School:** Spell out roles and responsibilities.
- **Know your Resources:** Test them against your toughest scenarios.
- **Know-How to Respond:** Recognize problems earlier. Make the right decisions faster.
- **Plan to Continue:** Keep the learning process alive.

For an updated agenda and speakers, please visit www.insssc.com.

The tabletop exercises, skillfully moderated by risk communicators, will encourage extended audience participation and explore effective methods of communication, coordination and collaboration at the local level.

We look forward to seeing you and sharing your views at this important event. Meanwhile, if you have any questions registering for the conference, we invite you to email info@insssc.com or call 703-466-0011.

Educationally,

Marina Bravo
Program Manager

From: Tom Jonez
Sent: 2/24/2022 9:36:07 AM
To: DOH WSBOH
Cc:
Subject: Do the Vaccines Prevent Transmission?

External Email

See the following perspective:

<https://rumble.com/vvq3tk-do-the-covid-19-vaccines-reduce-transmission.html>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C79d29dab01c746ab640f08d9f7bc1baf%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvvq3tk-do-the-covid-19-vaccines-reduce-transmission.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C79d29dab01c746ab640f08d9f7bc1baf%2F)>

Tom

Tom Jonez
Co-President
One Washington
tom@onewashington.com

From: Tina Palmer
Sent: 2/15/2022 1:34:08 PM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

Parents have been advocating for our kids for well over a year. As parents, we saw the damage being done to our children, the masks and quarantining were harming them. There was no amount of shaming that was going to get us to be quiet and stop trying to protect our children. We have pleaded with the school boards, we have shared facts, we have explained what laws were being violated in the place of "guidelines." We still live in America, we still have rights, there will still be consequences for violating those rights. It's time to get on the RIGHT SIDE OF HISTORY. The damage has been to these children but there is no excuse now for continuing these draconian measures. It is time to come together to heal what you have done. Now that we are a year + behind most of the states opening up fully and mask optional no one can honestly say horrible things will happen. Look at the data from states fully open. This is no longer a debate about science. It's a debate over power. You all know this. STOP IT! END THE MANDATES and STAND UP FOR THESE KIDS FOR GOD SAKE! Get your head out of your paycheck. These kids are our future.

On Mon, Feb 14, 2022 at 4:52 PM Tanya Goodman <goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Julie Olsen

Sent: 2/16/2022 7:55:29 AM

To:

Dow.constantine@kingcounty.gov,coronavirus@kingcounty.gov,joholmen@lwsd.org,Duchin,

Jeffery, MD (DOHi),Reykdal, Chris

(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org,

Micheala,Plaja,

Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us,

Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy (GOV)

Cc:

Subject: Your job

External Email

I am so thankful for Covid and the last three years... because now I'm AWAKE.

1. The government of the United States is here to WORK FOR the citizens (and there are enough of us who know this TRUTH to take a FIRM stand to make this a reality once again).

2. The mask and vax are unconstitutional and WRONG

DO THE RIGHT THING. DO YOUR JOB. STAY IN YOUR OWN LANE.

Thx

-Julie Olsen

Sent from my iPhone

From: Lisa Templeton
Sent: 2/15/2022 1:20:35 PM
To: liliaa Benavides,Ramsey Ramerman,Tyler Litzenberger
Subject: RE: Super Bowl & The Big Game--time to free our kids of the masks.



attachments\5259580C7A8B4857_image001.jpg

External Email

If it's good enough for Secretary of Health Shah, it's good enough for our precious children. Please, unmask our kids, now! They are being harmed.

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 6:06:23 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\6C05599EF803439D_20220214102147625.pdf

Received in the mail.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:22 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:21:47 (-0800)

Queries to: ricoh@doh.wa.gov

To Governor Inslee and the Department of Health

01/28/2022



I am writing regarding the following proposed policies you are trying to install based on the January 12, 2022 agenda.

- Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, and vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Including the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Although I wrote this letter for Washington State Board of Health, I am actually writing to you individually. You the living, thinking, feeling, human who's job is to serve the citizens of Washington State.

I am writing to you, Jay Inslee

I am writing to you, Umair A, Shah

I am writing to you, Jessica Todorovich

I am writing to you, Tamara Fife

I am writing to you, Kristin Peterson

I am writing to you, Les Becker

I am writing to you, Lacy Fehrenbach

I am writing to you, David Bayne

I am writing to you, Elizabeth Perez

I am writing to you, Tao Sheng Kwan-Gett

I am writing to you, Nathan Weed

I am asking that you listen in your capacity as a board member, paid public servant, and fellow human being, neighbor, and friend.

For nearly a year, you have been gradually conditioned to view the unvaccinated as enemies. You have been subjected to a relentless propaganda campaign designed to divide you from us; to dehumanize us; to paint us as science-deniers, conspiracy nuts, spreaders of disease, and threats to society.

Regardless of what the propagandists have told you, we are not your enemies. We are your neighbors; we are your colleagues; we are your friends; we are your family members; your grandparents; your parents; your siblings; your children.

We are human beings just like you. We love, we live, we think, we feel.

We have merely made a different choice for our bodies than you may have. And contrary to what the propagandists and the Governor tell you, that choice poses no threat to you or our shared community.

New stories documenting COVID outbreaks in fully vaccinated groups keep emerging, including cruise ships such as the MS Europa, MS Europa 2, Mein Schiff 6, and Aidanova.

While reporting on a third Royal Caribbean cruise ship outbreak, this *Miami Herald* article notes:

“The CDC reported there were 5,013 confirmed COVID-19 cases on cruise ships between Dec. 15 and 29, compared to just 162 cases in the two weeks prior, Nov. 30 to Dec. 14.

“According to the CDC’s database for COVID-19 on cruise ships as of Wednesday, all 92 cruise ships currently sailing in U.S. waters had people on board infected by COVID-19.”

After Puerto Rico health insurer Multi Health lost a court case that struck down their mandate and restored employees’ rights to decide about what would be injected into their bodies, the company instituted segregation: one building housed fully vaccinated employees, while the second building housed unvaccinated employees.

Guess which building experienced a COVID outbreak—and which one didn’t? It’s the opposite of what the media tells you. In this perfect real-world case control study, the building with the fully vaccinated employees suffered an outbreak, while the unvaccinated remained protected by their natural immunity, which has been proven superior to vaccination by 145 research studies to date.

And then consider this scenario at an Antarctica station: “100% vaxxed. 100% remote and quarantined. Still, covid outbreak in 2/3rds.”

I know what you’re thinking, “Okay, but what about the hospitals being overwhelmed by the unvaccinated?”

Well, big surprise, you've been deceived about that, too.

At a regional New York hospital serving a community with an under 50% percent vaccination rate, 90% of the individuals admitted to the hospital were documented to have received this vaccine.

The latest UK and Israel data reveal that vaccinated individuals comprise the majority of all hospitalizations and deaths in the over-50 group, a pattern that is becoming increasingly common.

If the vaccine does not prevent people from spreading or contracting COVID; being hospitalized; or dying from COVID, what possible justification can you provide for involuntarily detaining individuals and families in quarantine facilities?

And that's only part of the story. The other part of the story the one you are hiding Mr. Inslee, is the CDC's vaccine surveillance system has just surpassed a historic 1 million adverse event reports (1,016,999 as of 12/31/21) for the COVID vaccines, including 21,382 deaths 5,252 of which occurred within the first forty-eight hours following injection.

Contemplate that for a moment—nearly a quarter of reported deaths occurred within the first two days after vaccination.

Using Pfizer's own six-month data demonstrates that the COVID-19 vaccinations cause significantly more harm than good. Indeed, Pfizer's data shows the absolute risk reduction from its vaccine was only 0.84 percent, whereas there was a 300-percent increase in risk for adverse events.

Let me repeat that. Our government (you Mr. Inslee) our workplaces, our organizations, are demanding that its citizens accept a 300-percent increased risk of adverse events including death in exchange for less than a 1% risk reduction of contracting COVID.

Does that risk-benefit ratio sound reasonable to you? Pfizer, Moderna, and Johnson & Johnson, and you Mr. Ensley are gambling with our lives at zero-percent risk of liability thanks to their FDA-issued emergency use authorizations. None of you will be off the hook for this. This is a big mistake you will take to your grave.

Given the skyrocketing risk for death and injuries after injection with these products, how can you justify threatening to remove people from their homes and concentrate them in camps for refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, and vaccination?

But that's not all you're proposing. You're also wanting to include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

And children are dying after vaccination possibly as many as 800 so far. As of December 21, 2021, seventy-one dead children under 18 have been logged in VAERS.

More children die from the COVID vaccine than COVID itself. We are potentially sacrificing our children for fear of maybe dying, getting sick of a virus, a virus with a 99% survival rate.

What you will find, if you remove the blinders Big Media, Big Tech, and Mr. Inslee have placed over your eyes to shield you from the gruesome reality unfolding outside the telescreen, is that the science (the *actual* science, as opposed to the pharmaceutical-funded Science™) proves the COVID vaccines are **neither safe nor effective**. I am not an antivaxxer, just a thinking human being that doesn't want an injection of an unapproved substance. An unknown that is not a sterilizing vaccine for a virus with a 99.95% survival rate. As a scientist, I'd be happy to point you in the direction of what used to be "real science".

There are no FDA-approved vaccines being administered in the United States? That's right, we were hoodwinked by Big Pharma, yet again. The Pfizer product the FDA approved on August 23, 2021, is Comirnaty, which is unavailable in the United States, where the unapproved version is still being injected so Big Pharma can enjoy the blanket protection guaranteed by their emergency use authorizations. You should be ashamed of yourself Mr. Ensley.

If you pass these proposals, you will be remembered for your complicit cowardice and you will **not** be excused from accepting responsibility for your actions. It's your choice.

Sincerely,

Marilyn Olson

Washington State Citizen

M. L. OLSON
512 12th Ave SE
Olympia, WA,
98501

From: Debbie Lindell
Sent: 2/14/2022 12:17:52 PM
To: DOH WSBOH
Cc:
Subject: Fw: Adding Covid19 for inclusion in chapter 246-105 wac

External Email

From: Debbie Lindell
Sent: Monday, February 14, 2022 12:07 PM
To: wsboh@boh.wa.gov <wsboh@boh.wa.gov>
Subject: Adding Covid19 for inclusion in chapter 246-105 wac

I am a registered voter in the 21st legislative district. AGAINST this proposal and AGAINST "UNelected" appointees making public health decisions. When the VAERS report is finally investigated properly and published state governments will be held accountable for required Covid19 injections. They are not a vaccine they are a spike protein that provokes a limited immune response (Dr. Robert Malones own definition) STOP using failed democratic policies in Washington State. Debbie Lindell

From: Wendy Middleton
Sent: 2/10/2022 11:49:58 AM
To: DOH WSBOH
Cc:
Subject: Please Vote NO on Vaccine Mandate for K-12!!!

External Email

Dear Board of Health Members~

I beg of you: Please allow for a minimum of a few more years data collection/unbiased, scientific clinical trials before potentially adding the Covid 19 shot to the vaccination schedule for our K-12 students. Covid 19 is rapidly decreasing in both spread & severity. Our children are at almost zero risk for serious injury due to this virus right now. We owe it to future generations to be extremely cautious before needlessly forcing DNA technology into their impressionable bodies. Thank you in advance for doing what is right for our children, & pausing before exerting your authority toward a potentially dangerous mandate with as yet unknown repercussions.

With Gratitude,
Wendy Middleton
(Parent of 3 in the Snoqualmie Valley Unified School District)

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 2/9/2022 1:13:58 PM
To: DOH WSBOH
Cc:
Subject: FW: Against Masks and Mandates

From: JULIE KISSICK MALLOY <JMALLOY0663@msn.com>
Sent: Wednesday, February 9, 2022 1:09 PM
Subject: Against Masks and Mandates

External Email

Wake up. All of you.

We will continue to flood your office with phone calls, emails and oppose any mandate and masks on social media.

We will not give up or back off.

Julie Kissick Malloy

Julie Kissick Malloy

julie@jkcommunications.net <<mailto:julie@jkcommunications.net>>

www.jkcommunications.net

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jkcommunications.net%2F&>

253-298-9170

Like me on Facebook: JK Communications

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FJulieKissick>

From: Brandon White
Sent: 2/10/2022 10:52:30 AM
To: DOH WSBOH
Cc:
Subject: TAG overview comment

External Email

Hi,

I'm watching the webinar. Criteria #6 was not covered. please review Criteria 6.

Thank you.

Concerned parent and teacher.

Brandon White

From: Angela Pifer
Sent: 2/15/2022 10:08:19 AM
To: BRENDAN CURRAN, liliana Benavides, Ramsey Ramerman, Tyler Litzenberger
Subject: Kettle Falls, WA removes mask mandate - Federal Funding at Risk



attachments\6BCA6A33C63D4EF4_image001.png

attachments\4E905006BD754FA4_image004.png

External Email

Good Morning!

Kettle Falls, WA removes mask mandate for their school children. The real risk? 'Defying Inslee and risk losing federal funding.'

We know why you are hesitant about removing masks from our children's faces. It looks like the news is starting to pick up on this as well. <https://www.kxly.com/kettle-falls-school-district-defies-gov-inslees-mandate-makes-masks-optional-for-students-and-staff/>

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: BRENDAN CURRAN <curran.t@comcast.net>
Sent: Tuesday, February 15, 2022 9:41 AM
To: liliana Benavides <lilivaz79@hotmail.com>; Ramsey Ramerman <ramseyramerman@gmail.com>; Tyler Litzenberger <TLitz@vectorrecorp.com>
Cc: Dasegowda Lokesh Marenayakanapalya <lokeshmd@me.com>; Tanya Goodman <goodman_tanya@outlook.com>; maraldom@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; moorea@issaquah.wednet.edu; superintendent@k12.wa.us; sarrafans@bsd405.org; watsonc@bsd405.org; shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org; pattersony@bsd405.org; gallingerh@issaquah.wednet.edu;

thieler@issaquah.wednet.edu; jholmen@lwsd.org; elaliberte@lwsd.org;
mstuart@lwsd.org; sbliester@lwsd.org; ccarlson@lwsd.org; lchoi@lwsd.org;
boardmembers@lwsd.org; michaela.miller@k12.wa.us; jenny.plaja@k12.wa.us;
maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us; jon.mishra@k12.wa.us;
veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us; kcexec@kingcounty.gov;
wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov; yutao.pku@gmail.com;
gulick.alissa@gmail.com; Alisaroseyuen@gmail.com; ams0808@hotmail.com;
amyandrea30@hotmail.com; amysahagian@msn.com; amya@425fitness.com;
andrewgustafson@live.com; Angela Pifer <AngelaP@SIBOGuru.com>;
ahasheva@gmail.com; anib@keystonere.net; art.n.jury@gmail.com;
barbpender@comcast.net; barbarajean816@gmail.com; barnali.basu@gmail.com;
beckieknapp55@gmail.com; drbenlynch@icloud.com; brknutson@comcast.net;
Candacehulse@johnlscott.com; chadwridout@gmail.com; cpirozokpse@gmail.com;
chris@calvary-ranch.com; christianannelson@gmail.com; christieallen@live.com;
morcm2015@gmail.com; cin-cin@comcast.net; clairespiano@yahoo.com;
ldcope3@gmail.com; cynthiadvn@yahoo.com; tigger@live.com;
debbiemyoung@msn.com; deetole67@gmail.com; destineytompkins@comcast.net;
ddsprings@gmail.com; g.canada@hotmail.com; irena.pashchenko@gmail.com;
mmutzel@gmail.com; reba8311@gmail.com; regan131@hotmail.com;
sadie.arnold@gmail.com; shirley.pho@gmail.com; stephlecovin@outlook.com;
wine.stew@gmail.com; theresalane@comcast.net; thotton@icloud.com;
tinalpalmer@gmail.com; kellyrad@gmail.com; Bowic999@gmail.com;
newsdesk@973kiro.com
Subject: Our children Our future

As parents we are simply done.

We are done with the "rules for thee, but not for me" attitude on full display at the Super Bowl. The people making the rules are not following the rules. Why? My guess is they know the rules are not about preventing illness.

We are done watching our children languish and suffer because adults are unwilling to take responsibility for their own health. Two years into this, we now have the tools for everyone to protect themselves in whatever way they deem necessary. It doesn't matter what anyone else does.

We are done watching our children be used as a bargaining chip. Your job is to PROTECT our children who are our future. Instead you MONETIZE them for school funding. The WEA is shamelessly using them to push for a raise.

Masks need to be removed immediately.

And further, requiring the Covid vaccine to attend school is absurd. You can skew statistics to make any point you want as we saw in the recent TAG meeting. You can pretend to directly compare it to other vaccines on the schedule when a simple search will tell you that you are comparing apples to oranges. And you can fool a lot of people

with this intentional manipulation. What you can't do is skew the long term data because there is NONE. There are cleverly carefully curated graphs to show what the vaccine "likely" does. But there is no information telling us its long term affects on ANY body, let alone a young growing body. Because the information doesn't exist. We already know efficacy with regards to Covid declines fairly quickly. What we don't know is how these vaccines impact every part of our beautifully complex bodies. So what's the plan?

How do you want to be remembered? Please put the children first.

Patricia Curran

From: Debra Wells

Sent: 2/24/2022 9:28:29 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (DOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Calder, Allegra (DOHi), eric.lofgren@wsu.edu, stevelim@uw.edu, Febach, Hannah M (DOH), Davis, Lora B (DOH), Newman, Laura P (DOH), DeBolt, Chas (DOH)

Cc:

Subject: A hold should be in place with the recent revelations from the CDC and the limitation of data released

External Email

Since the last meeting it has come out that the CDC has not been releasing the data related to the covid vaccines. This will limit the validity of the data that has been presented to the SBOH and TAG groups from the presenters. A hold should be in place until the data is released so that it can be analyzed in it's entirety. Our children's safety is paramount, even from well meaning efforts that could harm them in the long run. I believe that if a pause is not enacted in relation to covid vaccines, great harm will come to our kids from the vaccines for covid.

PS. I am not an anti-vaxxer. I have received many vaccines over my life to include many that most don't receive. However, as I shared before in earlier emails, this particular vaccine is very concerning with the evidence of harm already available, even with the data withheld from the CDC.

As a side note, concerning the CDC withholding data, it hasn't gone unnoticed that if the data supported the efforts of the CDC, the data wouldn't have been withheld at all. This means that the data that is being withheld from the public and those that would be analyzing it, is likely showing that the vaccine is not working and likely causing more harm than good. So a pause needs to be in place until further information is released so that everyone can make truly informed decisions both personally and in relation to policy.

Debra Wells

On Thursday, February 17, 2022 5:07 PM, Debra Wells <debrakwells@startmail.com> wrote:

Natural immunity exist and is finally being recognized by the CDC.

Below is the citation and a copy of the article. I have also attached the pdf from the CDC as it is easier to read.

Title : MMWR. Morbidity and mortality weekly report, Vol. 71, January 28, 2022

Corporate Authors(s) : Centers for Disease Control and Prevention (U.S.)

Published Date : 01//28/2022

Series : MMWR. Morbidity and mortality weekly report ; v. 71, no. 4

URL : <https://stacks.cdc.gov/view/cdc/113858>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113858>

COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021

Tomás M. León, PhD1; Vajeera Dorabawila, PhD2; Lauren Nelson, MPH1; Emily Lutterloh, MD2,3; Ursula E. Bauer, PhD2; Bryon Backenson, MPH2,3;

Mary T. Bassett, MD2; Hannah Henry, MPH1; Brooke Bregman, MPH1; Claire M. Midgley, PhD4; Jennifer F. Myers, MPH1; Ian D. Plumb, MBBS4;

Heather E. Reese, PhD4; Rui Zhao, MPH1; Melissa Briggs-Hagen, MD4; Dina Hoefer, PhD2; James P. Watt, MD1; Benjamin J. Silk, PhD4;

Seema Jain, MD1; Eli S. Rosenberg, PhD2,3

On January 19, 2022, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr&data=04>).

By November 30, 2021, approximately 130,781 COVID-19–associated deaths, one in six of all U.S. deaths from COVID-19, had occurred in California and New York.*COVID-19 vaccination protects against infection with SARS-CoV-2 (the virus that causes COVID-19), associated severe illness, and death (1,2); among those who survive, previous SARS-CoV-2 infection also confers protection against severe outcomes in the event of reinfection (3,4). The

relative magnitude and duration of infection- and vaccine-derived protection, alone and together, can guide public health planning and epidemic forecasting. To examine the impact of primary COVID-19 vaccination and previous SARS-CoV-2 infection on COVID-19 incidence and hospitalization rates, statewide testing, surveillance, and COVID-19 immunization data from California and New York (which account for 18% of the U.S. population) were analyzed. Four cohorts of adults aged ≥18 years were considered: persons who were 1) unvaccinated with no previous laboratory-confirmed COVID-19 diagnosis, 2) vaccinated (14 days after completion of a primary COVID-19 vaccination series) with no previous COVID-19 diagnosis, 3) unvaccinated with a previous COVID-19 diagnosis, and 4) vaccinated with a previous COVID-19 diagnosis. Age-adjusted hazard rates of incident laboratory-confirmed

COVID-19 cases in both states were compared among cohorts, and in California, hospitalizations during May 30–November 20, 2021, were also compared. During the study period, COVID-19 incidence in both states was highest among unvaccinated persons without a previous COVID-19 diagnosis compared with that among the other three groups. During the week beginning May 30,

2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated persons without a previous diagnosis; 7.2-fold (California) and 9.9-fold lower (New York) among unvaccinated persons with a previous COVID-19 diagnosis; and 9.6-fold (California) and 8.5-fold lower (New York) among vaccinated persons with a previous COVID-19 diagnosis. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These relationships

* https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100klast7days

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-tracker%2F%23cases_deathsper100klast7days&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fd

changed after the SARS-CoV-2 Delta variant became predominant (i.e., accounted for >50% of sequenced isolates) in late June and July. By the week beginning October 3, compared with COVID-19 cases rates among unvaccinated persons without a previous COVID-19 diagnosis, case rates among vaccinated persons without a previous COVID-19 diagnosis were 6.2-fold (California) and 4.5-fold (New York) lower; rates were substantially lower among both groups with previous COVID-19 diagnoses, including 29.0-fold (California) and 14.7-fold lower (New York) among unvaccinated persons with a previous diagnosis, and 32.5-fold (California) and 19.8-fold lower (New York) among vaccinated persons with a previous diagnosis of COVID-19. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These results demonstrate that vaccination protects against COVID-19 and related hospitalization, and that surviving a previous infection protects against a reinfection and related hospitalization. Importantly, infection-derived protection was higher after the Delta variant became predominant, a time when vaccine-induced immunity for many persons declined because of immune evasion and immunologic waning (2,5,6). Similar cohort data accounting for booster doses needs to be assessed, as new variants, including Omicron, circulate. Although the epidemiology of COVID-19 might change with the emergence of new variants, vaccination remains the safest strategy to prevent SARS-CoV-2 infections and associated complications; all eligible persons should be up to date with COVID-19 vaccination. Additional recommendations for vaccine doses might be warranted in the future as the virus and immunity levels change. Four cohorts of persons aged ≥ 18 years were assembled via linkages of records from electronic laboratory reporting databases and state-specific immunization information systems.[†]

[†] Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry; the laboratory system is the California COVID Reporting System (CCRS). In New York, immunization information systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System (ECLRS). California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the ECLRS with the use of a deterministic algorithm based on first

name, last name, and date of birth. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19-associated hospitalizations.

Morbidity and Mortality Weekly Report

126 MMWR / January 28, 2022 / Vol. 71 / No. 4 US Department of Health and Human Services/Centers for Disease Control and Prevention

Persons were classified based on whether they had had a laboratory-confirmed SARS-CoV-2 infection by March 1, 2021

(i.e., previous COVID-19 diagnosis)[§]; had received at least the primary COVID-19 vaccination series[¶] by May 16, 2021; had a previous COVID-19 diagnosis and were fully vaccinated^{**};

or had neither received a previous COVID-19 diagnosis by March 1 nor received a first COVID-19 vaccine dose by the end of the analysis period. The size of the unvaccinated group without a previous diagnosis was derived by subtracting the observed groups from U.S. Census estimates.^{††} To maintain each defined cohort, persons who received a COVID-19 diagnosis during March 1–May 30, 2021, or who died before May 30, 2021, were excluded (to maintain eligibility for incident cases for all

cohorts on May 30, 2021),^{§§} as were persons who received a first vaccine dose during May 30–November 20, 2021. During May 30–November 20, 2021, incident cases were defined using a positive nucleic acid amplification test (NAAT) result from the California COVID-19 Reporting System (CCRS) or a positive NAAT or antigen test result from the New York Electronic Clinical Laboratory Reporting System. In California, person-level hospitalization data from CCRS and supplementary hospitalization reports were used to identify COVID-19-associated hospitalizations. A lifetable method was used to calculate hazard rates (average daily cases during a 7-day interval or hospitalizations over a 14-day interval), hazard ratios, and 95% CIs for each cohort. Rates were

age-adjusted to 2000 U.S. Census data using direct standardization.^{¶¶}

Supplementary analyses stratified case rates by timing

§ For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 nucleic acid amplification test (NAAT) or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result.

¶ Fully vaccinated with the primary vaccination series is defined as receipt of a second

dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021.

** Because of the timing of full vaccination, the cohort definitions, and analysis timeframe, this cohort consisted nearly exclusively of persons who had previously received a laboratory-confirmed diagnosis of COVID-19 and later were fully vaccinated (California: 99.9%, New York: 99.7%), as opposed to the reverse order.

†† Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus the number of persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for U.S. Census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

§§ In California, a person-level match was performed to exclude deaths in each cohort before May 30, 2021. In New York, COVID-19 deaths were removed in aggregate from the starting number of unvaccinated persons with a previous COVID-19 diagnosis on May 30, 2021.

¶¶ <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnchs%2Fdata%2F>

of previous diagnoses and primary series vaccine product. SAS (version 9.4; SAS Institute) and R (version 4.0.4; The R Foundation) were used to conduct all analyses. Institutional review boards (IRBs) in both states determined this surveillance activity to be necessary for public health work, and therefore, it did not require IRB review.

Approximately three quarters of adults from California (71.2%) and New York (72.2%) included in this analysis were vaccinated and did not have a previous COVID-19 diagnosis; however, 18.0% of California residents and 18.4% of New York residents were unvaccinated with no previous COVID-19 diagnosis (Table 1). In both states, 4.5% of persons were vaccinated and had a previous COVID-19 diagnosis; 6.3% in California and 4.9% in New York were unvaccinated with a previous diagnosis. Among 1,108,600 incident COVID-19 cases in these cohorts (752,781 in California and 355,819 in New York), the median intervals from vaccination or previous COVID-19 diagnosis to incident diagnosis were slightly shorter in California (138–150 days) than in New York (162–171 days).

Before the Delta variant became predominant in each state's U.S. Department of Health and Human Services region (June 26 in Region 9 [California] and July 3 in Region 2 [New York]),*** the highest incidence was among unvaccinated persons without a previous COVID-19 diagnosis; during this time, case rates were relatively low among the three groups with either previous infection or vaccination and were lowest among vaccinated persons without a previous COVID-19 diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2F&data=04%7C>

[cdc/113253](https://stacks.cdc.gov/view/cdc/113253)) (Supplementary Figure 2, <https://stacks.cdc.gov/view/cdc/113253>)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2F&data=04%7C>

[view/cdc/113253](https://stacks.cdc.gov/view/cdc/113253)). During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 19.9-fold (California) and 18.4-fold (New York) lower among vaccinated persons without a previous diagnosis; rates were 7.2-fold (California) and 9.9-fold (New York) lower among unvaccinated persons with a previous COVID-19 diagnosis and 9.6-fold (California) and 8.5-fold (New York) lower among vaccinated persons with a previous COVID-19 diagnosis (Table 2).

As the Delta variant prevalence increased to >95% (97% in Region 9 and 98% in Region 2 on August 1), rates increased more rapidly among the vaccinated group with no previous COVID-19 diagnosis than among both the vaccinated and unvaccinated groups with a previous COVID-19 diagnosis (Supplementary Figure 1, <https://stacks.cdc.gov/view/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2F&data=04%7C>

Vaccinated

Previous COVID-19 diagnosis

485,649 (4.5)

2,355 (4.9)

162 (118–201)

276 (227–348)

NA

No previous diagnosis

7,809,968 (72.2)

142,388 (18.2)

171 (133–203)

NA

NA

Unvaccinated

Previous COVID-19 diagnosis

527,140 (4.9)

3,250 (6.2)

NA

295 (242–427)

NA

No previous diagnosis

1,993,709 (18.4)

207,826 (104.2)

NA

NA

NA

Abbreviations: NA = not applicable; NAAT = nucleic acid amplification test.

* Statewide immunization databases in California are the California Immunization Registry, Regional Immunization Data Exchange, and San Diego Immunization Registry, and the laboratory system is the California COVID Reporting System; in New York, Immunization Information Systems include Citywide Immunization Registry and the New York State Immunization Information System; the laboratory system is the Electronic Clinical Laboratory Reporting System. California data were matched between the immunization and case registries using a probabilistic algorithm with exact match for zip code and date of birth and fuzzy match on first name and last name. New York data were matched to the Electronic Clinical Laboratory Reporting System with the use of a deterministic algorithm based on first name, last name, and date of birth. In California, person-level hospitalization data from the California COVID Reporting System and supplemental hospitalization reports were used to identify COVID-19-associated hospitalizations.

† For both classification into cohorts of persons with previous COVID-19 diagnoses and for measuring incident cases, laboratory-confirmed infection was defined as the receipt of a new positive SARS-CoV-2 NAAT or antigen test (both for New York and NAAT only for California) result, but not within 90 days of a previous positive result. Fully vaccinated is defined as having received a second dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) or 1 dose of the Janssen

(Johnson & Johnson) vaccine ≥ 14 days before May 30, 2021. Whereas vaccinated cohorts were directly observed in the immunization information system databases, unvaccinated persons without a previous COVID-19 diagnosis were defined using U.S. Census population estimates minus persons partially or fully vaccinated by December 11, 2021, and unvaccinated persons with a previous laboratory-confirmed infection before May 30, 2021. In California, the California Department of Finance population estimates were used for 2020, and the 2018 CDC National Center for Health Statistics Bridged Race file for census population estimates were used in New York, consistent with other COVID-19 surveillance reporting.

§ Cumulative cases per 1,000 persons.

¶ These summaries of cumulative incidence are estimated across a period of variability in the epidemic for all cohorts.

** Hospitalization data for New York are not included in this analysis.

October 3, compared with rates among unvaccinated persons without a previous COVID-19 diagnosis, rates among vaccinated persons without a previous diagnosis were 6.2-fold lower (95% CI = 6.0–6.4) in California and 4.5-fold lower (95% CI = 4.3–4.7) in New York (Table 2). Further, rates among unvaccinated persons with a previous COVID-19 diagnosis were 29-fold lower (95% CI = 25.0–33.1) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 14.7-fold lower (95% CI = 12.6–16.9) in New York. Rates among vaccinated persons who had had COVID-19 were 32.5-fold lower (95% CI = 27.5–37.6) than rates among unvaccinated persons without a previous COVID-19 diagnosis in California and 19.8-fold lower (95% CI = 16.2–23.5) in New York. Rates among vaccinated persons without a previous COVID-19 diagnosis were consistently higher than rates among unvaccinated persons with a history of COVID-19 (3.1-fold higher [95% CI = 2.6–3.7] in California and 1.9-fold higher [95% CI = 1.5–2.3] in New York) and rates among vaccinated persons with a history of COVID-19 (3.6-fold higher [95% CI = 2.9–4.3] in California and 2.8-fold higher [95% CI = 2.1–3.4] in New York). COVID-19 hospitalization rates in California were always highest among unvaccinated persons without a previous COVID-19 diagnosis (Table 2) (Figure). In the pre-Delta period during June 13–June 26, for example, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 27.7-fold lower (95% CI = 22.4–33.0) among vaccinated persons without a previous COVID-19 diagnosis, 6.0-fold lower (95% CI = 3.3–8.7) among unvaccinated persons with a previous COVID-19 diagnosis, and 7.1-fold lower (95% CI = 4.0–10.3) among vaccinated persons with a previous COVID-19 diagnosis. However, this pattern also shifted as the Delta variant became predominant. During October 3–16, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates were 19.8-fold lower (95% CI = 18.2–21.4) among vaccinated persons without a previous COVID-19 diagnosis, 55.3-fold lower (95% CI = 27.3–83.3) among unvaccinated

York and California and hospitalizations* — California, May 30–
November 20, 2021
Cases, California

May 30–Jun 5

20.9 (18.9–22.9)
8.2 (6.6–9.9)
10.6 (8.1–13.2)
0.4 (0.3–0.5)
0.5 (0.4–0.6)

Jun 6–12

17.9 (16.2–19.5)
8.6 (6.8–10.4)
10.5 (7.9–13.0)
0.5 (0.4–0.6)
0.6 (0.4–0.7)

Jun 13–19

16.0 (14.7–17.4)
10.8 (8.5–13.2)
10.6 (8.2–13.1)
0.7 (0.5–0.8)
0.7 (0.5–0.8)

Jun 20–26

12.3 (11.4–13.1)
14.5 (11.2–17.8)
17.3 (12.8–21.8)
1.2 (0.9–1.5)
1.4 (1.0–1.8)

Jun 27–Jul 3

9.7 (9.2–10.2)
16.6 (13.5–19.7)
20.9 (16.0–25.8)
1.7 (1.4–2.0)
2.2 (1.6–2.7)

Jul 4–10

8.7 (8.4–9.0)
24.0 (20.1–28.0)
29.3 (23.1–35.6)
2.8 (2.3–3.2)
3.4 (2.6–4.1)

Jul 11–17

7.8 (7.5–8.0)
29.0 (25.0–32.9)
33.4 (27.3–39.4)
3.7 (3.2–4.2)

4.3 (3.5–5.1)

Jul 18–24

7.4 (7.2–7.6)
31.8 (28.1–35.6)
35.2 (29.8–40.6)
4.3 (3.8–4.8)
4.7 (4.0–5.5)

Jul 25–31

7.5 (7.4–7.7)
26.5 (24.1–29.0)
38.6 (33.3–43.9)
3.5 (3.2–3.8)
5.1 (4.4–5.8)

Aug 1–7

7.8 (7.6–7.9)
32.6 (29.5–35.6)
42.2 (36.7–47.7)
4.2 (3.8–4.6)
5.4 (4.7–6.1)

Aug 8–14

8.1 (7.9–8.2)
33.4 (30.4–36.5)
43.1 (37.6–48.6)
4.1 (3.8–4.5)
5.3 (4.7–6.0)

Aug 15–21

8.4 (8.3–8.6)
31.3 (28.5–34.1)
42.0 (36.7–47.3)
3.7 (3.4–4.0)
5.0 (4.3–5.6)

Aug 22–28

8.4 (8.3–8.6)
31.3 (28.4–34.3)
41.0 (35.5–46.5)
3.7 (3.4–4.1)
4.9 (4.2–5.5)

Aug 29–Sep 4

8.5 (8.3–8.6)
31.2 (28.1–34.3)
42.0 (36.1–48.0)
3.7 (3.3–4.1)
5.0 (4.3–5.7)

Sep 5-11

8.3 (8.1-8.5)
35.0 (31.0-39.0)
48.0 (40.2-55.9)
4.2 (3.7-4.7)
5.8 (4.8-6.7)

Sep 12-18

8.4 (8.2-8.6)
33.8 (29.9-37.8)
48.0 (39.8-56.2)
4.0 (3.6-4.5)
5.7 (4.7-6.7)

Sep 19-25

8.0 (7.8-8.2)
27.0 (23.8-30.1)
37.8 (31.5-44.1)
3.4 (3.0-3.8)
4.7 (4.0-5.5)

Sep 26-Oct 2

7.7 (7.5-7.9)
28.6 (24.9-32.2)
34.8 (28.9-40.7)
3.7 (3.2-4.2)
4.5 (3.7-5.3)

Oct 3-9

7.2 (7.0-7.4)
30.0 (26.0-34.1)
33.5 (28.5-38.6)
4.1 (3.6-4.7)
4.6 (3.9-5.3)

Oct 10-16

7.2 (7.0-7.4)
31.2 (26.8-35.7)
33.9 (27.8-40.0)
4.3 (3.7-5.0)
4.7 (3.9-5.5)

Oct 17-23

7.1 (7.0-7.3)
31.9 (27.6-36.1)
40.7 (33.3-48.1)
4.5 (3.9-5.0)
5.7 (4.7-6.7)

Oct 24-30

7.1 (6.9-7.3)

26.6 (23.3–29.9)
40.1 (32.9–47.3)
3.7 (3.3–4.2)
5.6 (4.6–6.6)

Oct 31–Nov 6

6.8 (6.6–7.0)
33.1 (28.7–37.6)
37.9 (31.0–44.7)
4.9 (4.2–5.5)
5.5 (4.5–6.6)

Nov 7–13

7.1 (6.9–7.3)
30.6 (26.3–35.0)
41.2 (33.0–49.5)
4.3 (3.7–4.9)
5.8 (4.6–7.0)

Nov 14–20

7.3 (7.0–7.5)
25.4 (21.4–29.3)
32.5 (25.5–39.5)
3.5 (2.9–4.0)
4.5 (3.5–5.5)

Cases, New York

May 30–Jun 5

19.4 (16.9–21.8)
10.9 (7.5–14.3)
9.5 (6.7–12.4)
0.6 (0.4–0.7)
0.5 (0.3–0.7)

Jun 6–12

15.2 (13.2–17.2)
8.0 (5.5–10.6)
10.4 (6.6–14.3)
0.5 (0.4–0.7)
0.7 (0.4–0.9)

Jun 13–19

12.8 (11–14.5)
8.2 (5.3–11.2)
5.4 (3.7–7.0)
0.6 (0.4–0.9)
0.4 (0.3–0.6)

Jun 20–26

10.1 (8.8–11.4)
7.9 (5.1–10.7)
6.0 (4.0–8.0)
0.8 (0.5–1.1)
0.6 (0.4–0.8)

Jun 27–Jul 3

7.3 (6.5–8.1)
8.8 (5.8–11.8)
11.2 (6.7–15.7)
1.2 (0.8–1.6)
1.5 (0.9–2.2)

Jul 4–10

6.1 (5.6–6.7)
17.8 (10.6–25.0)
11.5 (7.5–15.6)
2.9 (1.7–4.1)
1.9 (1.2–2.6)

Jul 11–17

4.5 (4.2–4.8)
11.7 (8.5–15.0)
14.7 (9.9–19.6)
2.6 (1.9–3.3)
3.2 (2.2–4.3)

Jul 18–24

4.7 (4.5–5.0)
21.7 (15.6–27.8)
14.1 (10.5–17.7)
4.6 (3.3–5.9)
3.0 (2.2–3.8)

Jul 25–31

5.1 (4.9–5.3)
16.1 (13.1–19.2)
18.3 (14.1–22.6)
3.2 (2.6–3.8)
3.6 (2.8–4.4)

Aug 1–7

5.3 (5.2–5.5)
19.2 (15.9–22.6)
18.3 (14.7–21.9)
3.6 (3.0–4.2)
3.4 (2.7–4.1)

Aug 8–14

5.3 (5.2–5.5)
16.2 (13.8–18.6)

19.2 (15.6–22.7)
3.0 (2.6–3.5)
3.6 (2.9–4.3)

Aug 15–21

5.5 (5.3–5.7)
19.5 (16.5–22.6)
22.7 (18.4–26.9)
3.6 (3.0–4.1)
4.1 (3.4–4.9)

Aug 22–28

5.4 (5.2–5.6)
19.2 (16.4–22.1)
26.5 (21.2–31.8)
3.6 (3.0–4.1)
4.9 (3.9–5.9)

Aug 29–Sep 4

5.5 (5.3–5.6)
17.9 (15.3–20.5)
20.9 (17.2–24.6)
3.3 (2.8–3.8)
3.8 (3.1–4.5)

Sep 5–11

5.4 (5.2–5.5)
18.9 (16.1–21.6)
22.3 (18.3–26.4)
3.5 (3.0–4.0)
4.2 (3.4–4.9)

Sep 12–18

5.8 (5.6–5.9)
15.0 (13.1–16.9)
23.2 (19.1–27.4)
2.6 (2.3–2.9)
4.0 (3.3–4.8)

Sep 19–25

5.6 (5.4–5.7)
15.4 (13.3–17.5)
23.8 (19.3–28.3)
2.8 (2.4–3.1)
4.3 (3.5–5.1)

Sep 26–Oct 2

5.4 (5.2–5.5)
18.4 (15.5–21.2)
24.2 (19.3–29.1)
3.4 (2.9–4.0)

4.5 (3.6–5.4)

Oct 3–9

5.5 (5.3–5.7)
15.7 (13.6–17.9)
20.8 (17.2–24.5)
2.9 (2.5–3.3)
3.8 (3.1–4.4)

Oct 10–16

5.5 (5.3–5.6)
17.2 (14.7–19.8)
25.9 (20.6–31.1)
3.2 (2.7–3.6)
4.7 (3.8–5.7)

Oct 17–23

5.4 (5.2–5.6)
18.9 (15.7–22.1)
27.6 (21.2–34.0)
3.5 (2.9–4.1)
5.1 (3.9–6.3)

Oct 24–30

5.2 (5.0–5.4)
21.0 (17.2–24.7)
25.9 (20.2–31.6)
4.0 (3.3–4.7)
5.0 (3.9–6.1)

Oct 31–Nov 6

4.8 (4.6–4.9)
17.3 (14.7–20.0)
20.1 (16.3–23.8)
3.6 (3.1–4.2)
4.2 (3.4–5.0)

Nov 7–13

4.8 (4.7–4.9)
23.9 (20.1–27.6)
24.5 (20.1–28.9)
5.0 (4.2–5.8)
5.1 (4.2–6.1)

Nov 14–20

4.8 (4.6–4.9)
22.6 (19.4–25.7)
23.0 (19.3–26.6)
4.7 (4.1–5.4)
4.8 (4.1–5.6)

See table footnotes on the next page.

persons with a previous COVID-19 diagnosis, and 57.5-fold lower (95% CI = 29.2–85.8) among vaccinated persons with a previous COVID-19 diagnosis.

Among the two cohorts with a previous COVID-19 diagnosis, no consistent incidence gradient by time since the

previous diagnosis was observed (Supplementary Figure 3,

<https://stacks.cdc.gov/view/cdc/113253>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253)

). When the vaccinated cohorts were stratified by the vaccine product received,

among vaccinated persons without a previous COVID-19

diagnosis, the highest incidences were observed among persons receiving the

Janssen (Johnson & Johnson), followed by

Pfizer-BioNTech, then Moderna vaccines (Supplementary

Figure 4, <https://stacks.cdc.gov/view/cdc/113253>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253)

). No pattern by product was observed among vaccinated persons with

a previous COVID-19 diagnosis.

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TABLE 2. (Continued) Hazard ratios for incident laboratory-confirmed COVID-19 cases — New York and California and hospitalizations* —

California, May 30–November 20, 2021

Hospitalizations, California

May 30–Jun 12

29.8 (23.5–36.1)

3.7 (2.5–5.0)

7.2 (4.2–10.1)

0.1 (0.1–0.2)

0.2 (0.1–0.3)

Jun 13–26

28.7 (23.4–34.0)

7.0 (4.3–9.7)

8.1 (5.0–11.3)

0.2 (0.1–0.3)

0.3 (0.2–0.4)

Jun 27–10

30.1 (26.1–34.0)

16.4 (10.0–22.8)

16.0 (10.0–22.1)

0.5 (0.3–0.8)

0.5 (0.3–0.7)

Jul 11–24

25.8 (23.7–28.0)

45.0 (27.6–62.4)

41.5 (25.2–57.8)

1.7 (1.1–2.4)

1.6 (1.0–2.2)

Jul 25–Aug 7

28.8 (27.1–30.6)
41.7 (29.2–54.1)
72.9 (44.4–101.4)
1.4 (1.0–1.9)
2.5 (1.5–3.5)

Aug 8–21

29.7 (28.0–31.4)
49.0 (35.0–62.9)
64.0 (43.0–85.1)
1.6 (1.2–2.1)
2.2 (1.4–2.9)

Aug 22–Sep 4

29.1 (27.4–30.8)
62.4 (41.4–83.3)
63.9 (42.2–85.5)
2.1 (1.4–2.9)
2.2 (1.4–2.9)

Sep 5–18

26.3 (24.6–28.1)
74.4 (40.9–107.9)
96.4 (48.3–144.4)
2.8 (1.5–4.1)
3.7 (1.8–5.5)

Sep 19–Oct 2

25.0 (23.1–26.9)
61.9 (34.5–89.3)
99.4 (43.8–155.0)
2.5 (1.4–3.6)
4.0 (1.7–6.2)

Oct 3–16

20.8 (19.2–22.4)
56.3 (28.3–84.3)
58.5 (30.2–86.8)
2.7 (1.4–4.1)
2.8 (1.4–4.2)

Oct 17–30

21.5 (19.9–23.0)
56.5 (31.5–81.5)
92.1 (39.1–145.1)
2.6 (1.5–3.8)
4.3 (1.8–6.8)

Oct 31–Nov 13
 22.7 (20.8–24.6)
 70.7 (32.0–109.4)
 86.1 (34.2–138.1)
 3.1 (1.4–4.8)
 3.8 (1.5–6.1)

* Life tables estimated at 7-day intervals for cases and 14-day intervals for hospitalizations.

† Hazard ratios and 95% CIs reported in this table differ numerically from presentation of corresponding results in the text as “X-fold lower” rates (i.e., a hazard rate of 1.0 is zero-fold lower).

For example, a hazard ratio of 20.9 (95% CI = 18.9–22.9) for those “Unvaccinated–no previous COVID-19 diagnosis” versus “Vaccinated, no previous COVID-19 diagnosis” is equivalent to a 19.9-fold lower (95% CI = 17.9–21.9) rate for those “Vaccinated, no previous COVID-19 diagnosis” relative to those “Unvaccinated, no previous COVID-19 diagnosis.”

FIGURE. Incident laboratory-confirmed COVID-19–associated hospitalizations among immunologic cohorts defined by vaccination and previous diagnosis histories — California, May 30–November 13, 2021*,†

	Unvaccinated, no previous COVID-19 diagnosis	Vaccinated, no previous COVID-19 diagnosis	Unvaccinated, previous COVID-19 diagnosis	Vaccinated, previous COVID-19 diagnosis
Estimated hazard rate	8.6	4.2	0.1	0.1
Vaccinated, previous COVID-19 diagnosis				
Unvaccinated, no previous COVID-19 diagnosis				
Vaccinated, no previous COVID-19 diagnosis				
Date, 2021				
Unvaccinated, previous COVID-19 diagnosis				
Vaccinated, previous COVID-19 diagnosis				
May 30 Jun 13 Jun 27 Jul 11 Jun 25 Aug 8 Aug 22 Sep 5 Sep 19 Oct 3 Oct 17 Oct 31				

Start of predominant sequence

Ita variantance (>50% of sequenced isolates)
 Additional predicted vaccine dose immunocompromised persons

Primary mRNA for certain promised

er for certain
18 yrs in certain
r for Janssen
ts

† Estimated hazard rate is laboratory-confirmed COVID-19-associated hospitalizations per 100,000 person-days visualized at midpoint of each reporting interval.

Data are limited regarding the risks for SARS-CoV-2 infection and hospitalization after COVID-19 vaccination and previous infection. What is added by this report?

This analysis integrated laboratory testing, hospitalization

surveillance, and immunization registry data in two large states during May–November 2021, before widespread circulation of the SARS-CoV-2 Omicron variant and before most persons had received additional or booster COVID-19 vaccine doses to protect against waning immunity. Rate estimates from the analysis describe different experiences stratified by COVID-19 vaccination status and previous COVID-19 diagnosis and during times when different SARS-CoV-2 variants predominated. Case rates were initially lowest among vaccinated persons without a previous COVID-19 diagnosis; however, after emergence of the Delta variant and over the course of time, incidence increased sharply in this group, but only slightly among both vaccinated and unvaccinated persons with previously diagnosed COVID-19 (6). Across the entire study period, persons with vaccine- and infection-derived immunity had much lower rates of hospitalization compared with those in unvaccinated persons. These results suggest that vaccination protects against COVID-19 and related hospitalization and that surviving a previous infection protects against a reinfection. Importantly, infection-derived protection was greater after the highly transmissible Delta variant became predominant, coinciding with early declining of vaccine-induced immunity in many persons (5). Similar data accounting for booster doses and as new variants, including Omicron, circulate will need to be assessed. The understanding and epidemiology of COVID-19 has shifted substantially over time with the emergence and circulation of new SARS-CoV-2 variants, introduction of vaccines, and changing immunity as a result. Similar to the early period of this study, two previous U.S. studies found more protection from vaccination than from previous infection during periods before Delta predominance (3,7). As was observed in the present study after July, recent international studies have also demonstrated increased protection in persons with previous infection, with or without vaccination, relative to vaccination alone^{†††}, §§§ (4). This might be due to differential stimulation of the immune response by either exposure type.^{¶¶¶} Whereas French and Israeli population-based studies noted waning protection from previous infection, this was not apparent in the results from this or other large U.K. and U.S. studies^{****} (4,8). Further studies are needed to establish duration of protection from previous infection by variant type, severity, and symptomatology, including for the Omicron variant. The findings in this report are subject to at least seven limitations. First, analyses were not stratified by time since vaccine receipt, but only by time since previous diagnosis, although earlier studies have examined waning of vaccine-induced immunity (Supplementary Figure 3, <https://stacks.cdc.gov/view/cdc/113253> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F113253>>). Second, persons with undiagnosed infection are misclassified as having no previous COVID-19 diagnosis; however, this misclassification likely results in a conservative bias (i.e., the magnitude of difference in rates would be even larger if misclassified persons were not included among unvaccinated persons without a previous COVID-19 diagnosis). California seroprevalence data during this period indicate that the ratio of actual (presumptive) infections to diagnosed cases among adults was 2.6 (95% CI = 2.2–2.9).^{††††} Further, California only included NAAT results, whereas New York included both NAAT and antigen test results. However, antigen testing made up

a smaller percentage of overall testing volume reported in California (7% of cases) compared with New York (25% of cases) during the study period. Neither state included self-tests, which are not easily reportable to public health. State-specific hazard ratios were generally comparable, although differences in rates among unvaccinated persons with a previous COVID-19 diagnosis were noteworthy. Third, potential exists for bias related to unmeasured confounding (e.g., behavioral or geographic differences in exposure risk) and uncertainty in the population size of the unvaccinated group without a previous COVID-19 diagnosis. Persons might be more or less likely to receive testing based on previous diagnosis or vaccination status; however, different trajectories between vaccinated persons with and without a previous COVID-19 diagnosis, and similar findings for cases and hospitalizations, suggest that these biases were minimal.

Fourth, this analysis did not include information on the severity of
+++ <https://www.medrxiv.org/content/10.1101/2021.09.12.21263461v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

§§§ <https://www.medrxiv.org/content/10.1101/2021.11.29.21267006v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

¶¶¶ <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fscience%2Fscience-briefs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fdca0e47d2917a08d9f7bab47c%7C11d>

briefs%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fdca0e47d2917a08d9f7bab47c%7C11d

vaccine-induced-immunity.html#anchor_1635540449320

**** <https://www.medrxiv.org/content/10.1101/2021.12.04.21267114v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

++++ <https://www.medrxiv.org/content/10.1101/2021.12.09.21267565v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>

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initial infection and does not account for the full range of morbidity and mortality represented by the groups with previous infections.

Fifth, this analysis did not ascertain receipt of additional or booster COVID-19 vaccine doses and was conducted before many persons were eligible or had received additional or booster vaccine doses, which have been shown to confer additional protection.¶¶¶¶ Sixth, some estimates lacked precision because of sample size limitations.

Finally, this analysis was conducted before the emergence of the Omicron variant, for which vaccine or infection-derived immunity might be diminished.¶¶¶¶ This study offers a surveillance data

framework to help evaluate both infections in vaccinated persons and reinfections as new variants continue to emerge.

Vaccination protected against COVID-19 and related hospitalization, and surviving a previous infection protected against a

reinfection and related hospitalization during periods of predominantly Alpha and Delta variant transmission, before the emergence

of Omicron; evidence suggests decreased protection from both vaccine- and infection-induced immunity against Omicron infections, although additional protection with widespread receipt of

booster COVID-19 vaccine doses is expected. Initial infection among unvaccinated persons increases risk for serious illness, hospitalization, long-term sequelae, and death; by November 30,

2021, approximately 130,781 residents of California and New York had died from COVID-19. Thus, vaccination remains the safest and primary strategy to prevent SARS-CoV-2 infections, associated complications, and onward transmission. Primary COVID-19 vaccination, additional doses, and booster doses are recommended by CDC's Advisory Committee on Immunization Practices to ensure that all eligible persons are up to date with COVID-19 vaccination, which provides the most robust protection against initial infection, severe illness, hospitalization, longterm sequelae, and death.***** Additional recommendations for

vaccine doses might be warranted in the future as the virus and immunity levels change.

Acknowledgments

Dana Jaffe, California Department of Public Health; Rebecca Hoen, Meng Wu, New York State Department of Health; Citywide Immunization Registry Program, New York City Department of Health and Mental Hygiene.

§

Debra Wells

On Thursday, February 17, 2022 2:20 PM, Debra Wells
<debrakwells@startmail.com> wrote:

The datasets were displayed in percentages rather than numbers and percentages. This means that percentages can be deceptive.

Debra Wells

On Thursday, February 17, 2022 2:13 PM, Debra Wells
<debrakwells@startmail.com> wrote:

I want to make the board aware that many people are not getting tested or going to the hospital if they get covid. There are a couple of reasons for this. One, if everyone around you has gotten tested and they have covid, there is no need to get tested yourself as it is likely that you have the same issue. This is true with the Omicron outbreak. The first week of January it seemed like Omicron exploded in the Puget Sound area and across the USA. I don't think I knew anyone that didn't have Omicron regardless of vaccination status (to include the booster). So the actual numbers of infections of Omicron are less than what is reported and many didn't go to the hospital.

I had a few days where it was difficult and probably should have gone to the hospital. However, I will not go to the hospital on my own because of the loss of a family member to covid in the hospital and the protocol that hospitals are using to treat covid patients. I have asthma and had my oxygen level go down to 90%. I sought alternative care and within a few days I was better. The hospital protocol using Remdesivir is killing people as it did with our family member. Our family is not the only family member that suffered death from Remdesivir. I know others personally that have been affected by Remdesivir poisoning. This is why you aren't seeing more in the hospital as those that I know are of the same mind. This is happening across the entire USA. Remdesivir and the current covid protocol should be stopped immediately and alternative treatments deployed. Our trust in the medical community has been broken. Our family member is dead. That is real and tangible to entire families that are affected.

When considering vaccines and treatments, rebuilding trust with the community that you serve should also be high on the list of considerations. Forcing new vaccines and treatments on a community doesn't build trust but further diminishes it.

Debra Wells

On Thursday, February 17, 2022 1:39 PM, Debra Wells
<debrakwells@startmail.com> wrote:

Stop firing people because of vaccine status. We as a nation
need to recognize natural immunity as other countries do.

Debra Wells

On Thursday, February 17, 2022 1:12 PM, Debra Wells
<debrakwells@startmail.com> wrote:

After 2 years with everything everyone has done and
the list of variants that have occurred, we are no longer in a pandemic. Covid is endemic
and we all need to get on with the business of life and learn to live with Covid.

Debra Wells

On Thursday, February 17, 2022 1:08 PM, Debra Wells <debrakwells@startmail.com> wrote:

EUA products should not be required or forced on children under 18 years old. Our kids are not lab rats for experiments.

Debra Wells

On Thursday, February 17, 2022 1:05 PM, Debra Wells <debrakwells@startmail.com> wrote:

Unfortunately, the licensed product is not available to the public. Only the EUA product is being given to the public, which from a legal perspective is significant because if someone is injured by the EUA product, they are unable to hold the company liable for the injury. That means that people are bearing 100% of the cost of injury from these vaccines. If the product was fully licensed and the licensed product available, you would probably have less push back because the public would have someone to hold accountable for the vaccine injuries/reactions.

Debra Wells

On Thursday, February 17, 2022 11:41 AM, Debra Wells <debrakwells@startmail.com> wrote:

Also, it took 3 months for the blood clots to show up. Since there are indications that these vaccines cause blood clots, the window to be considered should be extended to at least 3 months in relation to blood clots. This would also follow with heart attacks, strokes and other related medical conditions related to blood clots.

Debra Wells

On Thursday, February 17, 2022 10:06 AM, Debra Wells <debrakwells@startmail.com> wrote:

I am fighting hard against these covid vaccines because there are indications that they cause blood clots. There are loads of cases noted in the VEARS database and other countries data related to PE, DVT and thrombosis incidences. I have a history of blood clots from a medication. I was young, healthy and had absolutely no other risk factors concerning blood clots other than the medication. I was so healthy that they didn't find the blood clots until after 2 trips to the ER and a Doctor's visit. After leaving the doctor's office, I received a call demanding that I go to the nearest hospital for a lung scan where I lit the scan up like a Christmas tree. The clots were confirmed via what they call the Gold Standard test, where they ran a camera up my vein, through my heart and into my lung. There were absolutely no indications with my vitals or physical condition, other than it felt like I had pneumonia. The result was that I had 6 clots in one lung and they didn't bother looking in the other lung. I spent a week in the hospital. This is because I was otherwise healthy and responding well to the blood thinners. Obviously, I was on medication for a little while after hospitalization. This was all caused by a medication that is considered extremely safe and is widely used (birth control pills). Blood clots are considered the silent killer, especially in younger people. This happened over 20 years ago. I have avoided all medications, vaccination or even food that I know have the potential to cause blood clots.

I had no other medical history prior to this incident with blood clots and could have ended with my death.

This is why SBOH should consider the negative effects of the vaccines. I know that it's been hard to get this information because the FDA, CDC and Government as a whole doesn't want to create vaccine hesitancy; however, this shouldn't take priority over allowing the public to make informed decisions without being forced to take something that can result in death or disability. The public must have all the information to make the best medical decisions for themselves. I would say that the withholding of information and the heavy handedness of the FDA, CDC, and all government entities as caused more vaccine hesitancy, resistance and mistrust than if they had been truthful. If this isn't the cause, then maybe the vaccine never should be authorized in the first place. Meaning, if the adverse reactions or injuries are such that the FDA, CDC and Government entities feel that it would cause vaccine hesitancy, then the approval of the vaccine shouldn't have happened until those concerns were addressed and the full information should have been given to people prior to getting the vaccine and informed consent should be received without force or coercion.

I have concerns that this vaccine will cause more injuries and death than it will save children. There are indications that this is already occurring and should be investigated. Everything I have seen so far is that children are less likely to get covid let alone die from it. As a matter of fact, more children die of accidents every year than all other causes of death to include Covid. What the Board hasn't investigated are the adverse reactions or deaths caused by the vaccines and must be considered before requiring this vaccine for school or day care, even if it takes a little bit longer. It is more important to make sure that the decisions made don't cause more harm than what they are meant to save.

I have concerns that these issues have been ignored and not addressed. There should be a meeting going over adverse reactions and injuries, not just to appease those of us with concerns but to truly look at all potential problems that could arise from vaccine injuries/adverse reactions.

Lastly, there are no safety studies concerning fertility. That should be done before mandating this to school age children.

PS. I want to address a poorly worded statement from a panelist last week. The comment stating that mothers don't know what is best for their children because they are misinformed or lack information. The lack of information is the fault of the FDA, CDC and Government entities as a whole. Parents, particularly Mothers know more about their children than school nurses, doctors or even so called experts because they know more about that child's medical history from the birth of that child to current day. Obviously, medical history is incredibly important that most people don't have. Mothers have this information. In addition to that, parents have a moral, emotional and financial responsibility for their children, where the school and so called experts don't have. As a matter of fact, no school nurse, school administrator, doctor or so called expert goes home at night and thinks about the impact of their decisions that affects families. However, Parents are left holding the bag of the bad decisions made by so called experts. As a parent, I would walk through fire, take a bullet and suffer death for my child (who is now 30). Not one of you or anyone else would. This is the heart of a mother. The concerns of mothers should never ever be brushed aside with such negligence and ignorance. The concerns of mothers should be addressed fully and honestly without derogatory comments of their concerns or as persons.

Debra Wells

On Thursday, February 17, 2022 9:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

It is telling when the FDA puts a pause on the covid 19 vaccine for children until they get more data. The Washington State Board of Health should also put a pause on consideration for covid 19 vaccine for children as well until more is known about the safety of the vaccines. There are enough indicators that a pause is warranted.

Debra Wells

On Thursday, February 10, 2022 11:00 AM, Debra

Wells <debrakwells@startmail.com> wrote:

How many of the MIS-C cases had other medical issues like diabetes, overweight and other significant medical conditions?

Debra Wells

On Thursday, February 10, 2022 10:45 AM, Debra Wells <debrakwells@startmail.com> wrote:

We should know if those who have died from Myocarditis or have been hospitalized, were they vaccinated or unvaccinated. This is an important data point.

Myocarditis is not rare with the vaccine.

Debra Wells

On Thursday, February 10, 2022 10:21 AM, Debra Wells <debrakwells@startmail.com> wrote:

The booster had no positive or protective effect on Omicron. Whatever dataset that was used most certainly had selective biased.

Debra Wells

On Thursday, February 10, 2022 10:09 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Myocarditis from the vaccine is way too high to mandate vaccines.

Debra Wells

On Thursday, February 10, 2022 10:05 AM, Debra Wells <debrakwells@startmail.com> wrote:

Myocarditis is never mild. Heart damage is damage. A certain percentage of people who get myocarditis dies within 6 years.

Debra Wells

On Thursday, February 10, 2022 9:47 AM, Debra Wells <debrakwells@startmail.com> wrote:

The one main change during the time period for the article below is the implementation of the vaccines.

<https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fdca0e47d2917a08d9f7bab47c%7C11d0>>

states-during-2021/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Farticle%2Fall-cause-mortality-in-the-united-states-during-2021%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fdca0e47d2917a08d9f7bab47c%7C11d0



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Gilbert G. Berdine, M.D
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fdca0e47d2917a08d9f7bab47c%7C11d0e21>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fcustom-search-results%2F%3Fpost_date%3D01302022&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fdca0e47



<data:image/png;base64,iVBORw0KGgoAAAANSUhEUqAAAEAAAABCAQAAAC1HAwCAAAAC0IEQVR42mNk

Clearly there is a very significant above average number of deaths across the US that cannot be attributed to Covid. As was the case for the Age Group graphs, data for the last 10 weeks are incomplete due to delays in reporting of death certificates. Deaths attributed to Malignant Neoplasms were average during the entire pandemic period. Although there was an increase in deaths from Alzheimer Disease and dementia in 2020 after the onset of the pandemic, this was less apparent during 2021. There was an increase in deaths attributed to Other select causes (which include suicides and drug overdoses), but the magnitude was much smaller than what is seen in the Circulatory diseases category. Deaths attributed to Circulatory diseases include strokes, heart attacks, and heart failure (including myocarditis). The Circulatory diseases category is clearly the most important category for excess deaths during 2020 and 2021. Notably, deaths attributed to Respiratory diseases were below average during 2021 for the period of interest between Week 10 and Week 24 of 2021. Covid is a respiratory disease and leads to acute respiratory distress syndrome with hypoxemia and respiratory failure in severe cases. During the period of interest between Week 10 and Week 24 of 2021, Covid deaths were steadily declining, deaths attributed to Respiratory diseases were below average, but deaths due to Circulatory diseases were significantly above average. It is difficult to explain the data between Week 10 and Week 24 of 2021 on the basis of lung injury caused by Covid infection.

The spike protein enables entry of the virus into the host cells. The spike protein targets the angiotensin converting enzyme-2 (ACE-2) receptor. Angiotensin converting enzymes play an important role in the regulation of blood pressure. Angiotensin receptor blockers (ARB) and angiotensin converting enzyme (ACE) inhibitors are both important classes of drugs used to treat hypertension. It does not require a stretch of the imagination to suspect that the spike protein could cause elevation of blood pressure. Acute elevation in blood pressure is known to be a risk factor for stroke, acute myocardial infarction (heart attack), and congestive heart failure. Spike protein is also associated with clotting, presumably due to endothelial injury, which would also increase risk for myocardial infarction and stroke. It is not clear why spike protein from the Covid virus would explain above average deaths attributed to Circulatory

diseases during a time period when Covid cases and deaths were declining. However, the Covid virus was not the only source of spike protein during this time period. The mRNA vaccines led to the production of spike protein by host cells and Weeks 10-24 of 2021 were immediately followed by the mass introduction of mRNA vaccines to the US public. The data is not proof, but it is certainly a red flag.

The appropriate method to assess vaccine efficacy and safety is all cause mortality. Deaths from all causes are compared between the vaccine group and a control unvaccinated group. This method has not been used. Rather, the CDC and FDA determine on a case-by-case basis whether reported adverse events can be attributed to the vaccine. If a footballer drops dead during a game, one would not be inclined to attribute the cause to a vaccine given 10 weeks earlier. However, when 5 footballers drop dead every week, one will be looking for ANY common denominator between the dead footballers. Neither the CDC nor the FDA are impartial observers of vaccine safety. Both agencies have vested interests in promoting the vaccines. When the CDC or FDA analyze events on a case-by-case basis, they are inclined to say that an event was not due to a vaccine (especially if the people at the CDC and FDA include former executives from Pfizer). However, when the entire US population has a significant number of events compared to historic basis, one must look for the common denominators in the people with the events. The existing data is not proof that the vaccines are causing deaths due to Circulatory diseases. The burden of proof, however, lies with the CDC and FDA to prove that the vaccines are not causing deaths due to spike protein. It is scientific irresponsibility to eliminate the control group via vaccine mandates and make future assessment of vaccine safety scientifically impossible.

Gilbert G. Berdine, M.D

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aier.org%2Fstaffs%2Fgilbert-g-berdine-m-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd91a91fdca0e47d2917a08d9f7bab47c%7C11d0e21>

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Gilbert Berdine is an associate professor of internal medicine at the Texas Tech University Health Sciences Center (TTUHSC) and a faculty affiliate with the Free Market Institute.

Dr. Berdine earned his B.S. degrees in chemistry and

life sciences from the Massachusetts Institute of Technology in Boston and his M.D. degree from Harvard University School of Medicine in Boston. He completed residency in Internal Medicine and fellowship in Pulmonary Diseases at the Peter Bent Brigham Hospital (Now called Brigham and Women's Hospital) in Boston.

M.D and AIER

Get notified of new articles from Gilbert G. Berdine,

Debra Wells

On Thursday, February 10, 2022 9:40 AM, Debra Wells <debrakwells@startmail.com> wrote:

The risk of Covid 19 needs to also be measured against the risk of the covid 19 vaccine to make a educated decision. The risk of covid 19 vaccine should not be looked at in a vacuum. Also, the absolute risk needs to be considered as well, not just relative risk.

Debra Wells

On Thursday, February 10, 2022 9:28 AM, Debra Wells <debrakwells@startmail.com> wrote:

Please do not require or force the COVID 19 vaccines on children. More children have been negatively affected by vaccines than have been sick or died from covid. The children that have passed away had other medical issues that put them at particular risk; however, the vast majority are not at risk of covid 19. However, with the vaccines, myocarditis is more deadly to children than covid 19 and this has played out in the numbers.

We also don't know the long term effects on fertility and this vaccine should not be allowed or approved for children at any age.

Please follow biological science and not political science. It is very apparent that the majority of decision makers have been following political science and not biological science. Please do NOT harm our children with these untested vaccines. It's one thing to require the measles vaccines that have been around for decades; however, covid 19 vaccines have only been around just over a year. The numbers are not looking good for the safety of the covid 19 vaccine. The numbers from the Military are alarming. The numbers from insurance companies, that are required to review actual death rates and why so they can set premium rates, are extremely alarming. Ignoring these warning signs is gross negligence. We must protect our most vulnerable from even the most well meaning individuals/decision makers. We should not be making rash decisions that will have long standing impact that can't be reversed. We need more data on the vaccines before we force it on children.

Please vote NO on requiring Covid vaccines for children under 18.

Debra Wells

From: Jenny Pew
Sent: 2/17/2022 2:16:41 PM
To: DOH WSBOH
Cc:
Subject: comment tag mtg 2-17-22

External Email

Hello, the comment made by Mary Jo Y barra-Vega that stated essential farmworkers are not paid when they get sick with Covid is untrue. There is paid sick leave in this state for agriculture workers to utilize. (WA L&I webpage) The onerous restrictions/closures/vaccine mandates of businesses in an attempt to stop the spread of Covid, is what slows down the "food chain."

Respectfully, Jennifer Pew

From: Phyllis Claybo
Sent: 2/11/2022 11:39:26 AM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\C55011D907204839_image0.png

External Email

Sent from my iPhone

From: Ronald Bunker
Sent: 2/10/2022 5:11:16 PM
To: DOH WSBOH
Cc:
Subject: Stop the insanity

External Email

You can not keep Moving our state backwards when the rest of the country is moving forward ,are you guys absolutely brainless.
Sent from my iPhone

From: Keith Lane
Sent: 2/15/2022 12:52:22 PM
To: Michelle Giles, Shannon Reynolds, David Rubino, Reykdal, Chris (DOHi)
Subject: RE: SuperBowl & The Big Game

External Email

End Mask Mandates!

The District's mask mandate is purely for show – even the CDC has now acknowledged that cloth masks are effectively useless. Mask requirement stunts the students' educational development. Additionally, the mask requirement is causing affirmative harm to students. Children are becoming dependent on masks and experience anxiety when confronted with large groups of maskless persons.

Keith Lane, parent of two LWSD students

From: Michelle Giles <michelle_giles@live.com>
Sent: Tuesday, February 15, 2022 12:26 PM
To: Shannon Reynolds <shannontreynolds@outlook.com>; David Rubino <tigger@live.com>; superintendent@k12.wa.us
Cc: Julie Olsen <julie.olsen02@me.com>; Tanya Goodman <goodman_tanya@outlook.com>; sarrafans@bsd405.org; watsonc@bsd405.org; shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org; pattersony@bsd405.org; gallingerh@issaquah.wednet.edu; weavers@ussaquah.wednet.edu; mullings2@issaquah.wednet.edu; mooorea@issaquah.wednet.edu; maraldom@issaquah.wednet.edu; thieler@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; jholmen@lwsd.org; elaliberte@lwsd.org; mstuart@lwsd.org; sbliensner@lwsd.org; ccarlson@lwsd.org; lchoi@lwsd.org; boardmembers@lwsd.org; michaela.miller@k12.wa.us; jenny.plaja@k12.wa.us; maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us; jon.mishra@k12.wa.us; veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us; kcexec@kingcounty.gov; wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov; yutao.pku@gmail.com; gulick.alissa@gmail.com; Alisaroseyuen@gmail.com; ams0808@hotmail.com; amyandrea30@hotmail.com; amysahagian@msn.com; the5brainards@yahoo.com; amya@425fitness.com; andrewgustafson@live.com; angelap@siboguru.com; ahasheva@gmail.com; anib@keystonerei.net; art.n.jury@gmail.com; theweiners@outlook.com; barbpender@comcast.net; barbarajean816@gmail.com; barnali.basu@gmail.com; beekieknapp55@gmail.com; drbenlynch@icloud.com; mspufkin@hotmail.com; brknutson@comcast.net; candacehulse@johnlscott.com; carolynmmell@gmail.com; chadwridout@gmail.com; cpirozokpse@gmail.com; chris@calvary-ranch.com; christianannelson@gmail.com; christieallen@live.com; moricm2015@gmail.com; cin-cin@comcast.net; clairespiano@yahoo.com; ldcope3@gmail.com; cynthiadvn@yahoo.com; debbiemyoung@msn.com; deetole67@gmail.com; destineytomppkins@comcast.net; ddsprings@gmail.com; dionneirvin@gmail.com; dlange@windermere.com; ladyquacker@gmail.com; doron9528@gmail.com; lin.muimui@gmail.com; ecrumpacker@yahoo.com; ericacoogan1@gmail.com; egemmill617@gmail.com; erin.penberthy@yahoo.com; feliciaann32@hotmail.com; kylefran.clark@gmail.com; gennzee@yahoo.com; gina-kevin@comcast.net; g.canada@hotmail.com; greggsmithjr@hotmail.com; heathertate@rocketmail.com; irena.pashchenko@gmail.com; jacq.lmn@gmail.com; jamielynn0221@yahoo.com;

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jody.isaac100@gmail.com; ellek6@comcast.net; josephkristyberthierjr@gmail.com;
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karoljones500@gmail.com; kathwa@gmail.com; talleykathleen@msn.com;
ksandvig@gmail.com; Keith Lane <klane@lanecoburn.com>; jordan345@hotmail.com;
kimzmail@tutanota.com; jkclarks@msn.com; kbb7072@live.com; kirbyapel@gmail.com;
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lisa@brettmelton.com; lobat@alchemyhc.com; lokeshmd@me.com;
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michellej@windermere.com; michelle.chattin@gmail.com; mmutzel@gmail.com;
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naomi_tar79@outlook.com; nicolecwork@gmail.com; noraberry@hotmail.com;
marquiss_24@hotmail.com; pabbage@hotmail.com; pmc47@comcast.net;
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chori84@gmail.com; Brooke.alles@icloud.com; jmcarthur86@hotmail.com;
kellyrad@gmail.com; Brklyndavis@gmail.com; Shamralee@hotmail.com;
brittneyahinojosa@gmail.com; yeagers2011@outlook.com;
stephanie.adams@comcast.net; catchristensen4@gmail.com;
tararickycrabbe@icloud.com; janetnelsonbanks@gmail.com; TLitz@vectorrecorp.com;
Karilynd@me.com; Monica.legatt@gmail.com; Bowic999@gmail.com;
newsdesk@973kiro.com

Subject: Re: SuperBowl & The Big Game

When you know better. You do better.

We now know better, so please DO better.

Remove the masks, remove the mandates. It's no longer science.

From: Shannon Reynolds <shannontreynolds@outlook.com
<mailto:shannontreynolds@outlook.com> >
Sent: Monday, February 14, 2022 5:21 PM
To: David Rubino <tigger@live.com <mailto:tigger@live.com> >;
superintendent@k12.wa.us <mailto:superintendent@k12.wa.us>
<superintendent@k12.wa.us <mailto:superintendent@k12.wa.us> >
Cc: Julie Olsen <julie.olsen02@me.com <mailto:julie.olsen02@me.com> >; Tanya
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mindib@barrettfincial.com <mailto:mindi@barrettfincial.com>
<mindi@barrettfincial.com <mailto:mindi@barrettfincial.com> >;
monicazone@yahoo.com <mailto:monicazone@yahoo.com> <monicazone@yahoo.com
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>; naomi_tar79@outlook.com <mailto:naomi_tar79@outlook.com>
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>; newsdesk@973kiro.com <mailto:newsdesk@973kiro.com> <newsdesk@973kiro.com
<mailto:newsdesk@973kiro.com> >
Subject: Re: SuperBowl & The Big Game

Enough is enough. End all the mandates now.

Perhaps if our kids were rich and famous they wouldn't have to wear their masks to school every day like the 70k fans at the super bowl last night. The hypocrisy is

deafening.

Sent from my iPhone

On Feb 14, 2022, at 5:07 PM, David Rubino <tigger@live.com
<mailto:tigger@live.com> > wrote:

□

School boards and superintendents... you've typically given the answer "this isn't our call, it's the governor's call"

But when someone orders you to harm children, even just a little, you DON'T DO IT. You just say no. It's never too late to let your conscience be your guide. Free our kids from this madness.

-David

From: Julie Olsen <julie.olsen02@me.com <mailto:julie.olsen02@me.com> >
Sent: Monday, February 14, 2022 5:01 PM

I agree—clearly there is no need for masks, as 70k people jammed into a super bowl stadium proved last night.

No. More. Mandates. Thx.

-Julie Olsen

Sent from my iPhone

On Feb 14, 2022, at 4:52 PM, Tanya Goodman
<goodman_tanya@outlook.com <mailto:goodman_tanya@outlook.com> > wrote:

□

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education,
WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k
mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to
millions sitting at home watching that we have been played. We've been played by our
State Schools and Government.

We are no longer asking. We are demanding that immediately mask
mandates be rescinded from our schools and release our children from these harmful
practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Alan Roell
Sent: 2/9/2022 10:05:28 AM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

To the Washington BOH:

Certain parties are pushing mRNA vaccine injections for toddlers. No child in our acquaintance was ever sick with Covid, even when their parents contracted it. And since the mRNA vax does NOT stop transmission and NO child to our knowledge has ever had symptoms that endangers them, then there is NO reason to give them mRNA vaccinations.

This only proves that someone is NOT being completely honest through this entire pandemic narrative.

We are confident the WA BOH has more integrity than to allow this outrage to happen. Thank goodness they do. Please know the friends and associates of the citizens of WA appreciate the better wisdom of the BOH in stopping this mandate. Thank you.

From: Darleen Christopher
Sent: 2/22/2022 11:29:34 PM
To: DOH WSOB
Cc:
Subject: Pfizer, FDA Ask Court to Further Delay Release of COVID Vaccine Safety Data •
Children's Health Defense

External Email

https://childrenshealthdefense.org/defender/pfizer-fda-delay-release-covid-vaccine-safety-data/?utm_source=salsa&eType=EmailBlastContent&eId=1ddf0d09-1730-4ede-8740-1a39c313663e
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/pfizer-fda-delay-release-covid-vaccine-safety-data%2F%3Futm_source%3Dsalsa%26eType%3DEmailBlastContent%26eId%3D1ddf0d09-1730-4ede-8740-1a39c313663e&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C>

Pfizer, FDA Ask Court to Further Delay Release of COVID Vaccine Safety Data

Days prior to today's scheduled release of documents related to the Pfizer COVID vaccine, the pharmaceutical company asked a federal court to let it intervene before any information is released. The U.S. Food and Drug Administration said it agreed with the drugmaker's request.

Michael Nevradakis, Ph.D.
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/michael-nevradakis-ph-d%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e21>>

<<https://childrenshealthdefense.org/wp-content/uploads/FDA-Pfizer-data-release-75-years-laughable-feature-800x417.jpg>>

Miss a day, miss a lot. Subscribe to The Defender's Top News of the Day
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fabout-us%2Fsign-up%2F%3Futm_source%3Dtop_of_article%26utm_medium%3Dthe_defender%26utm_campaign%3Dsign-up%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C>. It's free.

Days prior to today's scheduled release of a tranche of documents related to the Pfizer COVID vaccine, the pharmaceutical company asked
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fpfizer-moves-to-intervene-in-high-profile-case-dealing-with-covid-19-vaccine-safety-data_4238676.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C>
a federal court to let it intervene before any information is released.

"Pfizer does not presently intend to move the Court to reconsider its January 6, 2022 order, but Pfizer is not in a position at this time to waive its ability to do so if circumstances change such that there is good cause at a later time to do so."

Pfizer did not clarify what such a change of circumstances might entail.

Lawyers for PHMPT, in a brief

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.documentcloud.org%2Fdocuments%2Fphmpt-responds-to-pfizers-motion&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf>> submitted Jan. 25 to the court, asked
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fpfizer-moves-to-intervene-in-high-profile-case-dealing-with-covid-19-vaccine-safety-data_4238676.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf> Pittman to reject Pfizer's motion and requested
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theepochtimes.com%2Fpfizer-moves-to-intervene-in-high-profile-case-dealing-with-covid-19-vaccine-safety-data_4238676.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf> the judge ask Pfizer to clarify how, exactly, its intervention would help expedite the release of the documents, arguing
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.documentcloud.org%2Fdocuments%2Fphmpt-responds-to-pfizers-motion&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf>> that Pfizer:

"... provides no reason why it needs to intervene in this matter to render that purported assistance. Nor can Plaintiff discern why Pfizer needs to intervene in this matter to assist the FDA with expediting release of the requested documents—it can render this assistance without intervening."

PHMPT, a group

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf>> of more than 30 medical and public health professionals and scientists from institutions such as Harvard, Yale, and UCLA, in September 2021 filed a lawsuit
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F10%2F001-Complaint-101021.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf>> against the FDA when the agency denied its original FOIA request.

In that request

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F10%2F001-Complaint-101021.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf>> PHMPT asked the FDA to release "all data and information for the Pfizer vaccine," including safety and effectiveness data, adverse reaction reports, and a list of active and inactive ingredients.

The first batch of documents

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fpfizers-documents%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2101021.pdf>> released in November 2021, which totaled a mere 500 pages, revealed
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2022/01/cover-pfizer-interferes-just-days-massive-foia-vaccine-data-drop-fda-claims-vaccine/>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.opensecrets.org%2Fmember-of-congress%2Fhillary-clinton%2Fcontributors%3Fcid%3DN00000019%26cycle%3DCareer&data=04%7C01%7Cwsboh%40sboh.v>
to Hillary Clinton between 1999 and 2018.

Douglas Emhoff, spouse of U.S. Vice President Kamala Harris, was employed
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at the firm until 2020, earning
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.com%2Famericanlawyer-emhoff-leaves-dla-piper-partnership-as-biden-harris-transition-continues%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C>
\$1.2 million in partnership income that year.

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FDA supports Pfizer's motion, requests extension

In a response
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.documentcloud.org%2Fdocuments/fda-responds-to-pfizers-motion&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2>
to Pfizer's motion, the FDA said it welcomed Pfizer's "help," claiming that this is "due to the unprecedented speed with which the Court has ordered [the] FDA to process the records at issue."

In addition to supporting Pfizer's motion, the FDA also requested an extension from the court that would further delay the scheduled release of the documents.

Aaron Siri of the Siri & Glimstad law firm, who is representing PHMPT in its lawsuit against the FDA, explained
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fposts/asks-the-court-to-delay-first&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e217>
:

"The FDA now insists it must delay its first 55,000-page production until May 1, 2022 – four months after the Court entered its order.

"However, the FDA's own papers seeking this delay make plain it can produce at a rate of 55,000 pages per month in February and March."

The FDA claimed Pfizer is entitled to intervene in the case and the process of redacting the documents in question, due to the "Trade Secrets Act
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.americanbar.org%2Fgroups/property%2Fpractice%2F2016%2Fpresident-obama-signs-defend-trade-secrets-act%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2>
," signed into law by President Obama in 2016, stating
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2022/cover-pfizer-interferes-just-days-massive-foia-vaccine-data-drop-fda-claims-vaccine-manufacturer-must-help-review-redact-documents-public->

release%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2172
:

"FDA anticipates that coordination with Pfizer to obtain the company's views as to which portions of the records are subject to Exemption 4, the Trade Secrets Act, 18 U.S.C. § 1905, or other statutory protections will be a necessary component of the agency's endeavors to meet the extraordinary exigencies of this case."

However, according to The Gateway Pundit
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2021/01/25/cover-pfizer-interferes-just-days-massive-foia-vaccine-data-drop-fda-claims-vaccine-manufacturer-must-help-review-redact-documents-public-release%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2172>>
, the Trade Secrets Act is being misinterpreted by the FDA and Pfizer:

"[T]he protections provided under that law allow for an owner of a trade secret to sue in federal court when its trade secrets have been misappropriated and does not even imply that a company could intervene in a public records request through the FOIA."

PHMPT, in its Jan. 25 brief
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.documentcloud.org%2Fdocuments/172172-phmpt-responds-to-pfizers-motion&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2172>>
, also rejected
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2021/01/25/cover-pfizer-interferes-just-days-massive-foia-vaccine-data-drop-fda-claims-vaccine-manufacturer-must-help-review-redact-documents-public-release%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2172>>
the FDA's continued claim that it cannot adhere to the disclosure schedule Pittman ordered on Jan. 6, arguing "the FDA has more than sufficient resources to expeditiously produce the requested documents."

Siri, on his blog
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffaaronsiri.substack.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2172>>
, also questioned this aspect of FDA's argument, writing
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffaaronsiri.substack.com%2Fp%2Fasks-the-court-to-delay-first&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2172>>
:

"The FDA ... attests that over the coming weeks, it will have 28.5 full-time people reviewing the documents. Working 7.5 hours per day for 20 business days per month, 28.5 people reviewing 50 pages per hour can review a total of approximately 213,750 pages per month.

"The FDA affirms it has already 'allocated the equivalent of nearly 11 full-time staff to this project' and that 'a review speed of 50 documents per hour was within the normal range for document review in a complex matter' in private practice; and here the 50 document per hour rate would be faster since there is only a need to review for personally identifying information ('PII') for most pages. Hence, if the FDA's 11 full-time reviewers work only 7.5 hours per day and review 50 pages (not documents) per hour, the FDA could review over 88,000 pages per month in February and March. That is more than sufficient to produce the 55,000 pages per month currently ordered for these two months."

Instead of complying with this court's "reasoned order," Siri Wrote, the FDA claims these 11 reviewers can only review a total of 10,000 pages per month.

What the FDA does not say, and what basic math shows, according to Siri, is that a rate of 10,000 pages a month for 11 full-time reviewers amounts to only 5 pages per hour.

Siri also questioned the FDA's commitment to transparency and hinted at a cover-up, stating

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faaronsiri.substack.com%2Fp%2Fasks-the-court-to-delay-first&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C076a55c06f50451a8d5c08d9f69dfc34%7C11d0e2172>>
:

"The Court is, other than Congress, the only check on the FDA. In a free country, transparency is paramount, and the FDA has chosen to thwart transparency and the requirements of FOIA by anemically understaffing the office it maintains to respond to FOIA requests.

"It is also incredible for the FDA to claim that compliance here would harm its health policy objectives. Even if the FDA really does need to spend \$4 to \$5 million which ... is an absurd overestimate, that is an inconsequential amount of its overall \$3.41 billion discretionary budget.

"It is understandable that the FDA does not want independent scientists to review the documents it relied upon to license Pfizer's vaccine given that it is not as effective as the FDA originally claimed, does not prevent transmission, does not prevent against certain emerging variants, can cause serious heart inflammation in younger individuals, and has numerous other undisputed safety issues."

Siri said the FDA's "potential embarrassment" over its decision to license the Pfizer vaccine must take a back seat to the transparency demanded by FOIA and "the urgent need and interests of the American people to review that licensure data."

From: Tasha Ohnemus
Sent: 2/11/2022 7:45:02 AM
To: DOH WSBOH
Cc:
Subject: comments for immunization tag

External Email

YOU LIED YESTERDAY AND WE ALL SAW IT. CRITERIA 6, ABSOLUTELY DOES NOT STOP TRANSMISSION.

From: Stephanie Cordes
Sent: 2/11/2022 3:15:26 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Please Hear Me Out

External Email

Good afternoon,

I am one of MANY concerned parents who do not approve of the decisions being made to add the covid shot as a requirement for school aged children to attend school. I watched your virtual meeting yesterday between the Technical Advisory Group (TAG) and the WA State Board of Health (SBOH). Your "data" presented was not sufficient to even make an educated decision on Criteria #5 or #6 (or any of the 9 criteria for that matter), many of you even said so yourself. Please understand that your vote, your unanimous recommendation to the Department of Health, affects ALL of us parents.

For those of us parents who do not want our children being forced to take this experimental shot, please hear us out. If the tables were turned, and the government was trying to pass a law or new code/requirement that would force YOU to either do something to your child that you wholeheartedly did not approve of or pull them from school and uproot your whole life and everything you've worked for to move somewhere else to stand up for what you believe in, how would that make you feel? I have lived in Washington my entire life, so have my parents and my grandparents did too. Everything I know, love and have worked so hard for, is here. All of you with TAG and SBOH and many other agencies/organizations of government are jeopardizing every aspect of my life with your decisions. The public no longer has a voice, we are being ignored and censored left and right. PLEASE. Hear me. I am begging you. I will not allow my children to be injected with an experimental shot. My kids and myself are otherwise fully vaccinated and get our flu shots. I am NOT anti-vaccine. I am simply a very concerned mama bear who wants to protect my cubs. Imagine for a moment if the most important people in your life were being forced to do something they did not want with every fiber of their being and ask yourself how you would feel. My heart is SO heavy. Tears are flowing as I write this. Please understand that the choices you are making affect people who may not have the same opinions, views, beliefs as you do. Are you really ok with harming others just because they think differently than you do?

Since when is it a crime to protect your own child?! I have been called so many awful, ugly names, because I will not make my toddler wear a face covering in public. How is this ok? I don't call people names because they choose to wear a mask or get a shot. I truly respect everyone and the decisions they make for their children. We are all trying to do what is best for ourselves and our loved ones. Why can't that be respected? Why are you trying to rip that CHOICE away from me? What would it take for you to understand how I am feeling? Would it make a difference if I sat in front of you crying while holding my children? This is not fair. Surely you can see that. The vaccine is too new for me to trust it. We don't know long term effects. There is no way that we could! Covid has only been around for a few years and the vaccines even less time. Can you imagine if you voted yes for this to be implemented and years down the road we saw all kinds of defects and illnesses and deaths associated with these vaccines and boosters?? The blood would be on your hands. PLEASE, PLEASE, PLEASE. Let the PARENTS make the choices for their own children. Let ME decide if MY child needs this shot. I promise you I am far from alone on this. I know SO many people who feel this way. Our livelihood rests in your hands. Please speak up for us. Please understand that even though we may have different views, different beliefs, different opinions, that I still care about you. I would still save your life if given the chance. Love thy neighbor, right? I grew up in a household

with one parent who was typically Democrat and the other typically Republican. They loved each other all the more, while cancelling one another's votes. Let's get back to standing together, respecting one another, helping each other and being neighborly. I would never want to force YOU to do something you didn't want to do. Please show some respect, and don't force me to either. United we stand, Divided we fall. Help us END the division by allowing us all to make CHOICES for ourselves. What is right for you, may not be right for me.

Much love and respect,
A Concerned Mama Bear

From: Mindy Earley
Sent: 2/10/2022 1:03:07 PM
To: DOH WSBOH
Cc:
Subject: Technical Advisory Group

External Email

You all went to college did you NOT learn that your should never speak with saying
UUUHHHMMM, blah, blah, blah, UUUHHHMM,, blah, blah, UUUHHHMMM. Come on, it's
so unperfectional!!!

From: Nancy the Soul Dancer
Sent: 2/23/2022 12:00:33 PM
To: DOH WSOBH
Cc:
Subject: 246-105WAC & WSOBH recommendations

External Email

Questions for the WSOBH and affiliates to consider:

1. Does the WSOBH know the difference between relative risk factors and absolute risk factors in regard to the data reported for COVID 19 vax? It is very important to know the difference and to take a closer look at this distinction. It is a game changer. The quoted "90+%" benefits and effectiveness becomes less than 1% effective.

2. Is the WSOBH aware that there is a "revolving door" of staff between the CDC and Pfizer and other Big Pharma leadership positions?

3. Is the WSOBH aware that there is a similar "revolving door" between FDA officials and Big Pharma, Monsanto etc. ?

4. Could that warrant the WSOBH to look into independent, peer reviewed studies, which are not funded by the CDC, Pfizer, etc.?

5. Who is paying for these studies and trials? The companies who will profit from the sale of their products? Does this parallel the "fox guarding the hen house"?

6. Is the WSOBH aware that Pfizer has the worst criminal record of Big Pharma companies for bribery, deception of facts, etc.?

7. Does the WSOBH know that Pfizer refuses to divulge the total list of ingredients of their Covid shot for 55 years? Why is that? What are they hiding?

8. Is the WSOBH aware that Dr. F@ci. has a patent on the COVID virus (manmade) and on the Pfizer vax? Do you know that Dr. F. has financial interest in the Moderna vaccine as well? He has made billions of \$\$\$ as a result of him recommending it. Could that be a conflict of interest?

9. Is the WSBOH aware that a state of emergency cannot last for 2 years without Wa. legislature renewing it? (Which they have not done). This unlawful EUA has allowed the roll out of an improperly tested, experiment product on hundreds of thousands misinformed, mislead and outright deceived Americans.

10. Is the WSBOH aware that the Pfizer Biotech shot has never been approved by the FDA??? They approved cominary, a drug that is not even available in the U.S. A.

11. Is the WSBOH aware that early, effective treatment recommended by many renown doctors has been systematically suppressed from the beginning of the pandemic? It has been estimated that 500,000 lives could have been saved if this early, effective treatment was made known. Do you realize that this was not been done in order to roll out a false EUA and the big money making plan by Big Pharma and other agencies and the people who stand to profit in the millions and billions of \$\$\$.

12. Has the learned professionals consider that this above sited situation has greatly contributed to the overburden health care system, not to mention the fact that many medical personnel lost their jobs because they refused to being coerced to take an experimental product against their better judgement and informed consent?

13. Does the WSBOH see anything suspect in the fact that the Big Pharma lobbyists were successful in influencing the U.S. Congress in 1986 to pass a law that relieved the Big Pharm from ANY liability of injury or death from their vax products?

14. Is the WSBOH aware that Gov. Inslee's daughter works for the Bill Gates Foundation? One of the admitted agenda items of Mr. Gates is to reduce the population by 15%. Did you know that the mRNA ingredient was initially used in a study to control animal population? Did you know that the miscarriage rate at a local hospital is 5x what it was before the vax roll out? i.e. this vax is a noteworthy, contributing factor of ending life in the womb...during all a 3 terms and even causing some stillbirths! What other science do we really need?

15. Does it seem curious to anyone on the WSBOH that one of today's presenters has been appointed by the Governor., who has a solid interest , financial and political, to run this agenda and coerced mandates roughshod over the people he has sworn an oath to represent?!

16. Has the WSBOH considered that your TAG team is a group people who are all aligned with the same scenario, even the same CDC charts and studies sited by the 3 presenters? Does that mean that the more the same studies are sited over and over again, that will make them more true and believable?

17. Does the WSBOH understand that they have “stacked the deck” through the choice of presenters and TAG members in favor of one point of view, that of the mainstream narrative, from government agencies meant to protect the people who are now the ones the people need protection from their propaganda, distorted information and official acts?

18. Does the WSBOH realize that they are not fooling us (well informed citizens) with your supposed “independent” presenters and tedious meetings?

19. When will the WSBOH stand up and wake up to what is really going on and has been for a very long time?

From: j
Sent: 2/25/2022 12:39:23 PM
To: DOH
WSBOH,repandrewbarkis@updates.leg.wa.gov,repjtwilcox@updates.leg.wa.gov,Simmons,
Tarra,Schmick, Joe,Caldier, Michelle,Harris, Paul,Barkis, Andrew
Cc:
Subject: DAY FOUR of the Global Jury against the vaccine producers.....PLEASE WATCH

External Email

Dear WA STATE BOARD and HEALTH members and WA Representatives on the Health Board,

It is YOUR responsibility to fully understand everything about this new experimental 'vaccine'. In Germany there is a GRAND JURY proceeding to do just that. Experts in the field of vaccines are giving testimony about these experimental products. PLEASE,, PLEASE, PLEASE do not just listen to U.S. governmental health experts. There are proven 'conflict of interests' with the manufacturers. (Can skip to 50 min. for the most powerful testimony)

Thank you, Mary Abramson, retired school R.N.

REINER FUELLMICH-GRAND JURY DAY 4: INJECTIONS & PSYCHOLOGICAL WARFARE
(brandnewtube.com)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrandnewtube.com%2Fwatch%2Ffuellmich-grand-jury-day-4-injections-amp-psychological-warfare_cWshzA3uO21emR5.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb088cae4838647a3c5f>

From: Sarah Dalrymple
Sent: 2/23/2022 4:54:19 PM
To: DOH WSBOH
Cc:
Subject: Against proposed covid policies

External Email

Hello

To be perfectly clear, I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Best regards,

Sarah E. Dalrymple
Cell: 360-927-7797
Email: sdalrymple26@gmail.com <<mailto:sdalrymple26@gmail.com>>

From: Kary Marshman
Sent: 2/16/2022 4:04:43 PM
To: DOH WSBOH
Cc:
Subject: Absolutely no mandate for this ridiculous, unnecessary garbage vaccine

External Email

Jay Insley you should be ashamed of yourself. You have been way out of line, abusing your power and are utterly disgusting.

Thank you.

Sent from my iPhone

From: Linda Hagan
Sent: 2/27/2022 12:46:01 AM
To: DOH WSBOH
Cc:
Subject: Background on Renowned Dr. Luc Montagnier

External Email

No matter that he was 89, I find it strange that Dr. Montagnier has died so close to his possible testimony was to be given to the International Court: he is not the only person who was to testify who has suddenly died with no explanation of the cause of death. Also, you must be aware that the key individuals who are allegedly guilty of "crimes against humanity" and the murder of 100's of thousands worldwide are being currently investigated by The Grand Jury of Public Opinion, and if those individuals are as evil as they are alleged to be along with being incredibly wealthy, at this moment in time, they have the power to snuff out the lives of honest individuals who threaten them.

<http://journalpulp.com/2021/09/10/nobel-prize-virologist-dr-luc-montagnier-ill-refuse-the-mandatory-vaccine/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fjournalpulp.com%2F2021%2F09%2Fprize-virologist-dr-luc-montagnier-ill-refuse-the-mandatory-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C82a70d7f0b8241bfa4a708d9f9cd7014%7C11>>

Linda Jeanne Hagan

From: Bill Osmunson
Sent: 2/25/2022 10:06:55 AM
To: DOH WSBOH
Cc:
Subject: HIR March Board of Health Meeting



attachments\331C42403E044FD2_SB 5587 Part I Osmunson.pdf

External Email

Dear Washington State Board of Health Members and Staff,

Please add this to the March 2022 Board meeting. Health Impact Review

The Washington State Board of Health's intent is to help improve the health of the public, especially children, our future. However, the Board is currently relying on historical evidence regarding fluoride exposure. Science is not stagnant and takes a great deal of time to follow each item of health as the research is published. Board members have chosen to take on that task and the public is counting on you to do the impossible because you have a great impact on laws and rules at the state and local levels. Especially health mandates.

I promoted fluoridation of public water for about 25 years out of dental and public health school. However, over the last 20 years the science has become robust that mandating additional fluoride for everyone is harming the unborn, infants, and children most. The Board must personally review the current science; set up a committee of pharmacists, toxicologists, biochemists, and other specialties to review the current science on fluoride exposure; or give your staff the time to carefully review the primary research, not just other people's opinions.

Being equitable with errors and harm is not an improvement or beneficial to all. In fact, lower the IQ of someone with 150 IQ points and they wouldn't suspect the difference. Lower 5 IQ points on someone with 75 IQ points and their life skills and success in school, work, and relationships would suffer. Harming the developing brain is a lifetime of grief. . . think lead.

Think like the FDA. Does the science demonstrate efficacy, at what dosage and is it safe at that dosage. Without FDA approval, the Board of Health has the responsibility to make that determination.

The Board was asked by the Legislature to do a Health Impact review for HB 1684, fluoridation. They were given 10 days. On developmental neurotoxicity, just one of the several streams of evidence, the National Toxicology Program has taken over 4 years and although not finished the draft finds fluoride to be a developmental neurotoxin.

The HIR references do not provide empirical evidence to support the safety, effectiveness nor dosage of fluoride exposure. Fluoride ingestion has not gone through the FDA approval process, NDA.

Sometimes the most important streams of evidence are absent. Both Federal and State laws require Food and Drug Approval for any substance used with the intent to prevent disease.

Here is my brief evaluation of the Health Impact Review.

HIR SHB 1684

Review of Annotated References.

1. NIH Office of Dietary Supplements. Fails to follow the FD&C Act, the FDA, or RCW 69.50.101(p) definition of Drug.

Fluoride is listed in the US Pharmacopoeia as a drug. The FDA has determined fluoride is a Drug 21 USC 321 (g)(1)(B). The Washington State Board of Pharmacy determined fluoride is a legend Drug (June 4, 2009). Confirmed by correspondence from EPA Water Law Office, 2013. Fluoride is not essential for any body function and is not a nutrient. The absence of fluoride does not cause any disease. Dental Caries is not caused by the absence of fluoride. My nutrition profession would like to be helpful and promote fluoride, but they do not regulate drugs.

"Drug" means (1) a controlled substance recognized as a drug in the official United States pharmacopoeia/national formulary or the official homeopathic pharmacopoeia of the United States, or any supplement to them; (2) controlled substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in individuals or animals; (3) controlled substances (other than food) intended to affect the structure or any function of the body of individuals or animals; and (4) controlled substances intended for use as a component of any article specified in (1), (2), or (3) of this subsection. The term does not include devices or their components, parts, or accessories.

Fluoride is exempt from poison laws when regulated under drug laws. If a person considers fluoride to be regulated as a nutrient, then Washington State Code defines fluoride as a poison and regulated under poison laws. The intent is not to poison people, so drug laws apply. The Board of Pharmacy correctly designated fluoride to be a legend drug so those fluoridating are not held to poison laws. Just because fluoride is to be regulated as a drug does not mean it is safer or more approved by drug regulatory agencies.

2, SDWA The EPA's review of the SDWA is not complete. This reference has little or no value because the EPA does not approve the efficacy for the prevention of diseases in man at any dosage of fluoride.

The SDWA prohibits the addition of anything for the treatment of humans. The SDWA treats water, not humans. In contrast, the FDA treats humans. The FDA correctly states the FDA does not regulate public water and the EPA says the FDA regulates substances used with the intent to prevent disease. Each agency claims they are not responsible and each blames the other leaving the least informed voter to review the empirical evidence. In Washington State, the Board of Health has jurisdiction of the support and promotion of fluoride added to public water.

3. National Primary Drinking Water Regulations EPA document is about treating water, not humans. EPA responded to my FOI that the SDWA prohibits EPA from adding anything to water for the treatment of humans. Fluoride does not treat water, does not

make it safer or cleaner. Fluoride is listed by the EPA as a contaminant. The Board of Health promotes the "contamination" of public water.

4. CWF CDC. "It is not CDC's task to determine what levels of fluoride in water are safe." The CDC does not determine the safety or efficacy of fluoride. For safety and efficacy and dosage, the CDC relies on the FDA. Think COVID Vaccination, FDA approval was required.

5. Healthy People 2030: Promotes policy but does not evaluate the policy based on current empirical evidence. Relies on other organizations to determine the safety, dosage and efficacy.

6. US Surgeon General promotes policy but does not approve drugs. Relies on other organizations and members were cherry picked for their position on fluoridation rather than balanced.

7. US HHS CDC. Indeed, oral health is part of overall health and needs to be improved. CDC does not evaluate the evidence of dosage, safety or efficacy. Jurisdiction for approval is with the FDA.

8. WSBH WAC 246-290-460 promotes fluoridation but does not evaluate the empirical evidence, nor take into account items listed in #1 above.

9. WSDH ODW "Is my drinking water fluoridated? See #1 above.

10. WSL Chapter 70A.125 RCW Penalties and Compliance does not cover fluoridation or the safety or efficacy of fluoridation.

11. WAS 246-290-100 pertains to requirements for water system plans, not empirical evidence on safety or efficacy.

12. IOWA Law. Not applicable for safety or efficacy or dosage.

13. Missouri Law. Not applicable for safety or efficacy or dosage.

14. Tennessee Law. Not applicable for safety or efficacy or dosage.

15. New York Law Not applicable for safety or efficacy or dosage.

16. WSDH document Not applicable for safety or efficacy or dosage.

17. WSDH Planning Guidebook. Not applicable for safety or efficacy or dosage.

18. Duncan Fiscal Note HB 1684 Not applicable for safety or efficacy or dosage.

19, Kliff history of fluoride wars . Not applicable for safety or efficacy or dosage.

Thank you for your careful consideration.

Sincerely,
Bill Osmunson DDS MPH

VOTE “NO” SB-5587 and Water Fluoridation

Part I

Bill Osmunson DDS MPH

American Environmental Health Studies Project, Board Chair

10300 181st Ave SE Issaquah, WA 98027 Residence; 1418 112th Ave NE Bellevue WA 98004 Office

SB-5587 will increase health disparities is a public health danger and very expensive, especially for the poor, schools, business, parents and harm appears to be multigenerational.

Comments are presented below in summary form, followed by a more detailed review of some serious errors with SB-5587. Part II provides more scientific support to vote “NO.” Finally, the need for notifications to water users regarding the potential for fluoride overexposure and risks is presented.

Summary: See also [Fifty](#) reasons SB-5587 will harm the public.

The lack of individual freedom of choice, excess exposure, serious risks and lack of FDA approval, lack of inclusion of current research, lack of scientific oversight on a moving target, and increasing social inequities (and more) make SB 5587 seriously harmful to public health. Hundreds of published research studies reporting fluoride’s danger have been published since the 2006 NRC report¹ for the EPA on fluoride in water. The 12 members were unanimous the Maximum Contaminant Level Goal as set by the EPA is not protective. Writing a law for a moving target is problematic.

Yes indeed, the EPA classifies fluoride as a **contaminant** and SB-5587 pushes water purveyors to contaminate their water. The legislature should not promote the contamination of water. The risks raised in the [2006 NRC](#) report included risks to [teeth](#),² [musculoskeletal](#), [reproductive](#), [neurotoxic](#) and neurobehavioral, [endocrine](#), [GI](#), [renal](#), [hepatic](#), [immune](#), [genotoxicity](#), and [carcinogenicity](#). Those links are for thousands of published studies reporting harm from ingested fluoride. Each one of those links provide ample evidence to stop fluoridation rather than further overdosing the public. Many studies since 2006 have supported the NRC 2006 analysis of risks from fluoride and few have failed to support the concerns.

Of urgent concern is fluoride’s effect on the developing brain. See [23 human studies](#) published from just 2017 through 2021 reporting harm to the developing brain. Fluoride is presumed to be a developmental neurotoxin, more toxic than lead, lowering IQ. Lower IQ is known to increase special education in schools, increase drop outs, increase incarceration rates, increase crime, increase divorce, increase job loss and harms the low IQ the most. SB-5587 increases human suffering and significant monetary costs to society. The falsely alleged estimates of dental caries prevention pale in comparison to harming the brain. Money spent on fluoridation should be spent on health education.

Other laws can be more effective in reducing dental caries such as using fluoridation money to fund health clinics and taxing the cause of dental caries to pay for individual health education. Other sources of fluoride ingestion are cheaper and readily available for those who want to ingest fluoride. Mandated medications for everyone is has ethical and pharmacological risks. One dose does not fit everyone any better than one size shoe fits everyone.

¹ Fluoride in drinking Water a Scientific Review <https://www.nap.edu/catalog/11571/fluoride-in-drinking-water-a-scientific-review-of-epas-standards>

² All 12 members of the NRC committee agreed the MCLG should prevent dental fluorosis. See page 23

Grandjean et al,³ 2021 [“A Benchmark Dose Analysis for Maternal Pregnancy Urine-Fluoride and IQ in Children”](#) reporting 1 IQ loss at 0.2 mg/L mothers urine fluoride concentration must be carefully reviewed by the legislature and Washington Board and Department of Health. Note, urine fluoride and water fluoride concentrations are similar. At fluoridation concentrations of 0.7 ppm in public water (ppm is the same as mg/L), 5 IQ points are lost. Some loose more and some less, the mean loss is slightly more than lead. The highly respected international authors of this study have hundreds of published studies, many in the area of toxins on the developing brain. Their expertise has been accepted by research publications, courts and universities.

A careful scientific review inclusive of all stakeholders (including vulnerable members of the public) rather than blind trust in historic flawed policies and laws, needs to be a top priority. The status quo is harming the public.

SB - 5587 is NOT supported by a careful review of current science. Topical fluoride has benefit, swallowing does not. Studies supporting fluoridation are mostly historic and have serious flaws. Water fluoridation as promoted by HB 1684 will cause harm in many ways, which constitutes negligence⁴ on the part of those promoting this bill, advocating for it, and voting for it. Some harms are outlined below in the remainder of the summary, and are described in further detail with citations following the summary.

SB - 5587 will most seriously harm the unborn, infants, children, those with lower IQ and fails to warn pregnant mothers and caregivers of known risks. Fluoridation has similar if not greater risk to the brain than lead.

SB - 5587 is built on historical research, policies, assumptions, marketing and trust rather than current science. Science is dynamic and growing. Laws are slow to respond to quality science. Many studies have been published and more than 50 streams of evidence must be considered which have significant impact on SB - 5587. A careful review of the science takes a great deal of time.

SB - 5587 fails to provide individual recommended fluoride dosages for benefits and risks. Although water systems regulate the concentration of fluoride in water, they do not regulate the amount of water each person drinks. Therefore, individual dosage is unregulated and of most concern to the unborn and infants.

SB - 5587 fails to notify water purveyors that the Washington State Board of Pharmacy determined that the ingestion of fluoride with intent to prevent dental caries makes fluoride a **prescription drug**. The US Food and Drug Administration has determined that fluoride for ingestion is an **unapproved drug** and the evidence for its efficacy is incomplete. Pharmacopeias list fluoride as a drug. If not regulated as a drug, fluoride fits within the definition of poison per RCW 69.38.010 (i.e., a substance that, when introduced into the human body in quantities of sixty grains or less, causes violent sickness or death). Note: 60 grains is 3,888 mg, and fluoride can cause death at 5 mg/kg body weight, or around 250-500 mg for an adult, less for a child. Fluoride is a poison under this RCW definition, however, it is exempt from poison laws in

³ Phillippe Grandjean is Professor at the T.H Chan Harvard School of Public Health and University of Southern Denmark. Howard Hu and Morteza Bashash are at the Department of Preventive Medicine, Keck School of Medicine USC. Christine Till and Rivka Green and David Flora, Faculty of Health, York University, Martha Tellez-Rojo, Mexico, Peter Song Department of Biostatistics, School of Public Health, University of Michigan, Bruce Lanphear Faculty of Health Sciences, Simon Fraser University, British Columbia,, Esben Budtz-Jorgensen Department of Biostatistics, University of Copenhagen, Denmark.

⁴ Negligence is defined as the failure to use the degree of care appropriate to the circumstances, resulting in an unintended injury to another.

Washington State when regulated as an approved legend drug or exempted by law.⁵ Fluoride has not gone through the FDA approval process for ingestion with the intent to prevent dental caries, has no approved label, and no NDA number. Topical fluoride in fluoridated toothpaste has FDA approval.

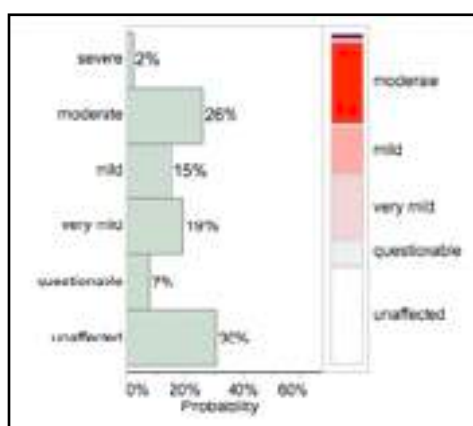
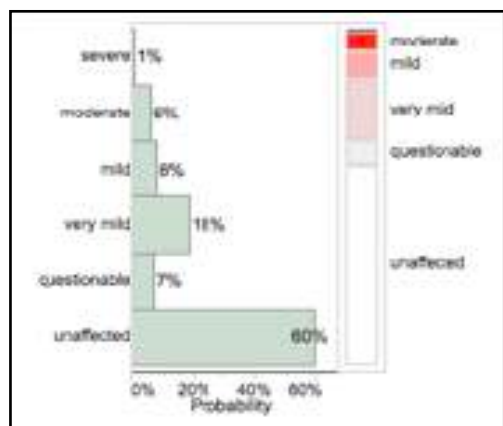
The World Health Organization's Technical Report Series 846, *"Dental and Public Health administrators should be aware of the total fluoride exposure in the population before introducing any additional fluoride program for caries prevention."* Many in Washington State are ingesting too much fluoride even without fluoridated water.

WHO's 1992 recommendation, *"Estimation of the amount of fluoride ingested from all environmental and dietary sources is important so that rational and scientifically sound decisions can be made when guidelines for the use of fluorides are reviewed periodically and modified."*

With many serious streams of evidence needing to be considered, and Federal reviews of just one of those streams of evidence has taken decades, the WSBOH will not be able to provide a complete literature review and reasoned studied advice in such a short time. A cut and paste of historical policy and unscientific marketing opinions is inadequate and will result in harm to the public. As stated earlier, an unscientific review would constitute willful negligence on the part of the legislators promoting this bill and those voting for it.

Fluoride's mechanism of action is topical, not via ingestion. Fluoride works by interacting topically after teeth erupt. The evidence for its effectiveness when applied to erupted teeth is well supported. Fluoride incorporation into developing teeth is very minor and does not contribute to caries prevention. Fluoride is not a nutrient nor essential for any bodily function. A very small amount of ingested fluoride makes its way to saliva to provide some topical fluoride after tooth eruption, but this amount is 50 to 100 fold less than what is obtained from fluoride that is present in food and beverages. Enamel and dentin demonstrate significant transport hindrance. The effective pore radii of the transport pathways in the enamel are approximately 0.7-0.9 nm.

Many are ingesting too much fluoride and are overexposed. The two charts below, [Neurath et al, \(2019\)](#) compare dental fluorosis rates as reported by the National Health and Nutrition Survey, in the 1999-2004 and 2011 to 2012 survey periods. Moderate and severe dental fluorosis has significantly increased in the roughly 10 years between these two surveys.

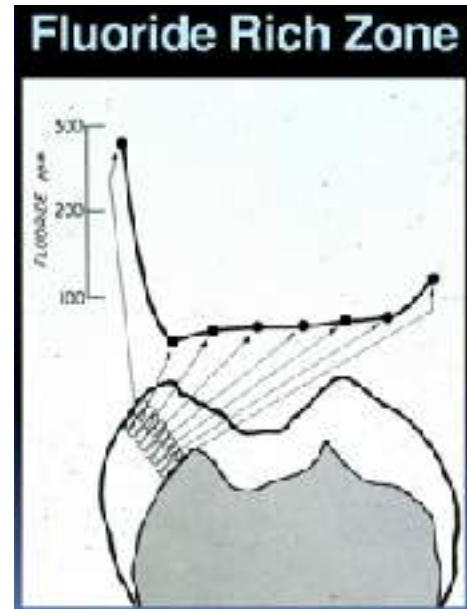


⁵ A legend drug is a drug approved by the U.S. Food and Drug Administration that can be dispensed to the public only with a prescription from a medical doctor or other licensed practitioner.

[Dong et al \(2021\)](#) looked at the NHANES 2015-2016 sR and reported an increase in dental fluorosis to 70% of children and adolescents. [\(NIDCR\) Oral Health in America](#) is a sobering admission Oral Health in the United States needs to improve but even more fluoride is not the answer.

SB - 5587 puts more emphasis and money on a failed public health policy rather than taking a fresh look at alternatives to better address oral health. Using a toxic chemical, a legend drug with an uncontrolled dose, to try to prevent dental caries, not only fails because it can't prevent caries but the policy is flawed because the policy fails to help those children develop good oral health habits which prevent other diseases such as periodontal disease, oral cancer, and good overall health.

Studies typically cited to support water fluoridation are of low quality, need to be carefully evaluated and understood, and need to be considered with all of the more recent streams of evidence. Studies concluding fluoridation is effective, have problems, which include but are not limited to: not one study corrects for unknown confounding factors which is most important, not one prospective randomized controlled trial (RCT),⁶ socioeconomic status usually not controlled, inadequate size, difficulty in diagnosing decay, delay in tooth eruption not controlled, diet (Vitamin D, calcium, strontium, sugar, fresh and frozen year round vegetables and fruit consumption) not controlled, total exposure of fluoride not determined, oral hygiene not determined, not evaluating life time benefit, estimating or assuming subject actually drinks the water, dental treatment expenses not considered, mother's fluoride exposure not measured, breast feeding and infant formula excluded, fraud, gross errors, and bias not corrected, and genetics not considered. The FDA is correct, the evidence for efficacy is incomplete.



Note the "Fluoride Rich Zone figure to the right. When the tooth is sectioned like slices of bread and the fluoride concentration measured in each slice, the fluoride concentration in each slice is similar regardless of fluoride intake except on the outside layer from topical fluoride. Fluoride does not migrate through the tooth as we were taught in dental school.

No agency accepts jurisdiction for determine the safety, dosage, label and benefit of fluoridation. In a letter from the Washington State Department of Health (WSDH) I was informed the WSDH "*will rely on known national entities like the CDC and EPA to assess the science*" on fluoridation.

⁶ A prospective study is an epidemiologic study in which the groups of individuals (cohorts) are selected on the bases of factors that are to be examined for possible effects on some outcome. For example, the effect of exposure to a specific risk factor on the eventual development of a particular disease can be studied. The cohorts are then followed over a period of time to determine the incidence rates of the outcomes being studied as they relate to the original factors in question. Also called a cohort study. Examples include concurrent cohort studies and randomized controlled trials.

The Washington State Legislature relies on the WSDH who rely on agencies not responsible for determining the safety, efficacy, dosage and label of the fluoride drug. Neither the CDC nor the EPA⁷ are charged by Congress to regulate the addition of fluoride in water with the intent to prevent disease. The EPA is prohibited from adding anything to water for the treatment of humans, EPA treats water. EPA relies on the FDA. The FDA does not regulate public water systems. When the CDC warned care givers to avoid using fluoridated water to make infant formula, the WSDH disagreed and protected policy rather than infants.

Jurisdiction of fluoride is like a hot potato tossed to “someone else” and no one has jurisdiction. HB1684 should be amended to designate an agency(s) to have jurisdiction. Congress has charged the FDA with jurisdiction and the Washington legislature should do the same. Once fluoride is FDA approved, the dispensing of fluoride in water needs to have WSDH jurisdiction.

I. REVIEW of SOME of SB - 5587 Errors

Sec. 1 (1) claims fluoride is a proven mechanism for reducing health disparities affecting people of all stages of life.

Consistent and undisputed evidence demonstrates there are disparities in health and oral health. However, fluoridation has not and does not close those disparities (e.g., see [\(NIDCR\) Oral Health in America](#)). The science is robust, **SB - 5587** will make disparities worse by causing harm to many.

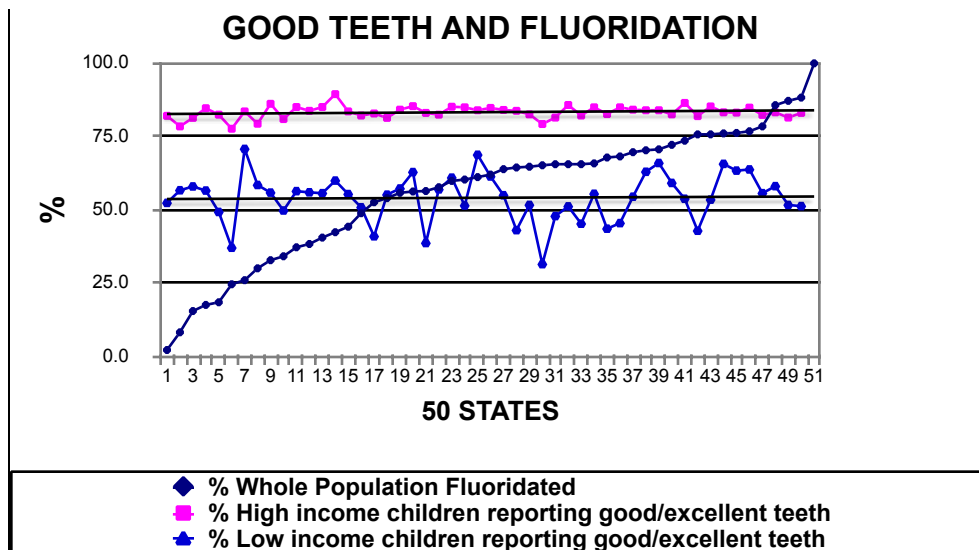
A Cochrane analysis (2015) of fluoridation research lacked a single RCT, reported studies to be mostly historic, mostly of naturally occurring fluoride with high mineral content, before much toothpaste was used, no life-time benefit, no benefit for social disparities, but studies available did find relative benefit from tooth decay. We will show how those studies of benefit have serious flaws.

Studies reporting increases in dental caries in low socioeconomic cohorts are low quality with many flaws (see [Neurath et al \(2017\)](#))

Sec 1 (2) “The legislature further finds . . . fluoridated water promotes community oral health. . . .”

Fluoridation does not promote health or reduce disparities. The graph by [Osmunson](#) below is from data of the National Survey of Children’s Health, US HHS, 2005. Note the 50 states of the USA and reported “good to excellent teeth.” About 80% of the wealthy have good teeth and about 52% of the poor report “good to excellent teeth.” However, fluoridation has no common cause. Oral health and health equities would be better with fluoridation money spent on improving income and health education rather than imposing a highly toxic chemical with serious side effects.

⁷ Safe Drinking Water Act Section 1412 (b)(II)



Sec 1(3) “The legislature further finds . . . bridge social inequities” See comments on Sec. 1(1). No quality research demonstrates fluoridation bridges social inequities. The harm from **SB - 5587** will increase social inequities.

Sec 1(5) “The legislature further finds . . . fluoridation is cost-effective. . . ” Claims of benefit rely on assumption of benefit and estimates the cost savings based on that flawed assumption.

[Ko \(2015\)](#) estimates a savings of “\$3 per person per year for best-case scenario, but this savings is eliminated by the estimated cost of treating dental fluorosis.”

[Maupome \(2007\)](#) compared cost of dental treatment for children in health maintenance organization (HMO) members in fluoridated Vancouver, WA ((\$186/year) with unfluoridated in Portland, OR (\$180/year) and found enough savings to pay for equipment repairs, but not for the costs of installing the equipment, introducing the chemicals, or the costs of treating dental fluorosis. About 2% difference is within the differences in diagnosis and treatment skills of the dentists.

Estimates usually do NOT include the cost of: 1) other chemicals added (e.g., pH balancing chemicals to reduce damage to water system infrastructure) because hydrofluorosilicic acid (HFSA) is used, 2) fluoride testing, 3) record keeping and reporting, 4) extra hazmat precautions and training, 5) fluoride equipment maintenance, upgrades & replacement, 6) fluoridation promotion such as HB 1684, 7) added liability insurance and legal fees, 8) holding fluoridation plebiscites, 9) HFSA spills and fluoridation overfeeds, 10) avoiding fluoride in families sensitive to fluoride, 11) treating objectionable fluorosis, or 12) treating other fluoride-related health problems.

Frequently proponents suggest they are only adjusting the natural fluoride concentration in the water. If the natural concentration of arsenic, lead, or other toxins were “adjusted” higher, we would also object. “Natural” fluoride is generally found in the form of calcium fluoride, a less toxic form of fluoride than the industrial waste product HFSA. In addition, the bioavailability of added fluoride chemicals like HFSA varies depending on the hardness of the receiving water. Washington State for the most part has

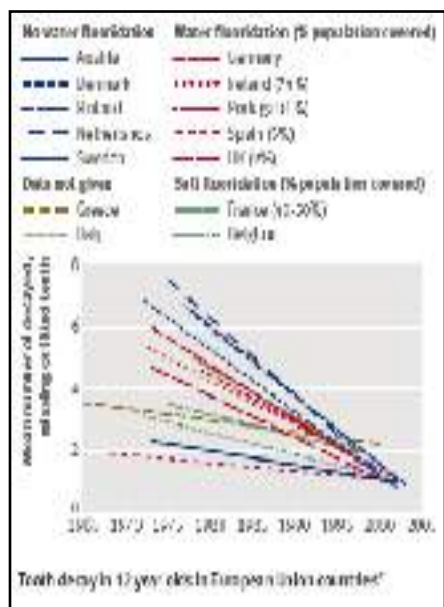
relatively soft water, and thus the bioavailability and potential intake of fluoride into body tissues is greater than locations where the water is harder. Generic policies regarding target concentrations of fluoride fail to account for these types of important factors determining exposure.

Sec 1 (6) “The legislature further finds. . . fluoridation. . . is essential . . .”

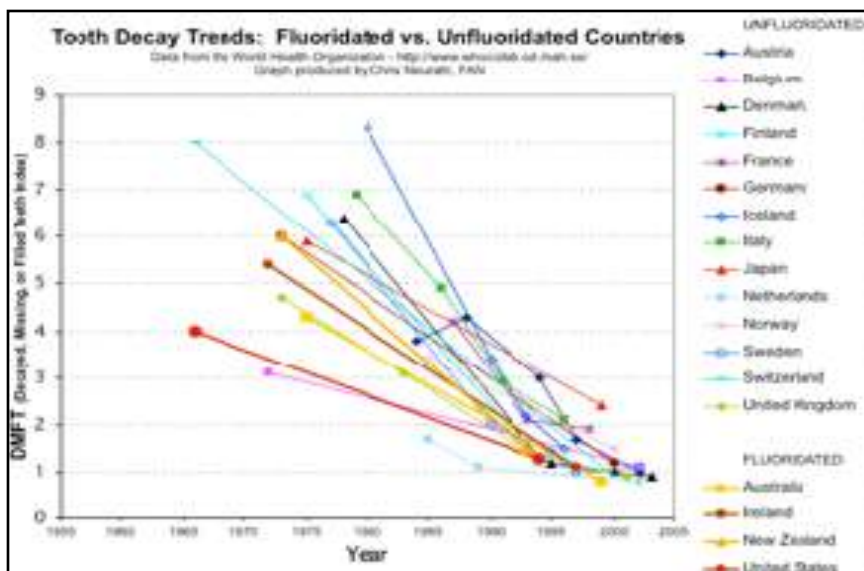
Fluoride is not an essential nutrient, mineral, contaminant or drug regardless of the term used. Dental caries are **not** due to inadequate fluoride ingestion. For example, scurvy is the result of inadequate vitamin C, dental caries are not the result of inadequate fluoride ingestion. The concept of “essential” is a marketing term without any physiologic or measured evidence.

British Columbia has lower dental caries rates without fluoridation than Washington State. Oregon with about 19% fluoridated has slightly lower caries than Washington with about 44% of the population fluoridated. Some areas of Europe have lower caries rates and no fluoridation. Fluoride is more toxic than lead and fits within poison laws unless regulated as a drug and is a legend drug based on RCW.

Two studies published using WHO data graphically demonstrate dental caries decline regardless of fluoridation. Fluoridation is not essential for good oral health.

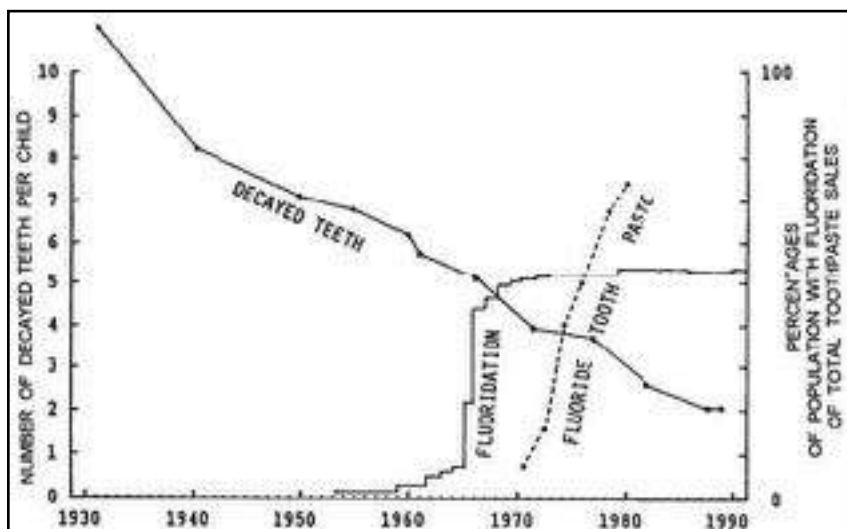


Chen et al, BMJ 5 October



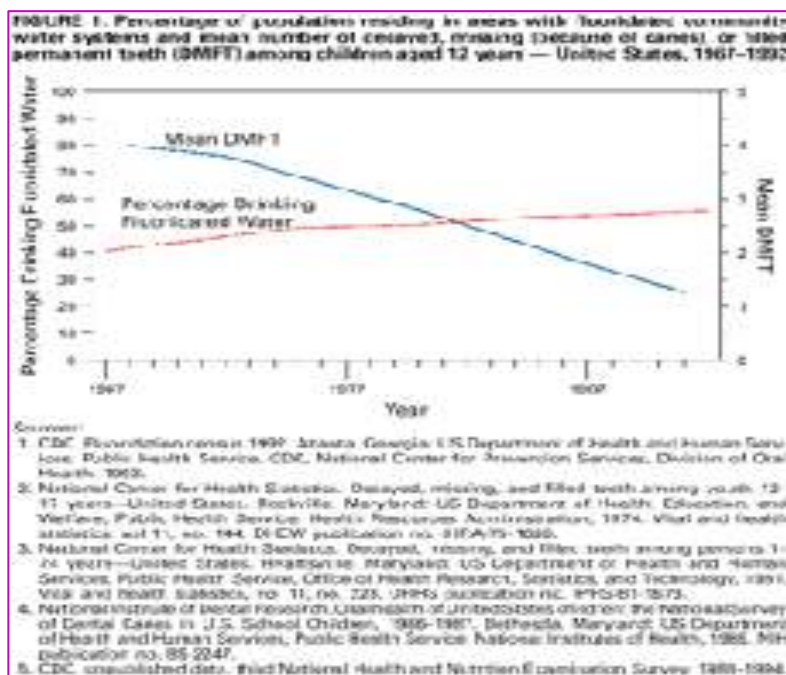
Neurath: Fluoride Research 2006

Colquhoun 1997 ISFR published the following graph illustrating the decline of dental caries prior to fluoridation. No studies on fluoridation address the factors causing a dramatic reduction in dental caries **prior** to fluoridation. As can be seen above, other countries continued the decline regardless of fluoridation status. The FDA is correct when finding the evidence for benefit from fluoride ingestion is incomplete.⁸ The recent PPTOX keynote speaker, former director of the US NTP and OHAT confirmed ingested fluoride would not reduce dental caries.⁹



In contrast, to Colquhoun above, the CDC presents Figure 1 of support for fluoridation. At first glance it appears an increase in fluoridation reduces dental caries. However, the CDC cherry picked the years. Indeed, caries declined and the percentage of the population fluoridated increased but the two events are unrelated.

CDC would have us believe huge caries reduction resulted from an implausible 17% increase in those fluoridated. The fluoride was not targeted to high risk individuals.



⁸Published in Drug Digest 1975

⁹ Prenatal Programming Toxicity Conference, January 2022, Del Linda Birnbaum retired from National Toxicology Program and Office of Health Assessment and Translation881717

The legislature has failed to provide current scientific support for the marketing claim that fluoridation is essential. Most dental caries decline took place prior to fluoridation. No one knows what factors were most significant in causing the decline, and no studies have corrected for those highly significant unknown factors.

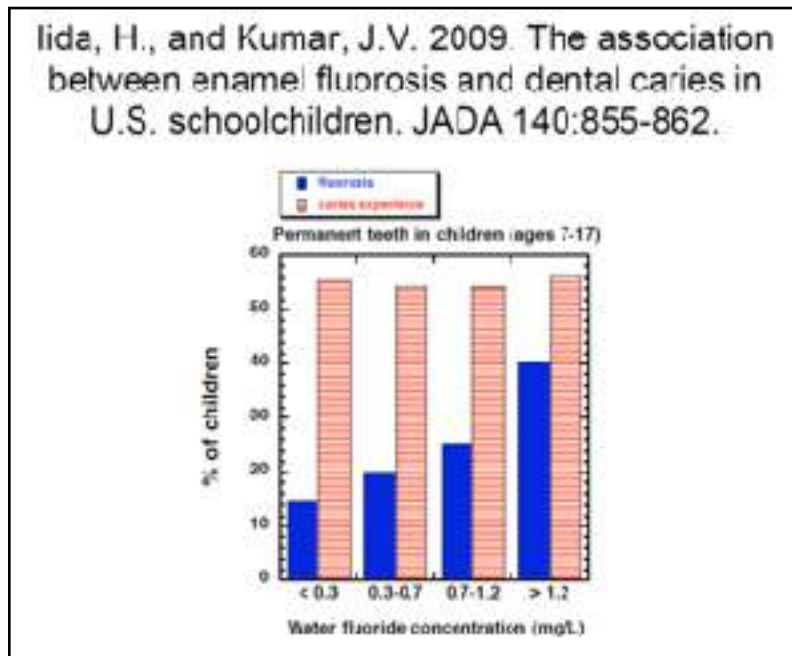
Consider these countries response to fluoridation:

Austria	REJECTED: "toxic fluorides" NOT added
Belgium	REJECTED: encourages self-determination – those who want fluoride should get it themselves.
Finland	STOPPED: "...do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride our teeth need." A recent study of Finnish data found "...no indication of an increasing trend ...of caries."
Germany	STOPPED: A recent study of German data found no evidence of an increasing trend of caries.
Denmark	REJECTED: "...toxic fluorides have never been added to the public water supplies in Denmark."
Norway	REJECTED: "...drinking water should not be fluoridated"
Sweden	BANNED: "not allowed". No safety data available!
Netherlands	REJECTED: ". . . at present the addition of chemicals to drinking water is prohibited by law in the Netherlands. This law came into effect because it was widely perceived that drinking water should not be used as a vehicle for pharmaceuticals. Furthermore, fluoridation of drinking water would conflict with the freedom to choose for natural drinking water. This principle of freedom of choice is considered as an important basic principle in the Netherlands." SOURCE : 2007 – RIVM report 270091004/2007 for the Dutch Ministry of Health, Welfare and Sports.
Hungary	STOPPED: for technical reasons in the '60s. However, despite technological advances, remains unfluoridated.
Japan	REJECTED: "...may cause health problems...." The 0.8 -1.5 mg regulated level is for calcium-fluoride, not the hazardous waste by-product which is added with artificial fluoridation.
Israel	SUSPENDED mandatory fluoridation until the issue is reexamined from all aspects.: June 21, 2006 "The labor, welfare and health Knesset committee"
China	BANNED: "not allowed" China sells their fluoride toxic waste to the USA for us to drink in fluoridated water.
France	REDUCED: Was 50% purchased fluoridated salt, decreasing to 30%.

US organizations opposed to fluoridation include the International Academy of Oral Medicine and Toxicology, International Academy of Biological Dentistry and Medicine, and the American Academy of Integrative Medicine.

Numerous USA organizations support fluoridation, but those are endorsements, not science, and those organizations do not accept jurisdiction or liability for fluoridation.

The graph below is data from Iida showing with increased fluoride concentration in water, dental fluorosis increases and dental caries (red line) has very slight decrease between 0.3 and 1.2 mg/L. If effective, fluoridation has no public health benefit.



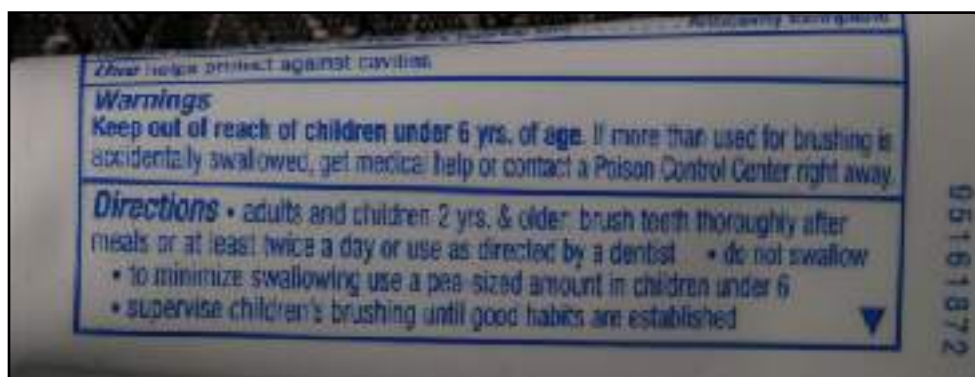
The American Dental Association provides the picture of this poor child seriously harmed with Early Childhood Caries in its promotion of water fluoridation.



Fluoridation did not help that child. Fluoridation does not help just bottom teeth. This child has baby bottle caries, going to bed with a bottle of juice and sucking on it while sleeping. The tongue protected the bottom teeth to some extent but not the top. The damage is tragic, and health education could have helped, not fluoridation. Forcing water fluoridation of 100% of Washington State or the world will not help children like this, but health education can.

Fluoridated toothpaste is FDA approved. Note that the label states, "Drug Facts" because fluoride is a drug when marketed with the intent to prevent dental caries and is a drug because it is listed in the Pharmacopeias. The warnings on the label are especially intended to protect infants and children. The picture below shows a large pea size of toothpaste, which contains twice as much fluoride (about 0.5 mg)

than the amount of fluoride recommended by the FDA in drinking water (about 0.25 mg per large glass of water). In other words, each large glass of fluoridated water contains about a quarter milligram of fluoride, which in the form of toothpaste, the FDA warns not to swallow.



FDA 1975 warned manufacturers of fluoridated supplements the evidence for efficacy was incomplete and maintains that position today.¹⁰ The FDA sent a warning to the company DS Waters of America that their fluoridated Nursery Water product is misbranded and illegal to be sold for children under the age of two. Fluoride ingestion has never gone through the FDA approval process, and fluoride is determined by both the FDA 21 USC 321 (g)(1)(B) and Washington State Board of Pharmacy to be a legend drug.

In 2013, Steve Neugeboren, Associate General Counsel of the EPA's Water Law Office [responded](#) to the question of who had jurisdiction over the fluoride added to water supplies as follows: "*The FDA, remains responsible for regulating the addition of drugs to the water supply for health care purposes.*"

In 2001, the FDA testified fluoride is a drug. In 2012 FDA Donald Dobbs Consumer Safety Officer Division of Drug Information responded, "... FDA has no authority to regulate fluoride compounds used to fluoridate public drinking water. . . is regulated by the US EPA" SDWA.

¹⁰ Drug Digest 1975

EPA and FDA each assign jurisdiction for regulating chemicals used in water fluoridation to the other agency, and thus neither are taking responsibility for determining the safety and/or efficacy of the practice.

The EPA testified to Congress in 2001, "The EPA has no "empirical scientific data on the effects of fluosilicic acid or sodium silicofluoride on health and behavior."

The FDA warned manufacturers of fluoride supplements, ". . .there is no substantial evidence of drug effectiveness as prescribed, recommended or suggested in its labeling. . . marketing is in violation of the new drug provisions of the Federal Food, Drug, and Cosmetic Act; they have, therefore, requested that marketing of these products be discontinued." FDA Letter to 35 Companies (DRUG THERAPY 1975).

EPA scientists have expressed their concern through their union, "In summary, **we hold that fluoridation is an unreasonable risk**. That is, the toxicity of fluoride is so great and the purported benefits associated with it are so small - if there are any at all – **that requiring every man, woman and child in America to ingest it borders on criminal behavior on the part of governments.**" **Dr. J. William Hirzy, Senior Vice-President, Headquarters Union, US Environmental Protection Agency, March 26, 2001.**

Sec. 2 of SB - 5587 attempts to pressure water purveyors to fluoridate their water and fails to explain the other sources of fluoride available to people, such as tea, toothpaste, and supplements. Giving people freedom of choice for treatment of a non-lethal and non-contagious disease (dental caries) is the ethical approach. Forced treatment without informed consent is not ethical.

The fluoride chemicals added to water are not pharmaceutical grade but have contaminants. Currently, a shortage of fluoride chemicals in the USA is forcing some suppliers to purchase fluoride from other countries (including China) and the contaminants in these sources are not monitored or known.

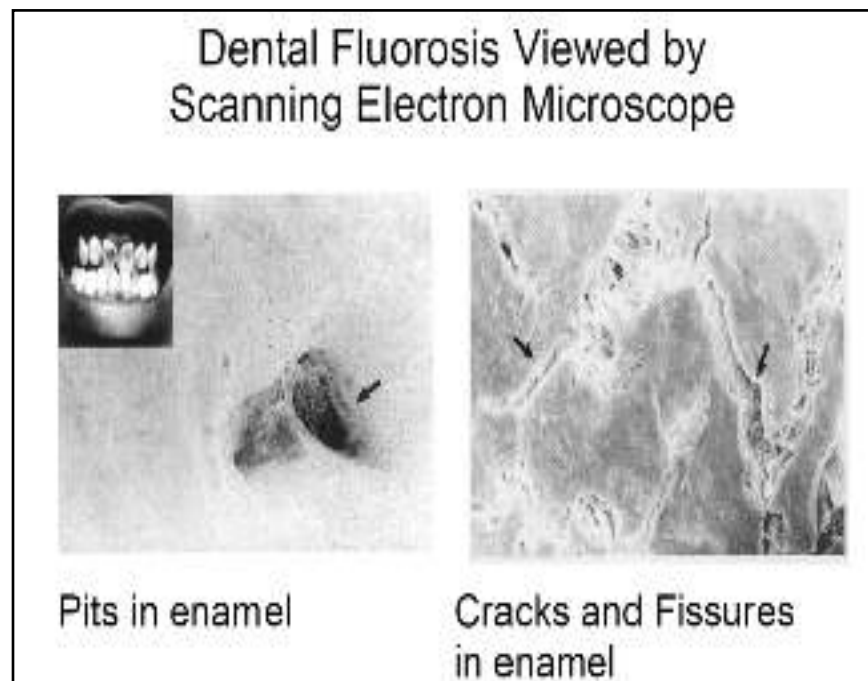
Sec. 4. SB-5587 appears to make discontinuing fluoridation difficult, in effect strong arming water systems with the assumption that the legislature knows best, and the assumption that fluoride ingestion has benefit without risk. Science is dynamic and our understanding evolves. One size or dosage does not fit everyone. Variations in ages, genders, and the existence of other health problems make mass medication using an unapproved drug dangerous and illegal.

Sec. 5. SB-5587 calls for implementing assessments, but the assumption built into the bill is that fluoridation will reduce inequities. Connecticut, Detroit and Boston have fluoridated for over 60 years and report a crisis of dental caries. Kentucky (2003), fluoridated for 50 years, was awarded 100% fluoridated by the American Dental Association and yet ranked as the #1 highest state in number of edentulous residents (individuals without teeth). Fluoridation has not helped Kentucky. Giving a highly toxic substance to everyone without consent is not ethical or effective.

II. SB-5587 MUST INCLUDE A PROVISION FOR NOTIFICATION OF WATER USERS REGARDING THE RISKS AND POTENTIAL FOR OVEREXPOSURE FROM FLUORIDE AND FLUORIDATION.

1. **Dental fluorosis** is an undisputed and known risk of fluoridation and brushed off by some as only cosmetic. Cosmetic harm is harm for some people. Damage to a person's face resulting in a scar is both harm and cosmetic. Dental fluorosis is a biomarker of excess fluoride exposure, and thus an indicator of potential harm to other tissues in the body. Fluoride promoters' assumption that the only risk of fluoride is to teeth, and the presumption that it is safe for all the other cells and functions of the body is seriously flawed. I sometimes treat dental fluorosis. Lifetime treatment for teeth damaged by fluorosis can cost over \$100,000 per person.

Below is an electron microscope look at dental fluorosis.



Topical fluoride makes the tooth harder and more difficult to diagnose the caries, resulting in a bombed-out tooth when the caries are finally diagnosed.

Below are photographs taken before and after treatment of dental fluorosis, at a cost about \$1,000 per tooth, with an average treatment lifespan of 15 years (i.e., requiring future re-treatment). (Photo Courtesy of Dr. Markus)

Caregivers should be notified and clearly instructed not to give fluoridated water or fluoride supplements to their children, and to teach their children to spit out toothpaste before swallowing.

A 2009 review paper covering 17 studies found that *“Infant formula consumption was associated with a higher prevalence of enamel fluorosis in the permanent dentition”* Hujoel et al, JADA:2009,140:849.

The [CDC](#) states that “*Dental fluorosis only occurs when younger children consume too much fluoride, . . . when teeth are developing under the gums.*” And this is the same time during which fluoride is the most dangerous to the developing brain.

2. Development neurotoxicity from fluoride is a serious risk.

At a minimum, **SB-5587** needs to require that water purveyors providing warnings regarding the adverse effects of excess fluoride exposure and the risks to vulnerable subpopulations.

For over four years the National Toxicology Program has been reviewing fluoride’s effect on the developing brain, developmental neurotoxicity. A [draft review](#) is available and is reported to be finalized later this Spring. However, the draft report does not include the most recent studies. In just a few months, the research has become more exact and specific reporting harm with ever lower fluoride concentrations.

Here are links to:

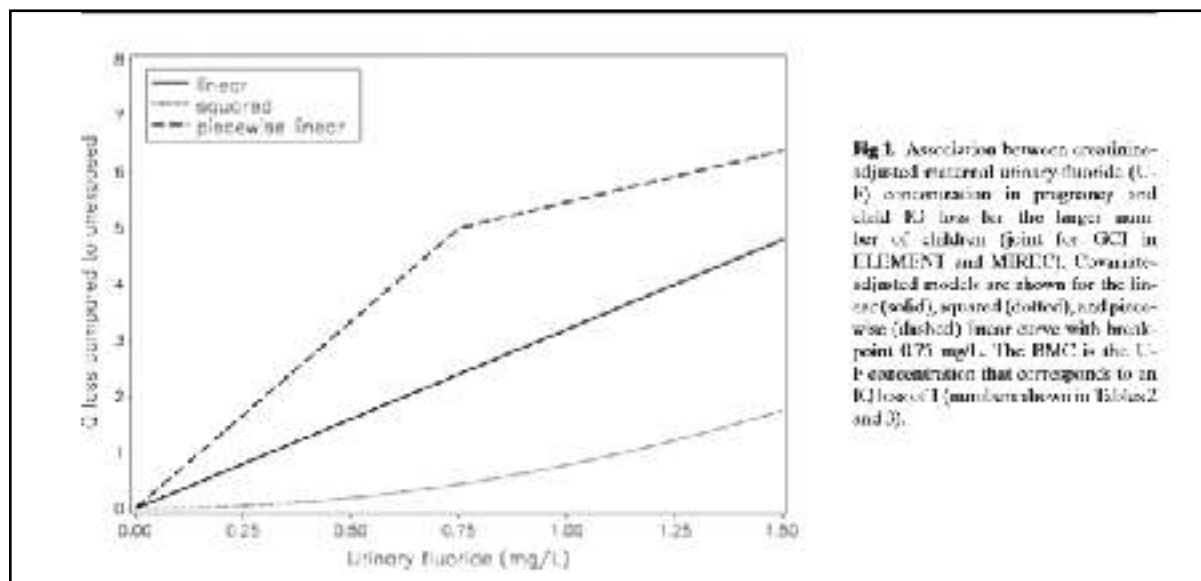
[23 human studies](#) published since 2017 on the association of fluoride exposure and reduced IQ.

[125 human studies](#) published on cognitive function and IQ score.

In 2021, Grandjean et al published [“A Benchmark Dose Analysis for Maternal Pregnancy Urine-Fluoride and IQ in Children”](#). This is the second fluoride benchmark study published that finds fluoride causing lower IQ and using measured data of urine-fluoride concentrations. The authors conclude, “*Thus, the joint data show a BMCL in terms of the adjusted U-F concentrations in the pregnant women of approximately 0.2 mg/L. These results can be used to guide decisions on preventing excess fluoride exposure in pregnant women.*”

Note that urine fluoride concentrations are similar to water fluoride concentrations, which make the measures used in these modern studies particularly valuable. Based on this study and others, water fluoridation at 0.2 ppm (mg/L) would cause loss of 1 IQ point. Fluoridation target concentration is at 0.7 ppm, and is reported to cause a loss of 5 IQ points. See Fig 1 below from Grandjean et al (2021)

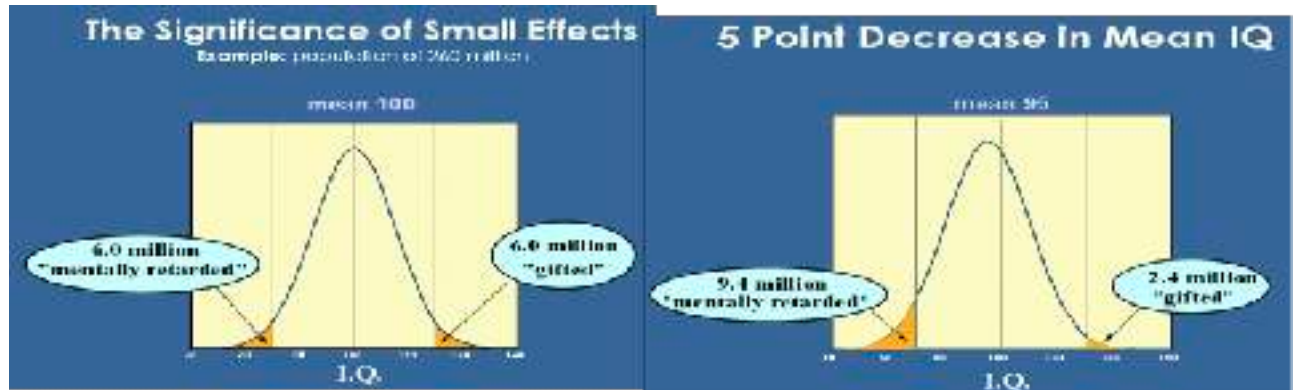
Note Fig 1 below from Grandjean shows about a 5 IQ point loss with urinary (and water) fluoride concentration of 0.7 ppm.



Mothers consuming fluoridated water are lowering their child's IQ. Scientists are starting to evaluate the effect of toxins on sperm development, where it appears that fluoride may lower sperm count, and the effects may be carried on for 2 to 4 generations. ([2022 PPTOX Conference](#)).

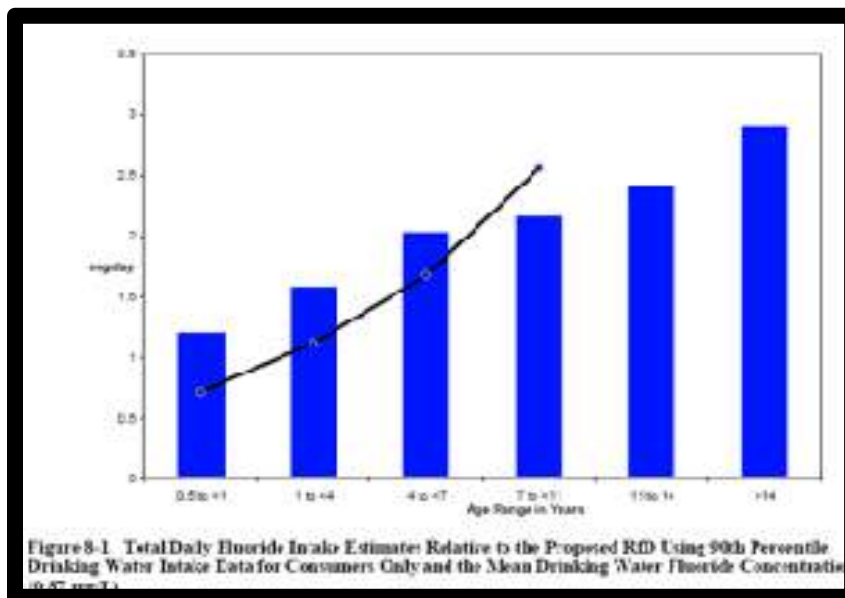
SB-5587 must require water purveyors that fluoridate to warn mothers to not drink fluoridated water and caregivers to not use fluoridated water for making infant formula.

The significance of 5 IQ point loss is illustrated in the two bell curves below. The low IQ have a disproportionate harmful effect. Our special education classes have a 57% increase. The number of gifted have a 60% reduction. How can we tell if an average child should have been gifted. “Frying” our children’s brains has a serious impact on all of us.

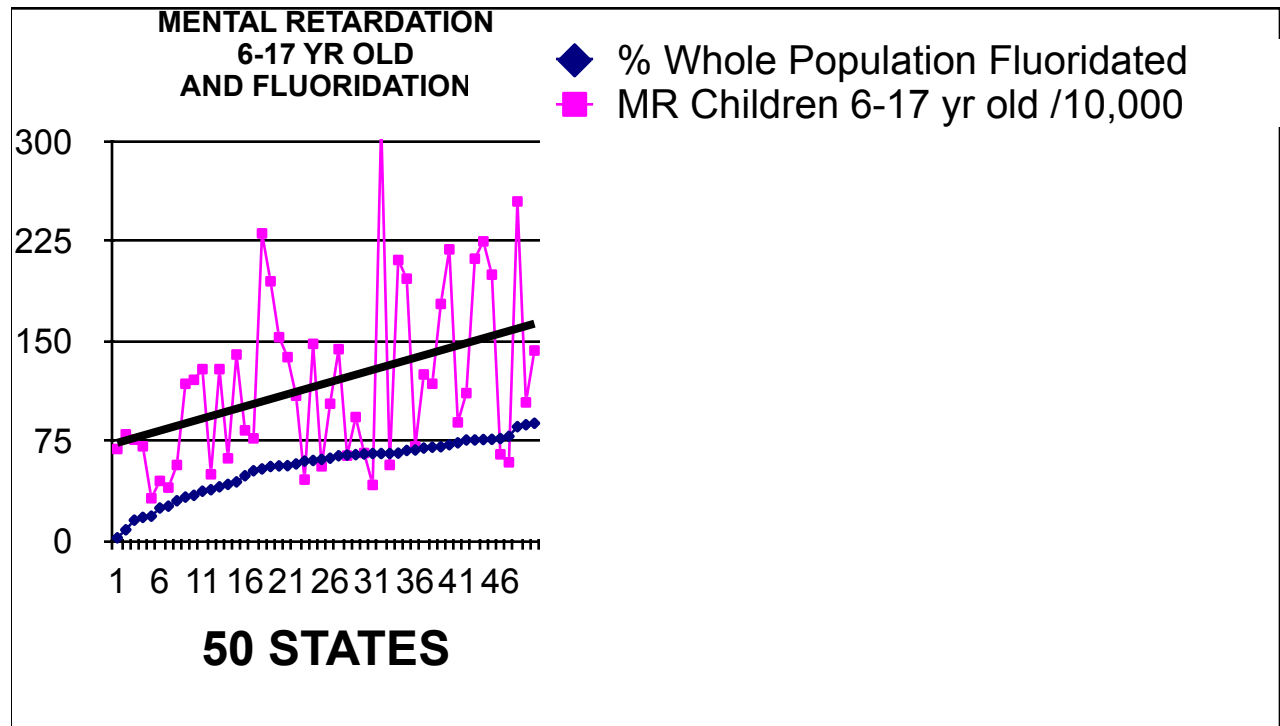


In 2006, the EPA was advised by the National Research Council to do a Dose Response Analysis and Relative Source Contribution Analysis. Their report was published in 2010, and it showed that at least a third of children under seven years of age would exceed what was then considered as a safe dose of fluoride.

EPA’s Figure 8-1 (reproduced below) graphically illustrates those most at risk. Note that infants are not included, even though these are an even greater at risk population. The percentage above the black line are ingesting above “safe” dosage levels. The black line is demonstrating redefining the “safe” daily dosage up by 33%, but even with that change, children will still not be protected. In addition, this figure only addresses water intake for 90% of the public, and does not address the 10% drinking the most water and infants are ignored.



The graph below ranks the 50 USA states and the reported “mental retardation” in 6 to 17 year olds per 10,000 population of their state. Although there are many factors affecting what is reported as “mental retardation,” fluoride does appear to have a common cause.



In 2016, the EPA was taken to court to defend a claim that their Maximum Contaminant Level for fluoride is not safe and allows for harm to the developing brain. The case is under the Toxic Substances Control Act in the Federal Court in San Francisco (Case Number: Civ. No. 17-CV-02162-EMC). EPA hired experts because the EPA claimed they don't have anyone capable of determining the toxicity of fluoride. The EPA is not capable of protecting the public from the risks of fluoride and the WSDH and WSBH rely on the EPA to determine the toxicity of the fluoride contaminant. The judge has scheduled the next hearing in the case for June 7, 2022.

Although the focus of fluoride researchers in the last few years has been on developmental neurotoxicity, other health risks from excess fluoride exposure to teeth, musculoskeletal, reproductive, neurotoxic and neurobehavioral, endocrine, GI, renal, hepatic, immune, genotoxic, and carcinogenicity must also be reviewed. Consider a search on www.pubmed.gov for terms such as “fluoride cancer” “fluoride thyroid” and “fluoride _____” filling in the blank with each of the risks as listed by the NRC 2006 review of fluoridation for the EPA.

Thank you for your careful consideration of HB 1684's serious flaws and vote NO.

Bill Osmunson DDS MPH
American Environmental Health Studies Project, Board Chair
1418 112th Ave NE
Bellevue, WA 98004
425.466.0100

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 6:01:21 PM
To: DOH WSBOH
Cc:
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\289C6B5C43DA4D95_20220214102310739.pdf

Received via mail.

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:23 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

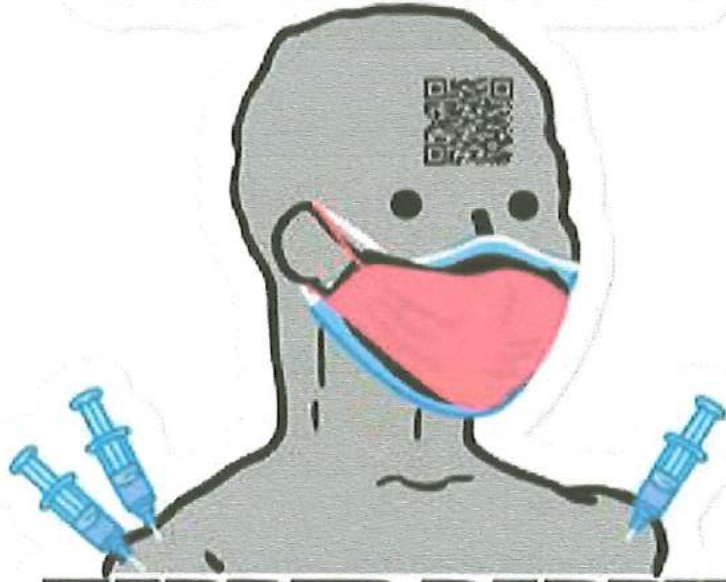
This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:23:10 (-0800)

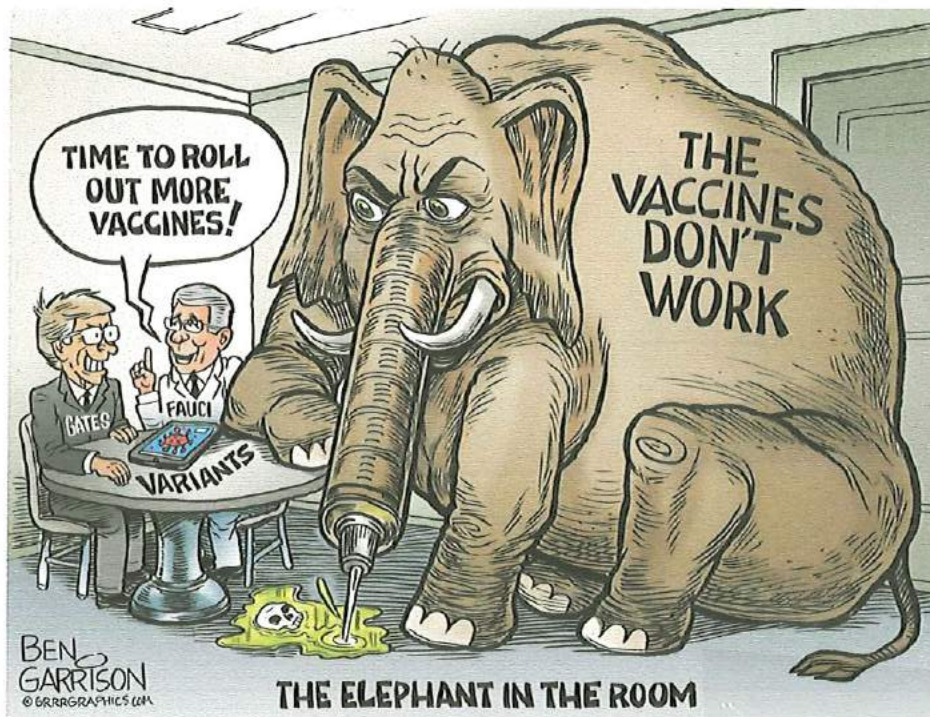
Queries to: ricoh@doh.wa.gov

RECEIVED
FEB 14, 2022
WA State Board of Health

GOVERN ME



HARDER DADDY



WSDOH
1610 NE 150th Street
Shoreline, WA 98155-9701

From: Testify Online Survey
Sent: 2/15/2022 7:08:40 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

2/17

2.

Agenda Item or Issue:

Covid vax for schoolchildren

3.

Your Name:

Andrea Sehmel

4.

Do you have a professional title?

1. Yes

R.N.

5.

Are you representing an organization?

2. No

6.

Address:

2010 South Bay Rd NE Olympia Wa 98506

7.

Email:

andresehmel@comcast.net

8.

Phone Number (Include Area Code):

3609990695

9.

Do you have any special expertise relevant to this topic?

1. Yes

Care of acutely and chronically ill patients x 36 years Mother of two young men with perfectly good hearts... until now

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Covid vax of schoolchildren

11.

Are you Pro or Con on the proposal?

2. Con

This vaccine is largely experimental and has incurred over a MILLION serious adverse events. It is neither ready for the populace nor necessary, given the survivability of the current variants

From: Tanya Goodman
Sent: 2/15/2022 10:15:19 AM
To: Angela Pifer,BRENDAN CURRAN,liliana Benavides,Ramsey Ramerman,Tyler Litzenberger
Subject: Re: Kettle Falls, WA removes mask mandate - Federal Funding at Risk



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attachments\1F63F834F4DE4F55_image004.png

attachments\CE98ACE9A89C4F2F_image001.png

External Email

I could be mistaken, but this message from Chris Reydal last week seems to imply nefarious funding activity such as extortion or blackmail with his recent message to superintendents.

From: Angela Pifer <AngelaP@SIBOGuru.com>
Date: Tuesday, February 15, 2022 at 10:08 AM
Subject: Kettle Falls, WA removes mask mandate - Federal Funding at Risk

Good Morning!

Kettle Falls, WA removes mask mandate for their school children. The real risk? 'Defying Inslee and risk losing federal funding.'

We know why you are hesitant about removing masks from our children's faces. It looks like the news is starting to pick up on this as well. <https://www.kxly.com/kettle-falls-school-district-defies-gov-inslees-mandate-makes-masks-optional-for-students-and-staff/>

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: BRENDAN CURRAN <curran.t@comcast.net>
Sent: Tuesday, February 15, 2022 9:41 AM
To: liliana Benavides <lilivaz79@hotmail.com>; Ramsey Ramerman <ramseyramerman@gmail.com>; Tyler Litzenberger <TLitz@vectorrecorp.com>
Cc: Dasegowda Lokesh Marenayakanapalya <lokeshmd@me.com>; Tanya Goodman <goodman_tanya@outlook.com>; maraldom@issaquah.wednet.edu; schoolboard@issaquah.wednet.edu; weavers@issaquah.wednet.edu; mullings2@issaquah.wednet.edu; moorea@issaquah.wednet.edu; superintendent@k12.wa.us; sarrafans@bsd405.org; watsonc@bsd405.org; shuij@bsd405.org; chewc@bsd405.org; arasj@bsd405.org; jarvisa@bsd405.org; pattersony@bsd405.org; gallingerh@issaquah.wednet.edu; thieler@issaquah.wednet.edu; jholmen@lwsd.org; elaliberte@lwsd.org; mstuart@lwsd.org; sbliester@lwsd.org; ccarlson@lwsd.org; lchoi@lwsd.org; boardmembers@lwsd.org; michaela.miller@k12.wa.us; jenny.plaja@k12.wa.us; maria.flores@k12.wa.us; cindy.rockholt@k12.wa.us; jon.mishra@k12.wa.us; veronica.gallardo@k12.wa.us; amber.palmer@k12.wa.us; kcexec@kingcounty.gov; wsboh@sboh.wa.gov; maddy.thompson@gov.wa.gov; yutao.pku@gmail.com; gulick.alissa@gmail.com; Alisaroseyuen@gmail.com; ams0808@hotmail.com; amyandrea30@hotmail.com; amysahagian@msn.com; amya@425fitness.com; andrewgustafson@live.com; Angela Pifer <AngelaP@SIBOGuru.com>; ahasheva@gmail.com; anib@keystonere.net; art.n.jury@gmail.com; barbpender@comcast.net; barbarajean816@gmail.com; barnali.basu@gmail.com; bekieknapp55@gmail.com; drbenlynch@icloud.com; brknutson@comcast.net; Candacehulse@johnlscott.com; chadwridout@gmail.com; cpirozokpse@gmail.com; chris@calvary-ranch.com; christianannelson@gmail.com; christieallen@live.com; moricm2015@gmail.com; cin-cin@comcast.net; clairespiano@yahoo.com; ldcope3@gmail.com; cynthiadvn@yahoo.com; tigger@live.com; debbiemyoung@msn.com; deetole67@gmail.com; destineytompkins@comcast.net; ddsprings@gmail.com; g.canada@hotmail.com; irena.pashchenko@gmail.com; mmutelz@gmail.com; reba8311@gmail.com; regan131@hotmail.com; sadie.arnold@gmail.com; shirley.pho@gmail.com; stephlecovin@outlook.com; wine.stew@gmail.com; theresalane@comcast.net; thotton@icloud.com; tinalpalmer@gmail.com; kellyrad@gmail.com; Bowic999@gmail.com; newsdesk@973kiro.com
Subject: Our children Our future

As parents we are simply done.

We are done with the "rules for thee, but not for me" attitude on full display at the Super Bowl. The people making the rules are not following the rules. Why? My guess is they know the rules are not about preventing illness.

We are done watching our children languish and suffer because adults are unwilling to take responsibility for their own health. Two years into this, we now have the tools for

everyone to protect themselves in whatever way they deem necessary. It doesn't matter what anyone else does.

We are done watching our children be used as a bargaining chip. Your job is to PROTECT our children who are our future. Instead you MONETIZE them for school funding. The WEA is shamelessly using them to push for a raise.

Masks need to be removed immediately.

And further, requiring the Covid vaccine to attend school is absurd. You can skew statistics to make any point you want as we saw in the recent TAG meeting. You can pretend to directly compare it to other vaccines on the schedule when a simple search will tell you that you are comparing apples to oranges. And you can fool a lot of people with this intentional manipulation. What you can't do is skew the long term data because there is NONE. There are cleverly carefully curated graphs to show what the vaccine "likely" does. But there is no information telling us its long term affects on ANY body, let alone a young growing body. Because the information doesn't exist. We already know efficacy with regards to Covid declines fairly quickly. What we don't know is how these vaccines impact every part of our beautifully complex bodies. So what's the plan?

How do you want to be remembered? Please put the children first.

Patricia Curran

From: katmic70
Sent: 2/10/2022 11:13:27 AM
To: DOH WSBOH
Cc:
Subject: Why covid shots should not be included as a requirement

External Email

<https://www.informedchoiceaustralia.com/post/1000-peer-reviewed-studies-questioning-covid-19-vaccine-safety>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.informedchoiceaustralia.com/post/1000-peer-reviewed-studies-questioning-covid-19-vaccine-safety&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C0d6e6611d10443e6d98708d9ecc9696a%7C11d0e2>>

Sent from ProtonMail mobile

From: Lorraine
Sent: 2/22/2022 11:21:58 AM
To: DOH WSBOH
Cc:
Subject: Quarantine camps

External Email

It has been brought to my attention that the health department is going to discuss implementation of quarantining healthy people who refuse to take the experimental Covid-19 gene-therapy treatment.

Healthy people do not transmit disease. Forcing compliance to an experimental treatment goes against the Geneva Convention, the Neurumberg
Sent from my iPhone

From: Linda Hagan
Sent: 2/23/2022 11:57:57 PM
To: DOH WSBOH
Cc:
Subject: Documents the WA State Board Needs to Review Before Voting for Mandates

External Email

Here are documents provided as evidence of the alleged criminal actions taken by a group of individuals whose actions are now being investigated by the Grand Jury of public opinion, the same type of Grand Jury as the Nuremberg Grand Jury that indicted the Nazi war criminals who were tried by a jury and then sentenced to death for the torture and murder of millions. G-d is on the side of the righteous who believe in Him and honor life as the sacred Life He created. God supersedes any science---especially science that is used as an experimental shot that has killed and maimed hundreds of thousands of innocent victims around the world. Here is the link to the most important set of documents you will ever read.

<https://corona-ausschuss.de/en/documents/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcorona-ausschuss.de%2Fen%2Fdocuments%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca84e06eee9184d>>

Remember them well,
Linda Jeanne Hagan

From: Annette Rose
Sent: 2/19/2022 8:05:06 AM
To: DOH WSBOH
Cc:
Subject: EU Announces Investigation Into Menstrual Disorders Following Covid Vaccine - Truth Press

External Email

Countries that actually care about their constituents are doing REAL research about the COVID "vaccine" unlike your TAG committee which is full of lies and skewed data. They're not fooling anyone.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftruthpress.news%2Fnews%2Feu-announces-investigation-into-menstrual-disorders-following-covid-vaccine%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C61e50f765029414206a008d9f3c175db9>

Annette
Sent from my iPhone

From: Karli
Sent: 2/10/2022 9:34:08 AM
To: DOH WSBOH
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I'm on the zoom. I'm very disappointed that the chat box is closed to the public. Our voice needs to be heard. I believe that this is censorship. The public will know that this is being done. This is not a favorable action by this group.

Sent from my iPhone

From: Hisaw, Melanie (SBOH)
Sent: 2/14/2022 6:11:10 PM
To: DOH WSBOH
Subject: FW: Message from "DOHPR-TC1-1E-02"



attachments\87C7CE1DB72A4F73_20220214102000248.pdf

WSBOH inbox:

This letter arrived via the mail. The envelope also contained an SD card with the recordings mentioned in the letter. The SD card is on my desk with the original letter.k

-Melanie

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

From: ricoh@doh.wa.gov <ricoh@doh.wa.gov>
Sent: Monday, February 14, 2022 10:20 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Message from "DOHPR-TC1-1E-02"

This E-mail was sent from "DOHPR-TC1-1E-02" (IM C4500).

Scan Date: 02.14.2022 10:20:00 (-0800)

Queries to: ricoh@doh.wa.gov

Attached- Thumb Drive



To: Washington State Board of Health Technical Advisory Group regarding inclusion of COVID-19 vaccines on required list for school students.

I submit the following text and attached data card and it's indicated files as public comment to the above project. This is sent via registered mail, receipt requested.

These files are audio recordings of portions of the event below which occurred and was presented live via the internet on January 24th, 2022. I suggest you listen to these files in the following order, file C then file B then file A, and refer to the detail chronology reference below which shows the topic discussed at particular times for each file – this chronology will be handy should you wish to refer back to particular discussion points. Note: name spellings are approximate.

Finally, in view of this information, I ask that you reject the proposed action, then share this material with the entire State Board of Health and every County Board Of Health.

Wayne Espy
2319 Gale Place
Everett, WA 98203
Cell: 206-276-2743

COVID 19 (response): Second Opinion roundtable

Director and moderator: U.S. Senator Ron Johnson

(details below)

File A – Introduction of expert speakers and their credentials plus their individual comments regarding the four pillars of pandemic response: Limiting spread (respiratory virus), Early treatment, Hospital Care and Vaccination. 1 hr 15 min

File B – Discussion of vaccine injuries 1 hr

File C – A separate listener's assembly of selected highlights 35 minutes

File A – Introduction of expert presenters plus their individual comments.

Time

0:00:00 Senator Johnson's opening remarks

Introduction of following experts and their credentials

0:00:00 Dr Peter McCullough

4 pillars of pandemic responses

- Limit spread – respiratory viruses
- Early treatment
- Hospital care
- Vaccination

00:06:30 Dr Ryan Cole

- High risk case handling

- Viral infection timeline & handling
- 00:10:20 Dr Harvey Risch
 - Suppression of medication
- 00:17:15 Dr Pierre Kory
 - Early treatments
 - Other countries
- 00:27:45 Dr Richard Irso
 - Positive response
 - Old-school medicine (by case phase)
 - Omicron adjustments
- 00:34:30 Sen. Johnson
 - Doctor intimidation
- 00:36:30 Dr McCullough
- 00:37:30 Dr Christina Parks
 - Spike protein
 - Genetic patient variability
 - Relative's hospital handling and death
- 00:43:00 Dr Mary Boden
 - Hospital treatment interference
 - Second opinions
 - Early treatment success
- 00:48:00 Dr Harpi Manget
 - Similar experiences
 - Evolution of treatments
- 00:50:45 Dr Paul Merrick
 - Statistics
 - Hospital protocols and incentives
 - Remdesivir
 - Ivermectin, etc
- 00:50:45 Dr Aaron Kheriaty
 - Ethics
 - Incentives and priorities
 - Statistics
 - Informed consent (TAG please note this)
 - Transparency (FOIA)
 - Censorship
 - State of emergency
- 01:06:00 Dr Richard Malone
 - mRNA technology inventor
 - Politicization
 - Vaccine limitations
 - Informed choice
 - Omicron impacts

- Mandates
- Advancing from here

01:12:45 Dr David Wiseman

- Internal scarring
- Healing from effects
- Boosters and effects

File B – Vaccine Injuries

Time

00:00:00	Medical Exemptions
00:03:00	Breanne Dressen
00:06:00	Conditions for exclusion from trials
00:09:00	Natural immunity denial
00:12:00	Statistics / stratification of risk
00:14:30	Vietnamese patient
00:16:45	Bicycle stat
00:17:00	Vaccine risk vs non-vaccinated
00:23:00	Vaccine enhanced disease
00:27:00	Management vs medicine
00:33:00	Handling corpses
00:35:00	Who are experts?
00:37:15	Progression of interference – corruption of medical care
00:45:45	Sen Johnson – active-care doctors and nurses
	Mandates
00:47:45	Nurses' stories
00:51:00	Interference with reporting
00:53:00	Suppression of safe care for those injured
00:58:30	Myocarditis vs vaccine causation
01:00:00	Attorney Tom Renss
	o DEMED (military) injuries reporting
	o DOD – CDC communications
01:05:00	Cancer explosion and DNA modification
01:07:00	Why some won't vaxx
01:10:00	Vaxx – DNA modification
01:11:00	No Vaxx content paperwork & RNA
01:13:00	Myocarditis explosion - kids
01:18:00	Statistical explosion of cases
01:20:00	Clinical trials data withheld
01:21:00	Lipid nano-particles & mRNA
01:26:00	Flu research data comparison
01:28:00	Ovarian impact
01:29:45	Wrong process checklist
01:31:00	Other effects

01:32:00	Respect for doctors
01:32:30	Nicole Serrotech? – critical care nurse & ventilator expert
	Care implementation errors & protocols
	Qualitative data
01:33:30	Kids vaxx reactions
01:39:00	Patient care neglect
01:41:00	Senator Johnson – summary comments

File C – Another listener's assembly of selected highlights

Time

00:00	U.S. Senator Ron Johnson – intro
	- Changing goal posts & guidelines
	- Second opinion
	- Participants vs media
	- No-shows
09:45	Attorney Renss
	- Stats
11:45	Nurse – ventilator expert
14:15	Dr McCullough
	- Myocarditis – boys
18:30	Nurse
	- Protocol changes
	- Observed vaxx reactions
	- Diagnostic errors
	- Dying
	- Management pressure
21:15	Vaccine limitations & problems
22:00	Exemption blocking
24:15	Myocarditis
25:30	High risk patient
	- Alternative care
	- Hospital protocol failures
28:00	Ivermectin results examples
30:15	Remdesivir problems
31:45	Steroid mis-use
	FDA approved drugs
32:00	Additional notes

Former Pfizer VP discusses vaccine problems

I present the following for review by the Washington State SBOH TAG group assigned to evaluate inclusion of COVID 19 vaccination on the list of required vaccines for school students in this state.

This document with link is included on the enclosed SD data card.

**Wayne Espy
2319 Gale Place
Everett, WA 98203
Cell 206-276-2743**

VAERS analysis of COVID vaccines by lot show EXPONENTIAL variability of event counts compared to flu vaccine history.

Primary discussion of this starts at 40 minutes into the video linked below. Particularly see discussion and graphs starting at the 45 minute to one hour time-period.

Couple this with indications that medical facilities are increasingly directing personnel to not report incidents to VAERS, which would reduce counts for more recent batches.

Presenter is Dr.Mike Yeadon, former vice-president of respiratory research for Pfizer.

From: tom@onewashington.com
Sent: 2/9/2022 7:43:41 PM
To: DOH WSBOH
Cc:
Subject: Invitation to Keith Grellner



attachments\E254DC05A2024DEB_image001.png

attachments\62541F3FF0714BC8_22-02-09 - Invitation to Keith Grellner.pdf

External Email

Mr. Gellner:

Please find attached an invitation to the One Washington educational event "A Second Opinion" to be held Monday, February 21st in Gig Harbor.

Please RSVP at your earliest convenience.

Very truly yours,

Tom

Thomas D. Jonez, D.Min.

Co-President

Email: tom@onewashington.com <mailto:tom@onewashington.com>

Mobile: (253) 571 – 9704

Fax: (253) 649 – 0479

Web: www.onewashington.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.onewashington.com%2F&data>>

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in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.



February 9th, 2022

Keith Grellner, RS
Chair, Washington State Board of Health
WA State Dept. Of Health
P.O. Box 47890
Olympia, WA 98504-7890

SENT VIA EMAIL TO AVOID DELIVERY DELAY
ORIGINAL BY US MAIL, RETURN RECEIPT REQUESTED

Dear Mr. Grellner:

This letter serves as your formal invitation to attend a One Washington sponsored educational seminar entitled "Covid-19 Vaccines: A Second Opinion" featuring two guest presenters, Dr Robert Malone, and Dr. Ryan Cole.

As you likely know, Dr. Malone is an internationally recognized scientist/physician, and the original inventor of the core mRNA vaccine technology platform, as well as multiple non-viral DNA and RNA/mRNA platform delivery technologies. Dr Cole is a board certified Anatomic and Clinical pathologist with a subspecialty training and 20 years' experience in dermatopathology with particular interest in molecular diagnostics.

Drs. Malone and Cole will join us in-person Monday, February 21th at 4:00 pm to discuss the efficacy and safety of mRNA vaccines, including the emerging data regarding the potential health impacts of these Covid shots on school-age children. The event will be held at Harborview Fellowship Church located at 4819 Hunt Street NW, in Gig Harbor.

We note that the Board of Health is conducting a study regarding the safety of the Covid shots for school-age children. Accordingly, we would understand that you and the Health Board members would be well served to hear and consider the perspectives of Dr. Malone and Cole. Therefore, we provide you with this VIP invitation - and have reserved seats for each of you on a priority basis for February 21st.

As a practical matter, because Drs. Malone and Cole will be appearing in person, we are aware that this seminar will be of great interest to more people than we will be able to accommodate. Therefore, we ask you to please RSVP no later than the end of the day on Friday, February 11th. After that, seats will be made available to members of the interested public.

We acknowledge your role to provide leadership to protect citizen health in Washington State and your expressed commitment to ensure the safety of every child who attends our State's public schools.

Very truly yours,

A handwritten signature in blue ink that reads "Larry Godt".

Larry Godt
Co-President

A handwritten signature in blue ink that reads "Thomas Jonez".

Tom Jonez
Co-President

From: Ty Williams
Sent: 2/24/2022 3:04:25 PM
To: DOH WSBOH
Cc:
Subject: NO - COVID19 : WAC 246-105-030

External Email

WE THE WA PEOPLE VOTE NO to recommending the State Board of Health to initiate rulemaking.

THIS IS NOT in the public's interest!!!

From: Pskowski, Samantha L (SBOH)
Sent: 2/25/2022 8:20:44 AM
To: DOH WSBOH
Cc:
Subject: FW: Proposed policies



attachments\B8B6F2744EC24D50_IMG_1101.jpg

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Me Zee <mzee636@gmail.com>
Sent: Thursday, February 24, 2022 10:24 PM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (DOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Re: Proposed policies

External Email

On Fri, Jan 14, 2022 at 10:38 AM Me Zee <mzee636@gmail.com>
<mailto:mzee636@gmail.com> > wrote:

<https://stevekirsch.substack.com/p/new-big-data-study-of-145-countries>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fnew-big-data-study-of-145-countries&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C91215f7e0a7b420995b808d9f87ac59b%7C1>>

On Thu, Jan 6, 2022 at 5:55 AM Me Zee <mzee636@gmail.com
<mailto:mzee636@gmail.com> > wrote:

As a resident of Washington State I oppose these proposed policies!

Involuntary detainment, examination, testing, treatment, counseling and vaccination has already been determined to be illegal.

Just because additional language has been added to the WAC Codes does not mean that that language has been challenged in the courts and confirmed to be contrary to Washington State Constitution, United States Constitution and various international laws and treaties which is obviously the case!

These proposed policies MUST NOT be adopted and enacted!

Each and everyone of you bear the responsibility to protect these constitutions as well as the rights of the people of Washington State!

Thank you,

Michael Frazee

From: Danielle Bazan
Sent: 2/16/2022 11:29:37 PM
To: DOH WSBOH
Cc:
Subject: I'll appreciate your time.

External Email

I urge you to consider information being sent to you regarding the concerns revolving around this vaccine. There are major red flags that our government agencies are blatantly ignoring. We need to listen and give voice to the thousands of people who have already been harmed by this vaccine. And not justify away these deaths and harmed humans. Major red flags which need more of a platform for discussion. Many sides of this discussion are being left out of the conversation. It's unfair and ultimately more people will be harmed by this one sided discussion. Open discussion. Every voice needs to be heard.

Our nation's regulatory agencies have been captured by industry. The policy making being recommended based off these agency data is no longer valid. CDC. FDA. EPA. These regulatory agencies have been captured and no longer have the lives of living things as their top priority. There are many issues, and this is one of them.

Our top down indoctrination also isn't serving us any longer. Universities and science departments everywhere in this country are controlled by industry money. Experts in their field who know what happened during the pandemic was wrong, but wouldn't or couldn't speak out because special interest influencing what science was allowed to be published or even granted. We simply cannot trust the biased science being used by the CDC, FDA, etc, to shape pandemic recommendations or suggestions of masks, vaccines, or testing. **THEY ARE NOT TRUST WORTHY!** They work for industry and cannot be trusted. Please follow your gut on these issues and question those who have financial conflicts or benefit somehow by mandates being put into place. We do not need pharmaceutical mandates! Do not recommend pharmaceutical mandates! Thank you.
-Danielle Bazan

From: Debbie Blodgett
Sent: 2/16/2022 9:47:10 AM
To: DOH WSBOH
Cc:
Subject: Mandating vaccines

External Email

Please read this article. We are repeating history. Do not force our kids with the COVID 19 vaccine.

https://stevekirsch.substack.com/p/what-we-can-learn-from-the-smallpox?utm_campaign=post&utm_medium=web&utm_source=direct
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%2Fwhat-we-can-learn-from-the-smallpox%3Futm_campaign%3Dpost%26utm_medium%3Dweb%26utm_source%3Ddirect&data=04%7C0>

Debbie Blodgett
206-979-2709

From: George Johnson
Sent: 2/9/2022 9:37:13 AM
To: DOH WSBOH
Cc:
Subject: meeting

External Email

Any unproven long term effects of use by any vaccine is dangerous. Factually it is proven that this vaccine allows vaccinated individuals to pass on the illness. Why is most of the world ending Covid protocols and you feel necessary to increase protocols
George Johnson

From: Christy B
Sent: 2/9/2022 8:16:04 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-105

External Email

Washington State Board of Health,

We The People do NOT Consent to adding Covid-19 vaccines into Chapter 246-105 WAC due to the following reasons:

- 1) We The People do not consent to experimental drugs.
- 2) The Gene altering technology has not had enough long term studies for adverse reactions, and or long term side effects.
- 3) According to the new scientific data coming out, the vaccines have been more harmful to the people rather than helpful.

In conclusion, until the covid-19 vaccines have been PROVEN and documented to be safe and effective, I do NOT consent to the revision of WAC 246-105.

Christina Blakeley

From: stephanie olmstead
Sent: 2/23/2022 3:37:22 PM
To: DOH WSBOH
Cc:
Subject: Development of Rules and Regulations for State Covid Vaccinations for School Age Children

External Email

Washington State Board of Health

P.O. Box 47990

Olympia, WA. 98504-7990

Technical Advisory Board

C/O Washington State Board of Health

P. O. Box 47990

Olympia, WA. 98504-7990

Re: Development of Rules and Regulations for State Covid Vaccinations for School Age Children

Dear Sirs;

I write to oppose your attempts to railroad an emergency authorized vaccine which is not a vaccine with a clinical trial that failed!

Dr. Kronman quoted an observational study done in Israel. Your data is moot. Why would any country vaccinate children when the risk of death and hospitalization from COVID is so low in children.

Also, your attempt to discount VAERS is appalling. It is a well-known fact that VAERS is under-reported, thus, your downplay of its importance is unacceptable. I also suggest that your group needs to view all data, not just "your" side. You all need to view the data as presented here to get a well rounded perspective:

https://m.theepochtimes.com/global-covid-summiot-boise_428503.html?utm_source=ai&utm_medium=sea
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.theepochtimes.com%2Fglobal-covid-summiot->

Additionally, the discussion of myocarditis, was again one-sided. It was mentioned that myocarditis occurs with many viruses, however, you ignore the occurrence of myocarditis in the vaccinated as it compared to the unvaccinated. Also, you downplay the effects of myocarditis when you of all people should know effects of myocarditis can be a life long problem. I believe the idea that the symptoms are short term is unconscionable to say. For one, given that this is an untried emergency vaccine, one cannot claim short term symptoms.

Therefore, benefits do NOT outweigh the risk. Children are the least likely to be hospitalized and death rate is very low. Check our own state and county dashboard data.

Stephanie Olmstead

Sent from Mail
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F9867E8BBD40D01C39696C39AD732A941?&data=URL%2F9867E8BBD40D01C39696C39AD732A941&sdata=9867E8BBD40D01C39696C39AD732A941>
for Windows

From: Donahoe, Kaitlyn N (SBOH)
Sent: 2/14/2022 11:23:52 AM
To: DOH WSBOH
Cc:
Subject: FW: Breaking News! Case decision on man who provenly died...

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

From: Diane Frank <1alaska@fairpoint.net>
Sent: Friday, February 11, 2022 1:42 PM
Subject: Breaking News! Case decision on man who provenly died...

External Email

from complications relating to his covid vaccination. This was the final decision handed down by the court in Paris, France. This court decision has set a precedence all the courts in the world will be able to cite and win with...

Court in France's decision to support Life Insurance Company who refuses to pay out life insurance for someone who died after taking the injection. Reasons? They say the dead person knew the risks, the risks were published and therefore the dead person committed suicide. I kid you not.

Details here:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffreewestmedia.com%2F2022%2F01%2Finsurer-refuses-to-cover-vaccine-death%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C089b797b5c124f5a71f108d9efef8848>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnexusnewsfeed.com%2Farticle%2Fhealing%2Fvax-deaths-are-suicide-say-life-insurance-companies%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C089b797b5c124f5a71f108d9efef>

From: Leslie Golden
Sent: 2/10/2022 11:46:04 AM
To: DOH WSBOH
Cc:
Subject: NO new vaccines for any one.

External Email

Quit supporting big pharma! Look how many people have died from the vaccines already. You have destroyed our children's education for 2 years for experimental vaccines that have not worked. No No No to any new vaccines and boosters.

From: Alissa Gulick
Sent: 2/15/2022 1:24:52 PM
To: Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

To Whom It May Concern,

We've had enough of these useless mandates. Our children, THEIR futures- are suffering. This is not and was NEVER about "safety."

We demand an immediate recall of masking in all public schools. Enough is enough.

As a parent, I am fuming. My kindergartener was so excited for his virtual parent teacher conference so he could finally see his teacher without a muzzle on her face. It sickens me that this is what he looks forward to these days.

Have a heart. Do what's right. REMOVE THE MASKS FROM OUR CHILDREN'S FACES!

Sincerely,
An angry and exhausted LWSD mother of 2.

On Mon, Feb 14, 2022, 4:52 PM Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> > wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSB OH,
and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Lacie Carver
Sent: 2/10/2022 9:54:49 AM
To: DOH WSBOH
Cc:
Subject: TAG Meeting Comment/Question

External Email

I am attending today's TAG meeting. With all the data Mr. Lofgren is currently presenting about hospitalizations, what are the numbers of those hospitalized WITH Covid vs. those hospitalized BECAUSE of Covid? Those differences matter.

Lacie Carver

From: Sarah Holt
Sent: 2/11/2022 8:49:31 AM
To: DOH WSBOH
Cc:
Subject: Subject 6

External Email

Hello,

Just wanted to weigh in that I watched the zoom conference and repeatedly heard you saw there was not enough evidence to mandate this vaccine. And yet an unanimous vote was casted in favor. This is no longer about the science because it is very clear that the science does not support the need of this vaccine in school age children. Would each of you willing to be held personally responsible if something happens?

Please please support the data. Our children are not at risk of covid. Let this be a parents choice.

Sarah Holt
Sent from my iPhone

From: lintro28
Sent: 2/10/2022 10:04:38 PM
To: DOH WSBOH
Cc:
Subject: Data on myocarditis 33% in males younger than 18

External Email

https://www.cardiovascularbusiness.com/topics/covid-19/4-key-takeaways-updated-look-vaccine-related-myocarditis-us?utm_source=newsletter&utm_medium=hi_news

Vaccine-related myocarditis is most commonly seen in younger patients, with 73% occurring in patients younger than 30 years old and 33% occurring in patients younger than 18 years old. Also, 82% of patients were men.

Sent from my Verizon, Samsung Galaxy smartphone

From: Regan Peek
Sent: 2/15/2022 12:56:36 PM
To: Reykdal, Chris
(DOHi),sarrafans@bsd405.org,watsonc@bsd405.org,shuij@bsd405.org,chewc@bsd405.org,arasj@bsd405.org,
Micheala,Plaja,
Jenny,maria.flores@k12.wa.us,cindy.rockholt@k12.wa.us,jon.mishra@k12.wa.us,veronica.gallardo@k12.wa.us,
Amber (DOHi),DOR King County Leg Authority 2,DOH WSBOH,Thompson, Maddy
(GOV),Tanya Goodman
Subject: Re: SuperBowl & The Big Game

External Email

At this point it's abundantly clear to anyone with a lick of common sense that you are enforcing suffocating and psychologically damaging masks on our children for your own selfish political and financial gain, not to mention pushing the dangerous, unproven shots on them. Our children are not test subjects for you to control and experiment on. We know that the only "science" behind your reprehensible actions is political science. We are not stupid.

The time window for you to start doing the right thing has closed. We demand that you STOP forcing masks and pushing shots on our kids NOW.

Don't worry about your wallets, worry about how history is going to remember your actions.

Sincerely - Disgusted parent.

Subject: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: kanu jain
Sent: 2/15/2022 10:33:21 AM
To: Melissa Jenkins
Subject: Re: SuperBowl & The Big Game

External Email

Greetings!
Please know:

1. We are the majority. How much ever media may propagate otherwise or portray parents as right wingers. We believe in protecting our kids.
2. We have the Constitution on our side: ARTICLE I DECLARATION OF RIGHTS SECTION 1 POLITICAL POWER. All political power is inherent in the people, and governments derive their just powers from the consent of the governed, and are established to protect and maintain individual rights.
3. We have the science on our side: In last 2 years, science has proven neither mask nor EUA vaccines work to protect against SARS COVID19 virus. Kids have natural immunity against this virus and have 0.0% mortality rate and 3.1 & 3.9, 7-Day hospitalization rate in age groups 5-11, 12-17 years (Source DOH). PCR test do not differentiate between influenza and covid and tend to give higher % of false positive. And, vaccine related injuries in children can be found in VAERS database. A Harvard study found VAERS reports only 1% of all injuries. All data points can be provided on request, in the meanwhile please find time to watch Senator Ron Johnson's - COVID A Second Opinion table talk. <https://rumble.com/vt62y6-covid-19-a-second-opinion.html> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvt62y6-covid-19-a-second-opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb625736bccccf44ac475e08d9f0b18a40%7C1>>
opinion.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb625736bccccf44ac475e08d9f0b18a40%7C1
4. We will not back down!

Hope you give serious thought to which side of the history, you would like to stand.

Regards,
Kanu Jain
Momma bear with 1 child in LWSD

On Tue, Feb 15, 2022 at 7:29 AM Melissa Jenkins <melissa_jenkins@outlook.com> <mailto:melissa_jenkins@outlook.com> > wrote:

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH, and King County Commissioner.

You're behind the (global) ball with your cherry-picked science and Covid-19 decision making, namely around mask mandates. In recent news...

* Kettle Falls School District (Washington State) moves to make masks

optional effective immediately.

* Washington State and Hawaii remain the only states requiring mask mandates for school aged children. In more recent news, D.C., Oregon, California, New Mexico, Illinois, Connecticut and New Jersey have drawn a line in the sand to protect our children.

* Entire countries have revoked all Covid-19 restrictions including Sweden, Norway, Denmark, Switzerland – to name a few.

Single handedly you've lost the confidence of parents across Washington State in standing up for the health and safety of our children. We understand now, more than ever, your motivation to play into political theatre than truly following the science. We understand our children's health and safety is not your top priority when, again, using cherry-picked science to make critical decision.

Rest assured, what you have done is created mama and papa bear WARRIORS! We've never been more involved in our school districts, in our education system(s), our board of health and more. We're well-educated leaders, we're organized and we will see this change in Washington State – just like in Kettle Falls. What's more is we're teaching our children. They're going to be the next generation of patriots with a keen understanding of our God-given rights, Common Law, the U.S. Constitution and our Washington State Constitution.

Please, stand with us and remove mask mandates effective today.

Peacefully and respectfully,

Melissa

LWSD parent of 2, currently visiting another state where their BOH is on the right side of history

From: Tanya Goodman <goodman_tanya@outlook.com
<mailto:goodman_tanya@outlook.com> >
Sent: Monday, February 14, 2022 5:53 PM

Subject: SuperBowl & The Big Game

Greetings...

Issaquah, Bellevue, Lake WA School Districts, OSPI, WA State Education, WSBOH,
and King County Commissioner.

That sure was quite the Half Time SuperBowl Show, wasn't it? As 70k mask-less fans adorned the stadium in CA for the 'big game', it sure brought attention to millions sitting at home watching that we have been played. We've been played by our State Schools and Government.

We are no longer asking. We are demanding that immediately mask mandates be rescinded from our schools and release our children from these harmful practices.

Thank you kindly,

Tanya Goodman

Protective and Loving Mother

From: Johnson, Tami (OFM)
Sent: 2/10/2022 3:00:40 PM
To: DOH WSBOH
Subject: Significant Legislative Rulemaking CY 20-21 Report



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attachments\35E61C6A1E6F41EE_image001.png

Please see attached. (Electronic transmittal only.)

Dan McConnon, Director

Office for Regulatory Innovation and Assistance (ORIA)

(360) 918-2393 | [oria.wa.gov](http://www.oria.wa.gov) <<http://www.oria.wa.gov>/>

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Foria.wa.gov%2F&data=04%7C01%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Foria.wa.gov%2F&data=04%7C01%2F)

https://www.nytimes.com/2022/02/20/health/covid-cdc-data.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nytimes.com%2F2022%2F02%2Fhealth%2Fcdc-data.html&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ca05b4f9173244f001e1c08d9f84dec0%7C11d0